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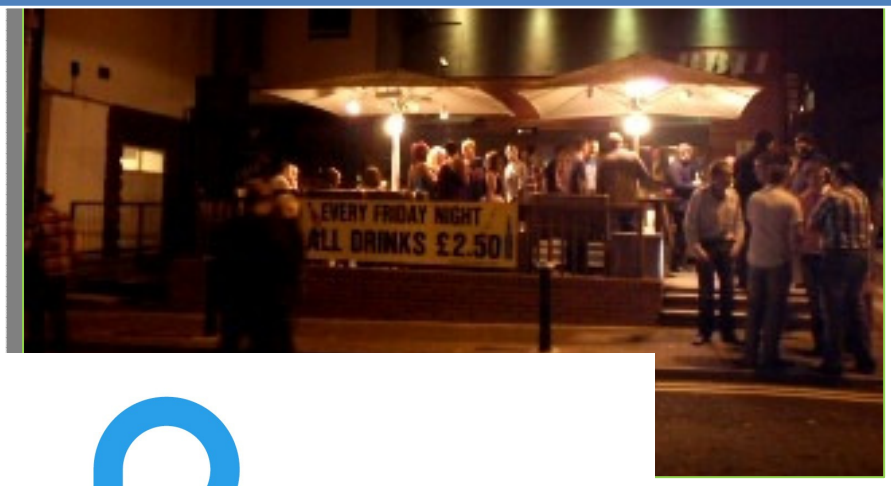
# Emerging Drug Trends in Lancashire: Night Time Economy Surveys

## Phase One Report




LANCASHIRE DRUG AND ALCOHOL ACTION TEAM

*Breaking the cycle of substance misuse*

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# Contents

# Introduction

## Emerging Drug Trends: A Research Programme

This report presents findings from Phase One of a two year rolling programme of research (October 2010 to October 2012) undertaken by Dr Fiona Measham[1], Dr Karenza Moore[2] and Dr Jeanette Østergaard[3] at Lancaster University on behalf of Lancashire Drug and Alcohol Action Team (LDAAT).

In a period of both continuity and change in terms of drug and alcohol consumption in the UK, LDAAT commissioned this research programme, entitled *Emerging Drug Trends* (hereafter EDT), in order to better understand drug and alcohol trends within the Lancashire region. LDAAT are particularly keen to identify the drug and alcohol use of those individuals who may not usually come in to contact with the services they commission, but who nevertheless may have concerns about their own or others' drug and alcohol use.

Another key driver of this research programme was the arrival of novel psychoactive substances or so-called 'legal highs' on the British pharmacological landscape, most notably substituted cathinones, of which mephedrone has become the most well known (EMCDDA 2010; Measham et al 2010). After a decade of relative stability in the illicit drug trade in the UK, reduced availability and reduced purity of established controlled drugs such as ecstasy and cocaine, coupled with the emergence of the first generation of so-called 'legal highs' – available on the internet to anyone with access to a credit card at a click of a mouse – has meant that those concerned with substance use in the UK have had to adapt rapidly to a new landscape, with little reliable data upon which to base crucial decisions, including for example how to deliver appropriate drugs education and prevention services.

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## Phase One: The Night time Economy (NTE) Surveys

Phase One of the EDT research programme consisted of drug and alcohol surveys in the night time economy (hereafter NTE) of towns and cities in Lancashire in the north west of England. The focus of the NTE surveys was to produce data on patterns and prevalence of drug use, both in terms of established controlled drugs such as cannabis, cocaine and ecstasy, but also in terms of assessing the prevalence of the aforementioned novel psychoactive substances, or 'legal highs' in Lancashire's towns and cities. NTE surveys are particularly adept at capturing emergent drug trends (see *Methods* section below) and so this method was considered pertinent to the aims of the EDT research.

The NTE surveys were also devised to collect and analyse data regarding the drinking patterns of those out and about socialising in Lancashire towns and cities at night. Of specific interest and concern is the emergence of 'pre-loading', defined as 'planned [heavy] drinking prior to going to a public drinking establishment' (Wells et al 2009:4; see also Forsyth 2010). Preloading with alcohol, typically undertaken in domestic settings (e.g. at home and at friends' houses) before entry into the NTE has implications not only for the individuals involved - with some studies suggesting that those who preload are more likely to drink more across the whole 'drinking occasion' and to be more likely to be involved in violence in NTE settings (Hughes et al 2007) - but crucially for those service providers (including DAATS, police and health services) who are charged with managing intoxicated individuals and reducing alcohol-related problems on the streets at night.

This report commences with an outline of and justification for the *Methods* used in EDT Phase One. We then present *Socio-demographic Data* from the NTE survey, followed by sections exploring key findings in more depth: *Drinking and Smoking in Lancashire; Prevalence and Patterns of Illegal Drug Use* (the latter includes data on *polydrug use)*. *Conclusions* and *Policy Recommendations* are then drawn, with a focus on the implications of these findings for LDAAT, as commissioners of this research. The *Conclusions and Policy Recommendations* section was produced in collaboration with LDAAT. The *Appendices* contain a detailed breakdown of the data collected, alongside the NTE survey sheet and observational reports for the four fieldwork sites.

