

# Chapter 7

## Thrills, Pills & Bellyaches

Andrew Bennet



## I Introduction

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In January 1991, The Liverpool Echo announced:

“1000 Are Hooked on Love Drug”

At this time the club scene and associated drug taking was at an important watershed. The ‘dance drug’ phenomenon moved from an underground, sub-cultural scene to one which increasingly was very much part and parcel of popular culture. Despite predictions at the beginning of the 1990s that the ‘dance drug phenomenon’ would be a short-lived ‘phase’, it clearly isn’t. It seems hardly to have declined: older, jaded and disillusioned clubbers are continually being replaced by younger ones.

We do not know how many people use Ecstasy (MDMA). Media estimates range from half a million to a million people each weekend. In a recent Home Office British Crime Survey, it was established that 9% of 16-29 year olds had used Ecstasy. In the North West, work by Howard Parker at the University of Manchester indicated that 20% of 18 year olds have used Ecstasy on at least one occasion<sup>1</sup>.

## II The drug ‘Ecstasy’

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**PICTURE 1 : Ecstasy tablets**



Ecstasy (MDMA) was discovered in 1912, patented in 1914, and apart from some animal experiments in the 1950s it did not emerge again until the end of the 1960s when both the recreational and therapeutic use of the drug were reported in the United States. It is important to note that the recreational use of the drug at that time in the States was very different from what we see today in the UK. It was primarily about: relaxation; personal development; friends and lovers being more intimate and open with each other. In the mid-1980s Ecstasy and a new form of dance music collided; the rest is history (see Chapter 2.VIII).

## III Cycle of use

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Matthew Collins, in his recent book *Altered State: The story of Ecstasy culture and acid house*, provides a ‘cycle of use’ pattern that is typical of an individual’s relationship with Ecstasy in the UK. A honeymoon phase of twelve months or so may find users enthusiastic about the experience. It is not uncommon to hear the expression ‘the best time of my life’ from many people who have tried Ecstasy in the context of clubs. Whether it is for cultural or pharmacological reasons diminishing returns often follow this ‘honeymoon phase’. A minority of people may move into an excess stage where drug use accelerates (and may be associated with a transition into other forms of potentially more harmful drug use). The comedown phase involves disillusionment. Finally there is a re-entry phase where an individual adjusts to a post-Ecstasy world.

## IV Risks

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There have been a relatively small number of deaths associated with Ecstasy in the UK. Most of these deaths have been caused by a combination of heatstroke,

exhaustion, dehydration, a hot club and the rise in body temperature brought about by MDMA. Research on animals suggests that MDMA damages the brain. It is unclear whether it affects humans in the same way and what doses over what time period would be needed for it to do so. The jury is still out on this point. Other health, social and legal risks associated with Ecstasy have been well documented.

### **V Does Ecstasy really exist?**

The irony of our obsession with Ecstasy is that the likelihood of taking the 'real thing' (MDMA) is small since the majority of Ecstasy tablets sold does not contain MDMA. The tablets and capsules usually sold as 'E' will usually contain: other MDA type drugs; amphetamine; ephedrine; ketamine; caffeine; a combination of substances; no drug content whatsoever; and occasionally other potentially harmful substances. Efforts to quantify risks are obviously difficult when we don't even know what people are taking.

**PICTURE 2 : Atropine engravings**



Very recently in the Netherlands, different types of tablets, with particular little engravings on them (see Picture 2), containing a drug called Atropine emerged on the scene. Atropine does have some psychedelic properties, and is related to the nightshade and belladonna. It does not work for up to three or four hours after someone has taken the drug, so the temptation for people to perhaps take more drugs is very real. At high dosages

Atropine can cause quite severe problems with rises in blood pressure. Dutch agencies are recommending anybody who has taken Atropine not to drive a car for four to seven days since it may still distort a driver's sense of speed and distance. My organisation and many others really need to develop and implement an early warning system here to get information like this out to people very quickly.

### **VI Combinations and Transitions**

Young people's drug use goes beyond Ecstasy. There has been a significant increase in the use of a wide range of drugs associated with clubbing. Drugs are often used in combination with each other when we look at this particular culture. This may include actually within a club, where people may have taken not just MDMA but amphetamine, and also - more often than not now - alcohol. Mixing drugs can cloud a user's judgement, alter the effects and, because the combined effect of two drugs or more is generally greater than the individual effects, increase the risk of problems developing.