# Methods

## Why NTE surveys?

This section explains the reasons for capturing data on (young) adults' substance use in Lancashire by way of NTE surveys. General population surveys capture data on adult consumption patterns at population level; these include the UK annual national household *British Crime Survey* (hereafter BCS) and the annual *General Lifestyle Survey* by the Official for National Statistics (hereafter GLS) for drinking and smoking. Such surveys are invaluable for identifying national and regional trends using large and representative samples, but can be slow at adapting to the changes in UK consumption patterns, for example of the kind we have seen since the emergence of novel psychoactive substances (or 'legal highs') in 2009. National household surveys such as the BCS may also underestimate adult consumption levels, due to their non-random non-response rates. They may miss those living in 'non-standard' accommodation such as student halls, hostels and institutions. They may also exclude adults who are active in the NTE and who by definition are more likely to be out socializing when household surveys are conducted and who are also more likely to have higher levels of drinking and drug use than others as a result.

In order to further understand patterns and prevalence of adult drinking and drug use, adults active in the NTE have been targeted through interview-based research, magazine or internet-based surveys of self selecting samples, and lastly *in-situ* NTE surveys with bar and club customers, such as those presented here. Unlike national household surveys, online surveys, and research undertaken outside of NTE settings, *in-situ* NTE surveys can capture data on changing trends and patterns of drinking and drug use from samples of adults when and where it happens, further improving our understanding of drug use in the contexts in which it takes place (Measham et al 2001; Measham and Moore 2009).

## NTE Survey Method

The NTE surveys were undertaken in four Lancashire towns/cities in November 2010:

- Chorley town centre, Friday 5th November 2010 (Fiona, Karenza, Jeanette)

- Lancaster city centre, Friday 12th November 2010 (Karenza and Bina)
- Burnley town centre, Friday 18th November 2010 (Fiona, Karenza, Jeanette)
- Preston town centre, Friday 26th November 2010 (Fiona, Karenza, Chris)

These towns/cities were chosen in consultation with LDAAT, in order to provide four fieldwork sites that represent a range of characteristics across the county and within different police localities[4]. Fieldwork reports from each of the NTE survey sites, written by a researcher the morning after each night's work, can be found in Appendix A.

The researchers all wore identification badges. Any (potential) respondents who required further information were given 'flyers' with details of the researchers' website[5] and/or one of the researchers' business cards.

Lancashire police officers were briefed about the survey in advance via the key contact at LDAAT. Police officers encountered during the course of each of the four surveys were approached by the researchers, the research was explained to them in detail and they were asked for general observations on the events and atmosphere in the town that night. Police officers, community support officers, street pastors and bar/club security staff and bar staff all provided us with invaluable local knowledge about survey sites, for example the most appropriate places to stand in which to capture the peak 'flows' of people and general information about popularity of certain venues, times and days of the week.

The researchers tended to work either in pairs or alone (if the latter we remained within sight of one another). Potential participants were approached and politely asked if they would like to participate in a survey about their drug and alcohol use. Where an individual declined to participate in the study, this was recorded so that the refusal rate could be calculated. The purpose of the NTE surveys was briefly explained to all survey participants. All were assured of anonymity and no names were asked for or given.

[4] It should be noted that we also planned to conduct a survey in the town of Clitheroe but on two occasions poor weather forced us to cancel the fieldwork.

[5] Please see www.clubbingresearch.com

The study sample was an opportunistic sample collected in a specific leisure setting – standing outside NTE venues on the streets of Lancashire. This means that it is a non-random sample, with limitations. To give an example, whilst every effort was made by researchers to capture a variety of people in each location (e.g. men and women, young and older), it is not possible to claim either that respondents were chosen 'at random' or that the sample was representative of the wider population of that community. As a result generalisations made from this sample best apply to populations with similar characteristics – (young) adults out socialising in Lancashire's NTEs on Friday nights who frequent licensed premises.

One further limitation is that data collection was undertaken outside of licensed premises (either on the pavement directly outside licensed premises, typically in or near their 'smoking areas'; or on the pavement amongst the general 'flow' of people arriving or leaving the town/city centre, and/or going to and from different licensed premises). Given the subzero temperatures, few people, who were not smoking a cigarette, were standing chatting in the street for long. Therefore the combination of subzero temperatures and street-based interviewing risks over-representing cigarette smokers in the sample. 78% of the respondents in our sample report smoking, with 53% identifying themselves as daily smokers and 25% non daily smokers. This is considerably higher than in the general UK population, where in 2009, 21% of the adult population were cigarette smokers (Robinson and Harris, 2011). Amongst young adults, Robinson and Harris report that 24% of 16-19 year olds smoke, 26% of 20-24 year olds and 25% of 25-34 year olds (the average age of our sample is 24). However, amongst young adults active in the NTE, the prevalence of smoking in our sample (78%) is only slightly higher than that from an online survey of dance music fans/club-goers (73%) (Mixmag 2010).