Increasingly there is concern about the shift from Ecstasy and other drugs to cocaine (see Chapter 3.III). Over the last few years the price of cocaine has fallen to £50.00 per gramme. 'Is Cocaine Killing Clubland?' asked the clubbing magazine Mixmag in 1995. One Liverpool clubber explained:

'With Ecstasy you can take one and you know you have had it the next day, you don't really feel like doing more because it is such a club orientated drug. Cocaine though, you can do it anytime, anywhere. Before you know it you're having a toot in the morning to kick start yourself after a heavy session the night before and things can get quite out of hand.'

## VII Social Context

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We must look at the social context, as indeed we must do with any drug scene. Although it is impossible to demonstrate in scientific terms, the 'Ecstasy phenomenon' at the end of the 1980s has acted as a promoter of the association between drugs, popular culture and the leisure market. It is appropriate to see people as consumers, as non-deviant. It is a normalised scene now, where most clubbers, apart from their drug-taking, are law abiding citizens and make sophisticated consumer choices as to whether to partake in it or not. Why do young people do it? It is hugely enjoyable. As Matthew Collin states in *Altered State*:

"...It is the best entertainment format on the market"

## VIII Providing health information to young people

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In the face of the increase in and changing patterns of young people's drug use, HIT has developed innovative approaches to communicating with diverse target groups of drug users.

Recognising the social context, and recognising the benefits of clubbing, it is vital to provide health information to people in a credible way. Familiarity with the cultural codes of drug scenes forms an essential basis for both the production and distribution of a range of drug related materials. As Jock Young wrote, many years ago now:

"You cannot control an activity merely by shouting out that it is forbidden ; you must base your measures on facts and these facts must come from sources that are valued by the people that you wish to influence..."<sup>2</sup>

## IX Campaigns

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In September 1991, HIT (then the Merseyside Drug Training and Information Centre) produced *Chill Out: A Raver's Guide* (see Picture 3) in response to a growing demand for information on drugs. Three categories of risk were identified - drug specific, situational and social - and it focussed on the three main drugs [then] used in the club scene - Ecstasy, amphetamines and LSD.

PICTURE 3 : Chill Out leaflets



mine and LSD. This leaflet was designed to resemble and mimic a club flyer and, like flyers, was distributed through 'underground' clothes and record shops. There was enormous controversy over this innovative leaflet - its the style and content was not to everyone's approval<sup>3</sup> - but there were many benefits, in terms of getting information to club-goers and support from the broader community. The leaflet has since been updated.

HIT believes in social marketing. We must try to mimic the very sophisticated techniques that the commercial sector uses in selling goods or services to a target group. The Daisy Campaign (1993) initially established a 'brand' image, an identity (see Picture 4) then secured that image with a whole range of information. Information materials included flyers, swing tickets on clothes, matchbooks, posters, stickers, record bags, and T-shirts. Sheila

**PICTURE 4 : Daisy logo**



Henderson, in an independent assessment of the Daisy campaign, wrote:

"It successfully integrated health messages within the culture...played

an important role in achieving a considerable level of exposure and approval amongst the target group. Perception of the information as balanced...and the style of communication as fun, collectible and culturally recognisable would appear to have contributed to an improvement in drug knowledge and behaviour change amongst the target group.'<sup>4</sup>

Over the 1996 Christmas period, the Know Limits campaign, as well as being culturally attuned to the club scene, also had a seasonal theme. Christmas cards, New Year cards and Advent calendars were produced with relevant health information messages (see Picture 5).

November 1997 saw the launch of a new initiative. 'Relax 2001' takes drugs information into the future! The campaign

**PICTURE 5 : Know Limits Christmas card**



has been funded by the government's Drug Challenge Fund initiative, and six local private sector sponsors. For an eight week period, posters, a series of flyers, T-shirts, 'Adverscopes'<sup>5</sup>, condoms and badges are being distributed throughout

**PICTURE 6 : Relax 2001 logo**



Liverpool city centre. A website will enable young people to access information via the internet. The icons which give the campaign materials an identity (see Picture 7) relate to the key messages of this campaign: the smiley badge is associated with looking after your friends; the comfy chair is about telling people to relax and calm down a little bit; E is for Ecstasy; the razor blade is for cocaine; and the whisk relate to the problems of mixing drugs.

### **X Summary**

The distribution of appropriate information materials can:

## PICTURE 7 : Relax 2001 icons



1. provide an efficient and cost effective way of getting messages to different populations.
2. provide accurate, up to date and useful information to large numbers of people
3. promote peer education.
4. reduce drug related harm.

Drug information must be culturally attuned and credible to its target audience. Most of all, it needs to tell the truth about the effects, risks, and harms of drugs.

<sup>1</sup> Presentation at Healthy Young People: The Region's Future Conference (Liverpool, 1996)

<sup>2</sup> The Drugtakers Young J (Paladin, 1972)

<sup>3</sup> See Ecstasy in the UK: Recreational drug use and cultural change McDermott, Mathews & Bennett (1993) in Psychoactive Drugs and Harm Reduction: From faith to science Heather, Wodak, Nadelmann & O'Hare (Wurr)

<sup>4</sup> DAISY: An Evaluation of a Drug Information Campaign in Liverpool S Henderson (HIT, 1994)

<sup>5</sup> These are eye-catching visual displays.



# CHAPTER 8

## Licensing in Partnership

Inspector Paul Degan



## **I Blackpool: Booze Town**

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Blackpool. That's the place with the tower, the three piers, the Winter Garden Conference Centre and of course the famous Pleasure Beach, where you can get fish and chips, hot dogs, candy floss and all the other things that make up the 'fun town' of Blackpool. In fact, it is such a fun town that seventeen million people come to the town every year to sample all the goodies.

The town has in excess of two thousand licensed premises, including 410 'on' licences, and 78 late licences. I suppose you could call it the 'booze town'. In the holiday area alone (which is only a small part of what is a much smaller town than Liverpool), we have 114 pubs and clubs, which can deliver sixty thousand people onto the streets at any one time. How would you police that particular problem?

The holiday drinkers come to the town, start drinking at 11 o'clock in the morning, and carry on drinking until 2am the following morning. That's a hell of a lot of alcohol. The hoteliers need that custom, because from the end of the Illuminations in October of each year there is no custom until the following Easter; they have to balance their budgets for the whole year. The problems these drinkers cause for the town, and for the police are generally caused by them turning violent late at night. The under-age drinking problem is another problem we have to address.

People talk about drugs but my main message is about alcohol. I'm not saying that we don't have a drugs problem of a certain type in Blackpool, but it is not as great as the alcohol-related problem. Our aim is quite clearly defined. It is to work together with the licensing trade, to provide a safe environment for those persons who

visit the town, and its 180,000 residents, so that there's a quality of life for members of the community local to the premises, and for the people who visit the licensed premises.

## **II High profile policing**

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I have two daughters in their early twenties and I want them to be safe in the night-clubs and pubs in Blackpool, like any other parent. How do we achieve this? We provide regular uniformed visits to licensed premises, a very high profile exercise putting policemen in full uniform walking around and checking the licensed premises. All the pubs and clubs can expect to see our dedicated 'licensing unit' walking around the night-clubs on a regular basis. We also attend incidents when they occur, to see what can be done to help other response officers.

If we have poorly-run premises we have to increase police presence and sort them out. The whole area of licensing must not be viewed in isolation because it impacts on every aspect of life in our towns and cities; this must be recognised by everyone.

## **III Partnerships**

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Close liaison is a very important issue. 'Partnership' is about close liaison with all agencies. It is also about regular contact with area managers. I meet all the brewery and nightclub managers on a quarterly basis and we sit around the table to iron out any problems that we and/or they might have. We have a seminar every year in Blackpool at the Savoy Hotel which every licensee in the town is invited to attend, where we talk about problems that have arisen during the year and may happen next year. Together we put a package together for the following year and so on. We also have very pro-active policing of individual



premises. We go into premises which are causing slight problems and take action. The best way forward in solving problems is to go and talk to the management, to deal with the root cause. That is how we do it. The other thing is education of the licensees, the doorstaff, and everyone else involved; through the media (both by radio and by regular spots in the local newspaper) we educate the whole area of Blackpool as to the mission we are endeavouring to deliver for them. We actually have a very sensitive approach. We don't use the 'big stick' and prosecute people, we talk to them and advise them. Prosecution is our last aim: what's the point of prosecuting somebody when you've got to work closely with them? We feel this is the best message. Partnership is the main aim in Blackpool and should be in any town in this country.

#### **IV Reducing Disorder**

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The first of Blackpool's licensing department's objectives is to reduce the number of incidences of violence in and around licensed premises. This actually came about in the late 1980s when I did quite a lot of research into the causes of violence in licensed premises in Blackpool. One of the main causes was door-staff bullying and knocking people about. We introduced the door-staff registration scheme in 1992. The door-staff ('bouncers' is definitely not a word I use) are now well-supervised, and trained by the police in Blackpool.

Moving on from the door staff registration scheme itself, we actually go round constantly and monitor the door staff. Not only do we monitor them, the local authority enforcement officers play a key part in the actual management of the premises. They are part of our door care committee. They do a lot of the on-the-door checks of

door staff to make sure they are running things correctly; and we have to back up those with door staff talks.

We also have what we call a 'pub watch' scheme. 'Pub watch' schemes aren't new to this country. In the past the 'pub watch' scheme, which helps in reducing violence, was operated by 'phone: one landlord had to ring three other licensees and everyone had to spread a warning (about an incident) around. The more efficient way is to use a 'one pager' system. All the licensed premises now have a pager system and when a problem occurs in one particular spot the message goes round to all the others and it's beeped and they know there's a problem - football crowds or whatever the disturbance might be. The 'pub watch scheme' is a very useful tool for the police and the licensing trade, one I would promote anywhere.

#### **V Licensing**

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Because we have a dedicated unit, all licensing issues are standardised throughout Blackpool and the South Fylde area. We need a consistent, standardised approach so that every licensee knows he is going to be treated properly and fairly. This is extremely important.

Comprehensive processing of applications is what our dedicated unit do. We do an in-depth investigation into the background of not only the individual who applies for the licence but also of the finance behind that individual. We find that if you have an empty club in the town somebody with a bad background may want to bring drugs into the town and bring a certain type of nightclub into the town. So we look at the companies and see who are financing them. Right from the word go, if we're not happy with it, they don't get into the town. Basically we stop them at

licensing sessions. This makes licensing standards accepted throughout the town; whether an independent or a big company, you know quite clearly where you stand with our licensing policy and the licensing strategy.

We have to deal with the bad licensees and there's only one way to deal with a bad licensee because he's not looking after the safety of the people he should look after. That is to see that licensee is out of a job. I said we don't like to prosecute, and we don't. We just ask the brewery to move him and they do so.

## **VI Alcohol-related problems**

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With regard to reducing disorder, one of the problem areas is young people, so the Portman Group<sup>1</sup>, have just distributed two thousand packages of proof-of-age cards for 18-24 year olds to have an identification card. We support this in a big way. If an under-age drinking problem is identified, the 'Prove It' card is one of the answers to that problem.

Recently the people of Blackpool have said "We've got enough clubs, enough booze on the streets, please let's have a by-law banning street drinking". I am in the process of putting documents together with the local authority to actually introduce a by-law which will restrict drinking in public places and on public streets. It has come to the stage in Blackpool where we need a by-law to control a situation, which a few years ago would not have arisen.

## **VIII Tackling drugs - together**

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Another area we have to deal with is reducing the availability of drugs in licensed premises in the town. I quite honestly do not have a problem in Blackpool with drugs. Drugs do come into the town

but we don't fear them at all. We have a very good drug squad team. Not only do we take action, so does the leisure industry. One of our big companies (First Leisure ) has actually put its own drugs policy together, and it helps us to deal with the drugs problem, as do all the other club owners in the town.

## **XI Conclusions**

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We talk about drugs affecting crime. They do affect crime, but alcohol should not be forgotten. In my town, alcohol affects crime figures more than drugs. To give you an example, last year we arrested 12,200 people through the custody office at Blackpool Central police station. Of those 2,600 (which represents 21.5% of all people arrested at Blackpool last year) were drunk at the time of arrival and unfit to be dealt with. This has an impact on police demands: a drunken person is in the cells for a few hours and we have to use more manpower to deal with that person.

We all need to recognise the need to work together in partnership, from parents to local authorities, from licensees to judges, to all the companies and the agencies. Everyone must play a part. There must be no weak links in this system. If you want to come and look at a good town [in terms of licensing] I invite you to come and look at Blackpool in the holiday season.

<sup>1</sup> This is the drinks industry self-regulating body