## NTE Data Collection

The study utilised the research design and survey instrument developed by Measham in the 1990s and 2000s and successfully used for *in-situ* surveys with thousands of dance club customers (Measham et al 2001) and bar customers (Measham and Brain 2005) in the UK NTE, modified and used for a series of *in-situ* club surveys in a large north west city (Measham and Moore 2009) and again for this LDAAT research in Lancashire in 2010. Given this, there was no pilot of the survey. The research instrument was a two page survey upon which interviewers recorded information collected from respondents regarding basic socio-demographic data and use of cigarettes, alcohol and drugs. The list of drugs was determined

prior to the survey by LDAAT and the authors and included both legal and illegal drugs. Additionally, participants were also able to self-volunteer the use of other drugs not on the survey list.

*Data analysis*

Data was analysed and is presented descriptively, with use of Pearson's chi-square test, gamma or independent t-test where appropriate.

## NTE Survey Population

Overall, 207 people provided valid answers for the NTE surveys. In total 235 people were approached of which 23 people refused and 5 people were either deemed to be too intoxicated or walked away without completion of the NTE survey. Therefore the non-response rate is 12%.

Chorley town centre, Friday 5th November 2010

- In Chorley, 53 people participated in the survey (25% of the overall sample).

Lancaster city centre, Friday 12th November 2010

- In Lancaster, 42 respondents participated in the survey (20% of the overall sample).

Burnley town centre, Friday 18th November 2010

- In Burnley, 59 people participated in the survey (29% of the overall sample).

Preston town centre, Friday 26th November 2010

- In Preston, 53 people participated in the survey (26% of the overall sample).

# Socio-demographic Data

## Gender, Age, Ethnicity and Employment

50% of the total Lancashire NTE survey sample were male and 50% were female. The mean age was 23.8 (standard deviation 6,82) and ranged from 16-51 years.

The majority (99%) of those who participated defined their ethnicity as white. Only 1% (six people in Preston) identified as mixed race. No one identified as being black, Asian or from any other ethnic group.

The majority of respondents (63%) were in full-time employment; 14% were in higher education, 8% were in part time employment, 5% were unemployed, 3% were in further education, whilst 1% defined themselves as having a 'long-term sickness/disability'.

In Chorley, 70% of the 53 respondents interviewed said that they came from Chorley, 6% said they came from Leyland, 4% from Preston, Manchester and Oldham respectively. Other places mentioned by single individuals were towns such as Euxton, Lincoln and Charnock Richard.

In Lancaster, 43% of the 42 respondents interviewed reported to come from Lancaster, 19% came from Morecambe, 7% came from Heasham and 5% from Plymouth. Otherwise one or two people came from places like Blackburn, Holton, Liverpool and as far as London.

In Burnley, 48% of the 59 respondents interviewed came from Burnley. 7% came from Accrington, 5% from Great Harwood and 3% from each of the following towns and cities: Padiham, Braifield, Blackburn, Blackpool and Manchester.

In Preston, 53% of the 53 respondents interviewed came from Preston. 11% came from Blackpool, 4% from Ashton, 4% from Bamber Bridge, 4% from Harlesyke and 4% said they were non UK residents.

# Drinking and Smoking in Lancashire

## Introduction – National consumption levels

Binge drinking and drunkenness was evident in all four of the fieldwork sites surveyed for this study. The Lancashire area thereby reflects the general trend of young people's alcohol consumption in the UK. According to the European School Survey Project on Alcohol and Other Drugs (hereafter ESPAD) (Hibell et al 2009), the UK has been among the top five youth binge drinking European nations since the beginning of the 1990s although there is evidence of stability and decline in the most recently published survey. According to the latest UK figures reported in the annual General Lifestyle Survey for 2009 (Robinson and Harris 2011), the average weekly alcohol consumption for the general population was 12 units[6] of alcohol, with younger respondents and respondents in the north west of England consuming comparably more units. Amongst young adults aged 16-24 across the UK the average weekly alcohol consumption is 12.5, with the North West consuming on average 13.1 units, the third highest region in terms of the level of average weekly consumption (Robinson and Harris 2011). Gender differences in binge drinking are less apparent in young adults than older adults: 24% of 16-24 year old men and women in the UK reported binge drinking (drinking over eight and six units of alcohol, respectively) at least once during the previous week. Amongst 25-44 year olds, 27% of men and 19% of women reported binge drinking at least once during the previous week and amongst 45-65 year olds, 21% of men and 11% of women reported binge drinking once during the previous week. The North West has the third highest regional level of past week binge drinking (21%).

There is evidence, however, that binge drinking has peaked in the UK and has been decreasing at the national level – in terms of both weekly consumption levels and binge drinking – from around 2002, particularly amongst younger adults (Measham and Østergaard 2009; Robinson and Harris 2011). It is difficult to provide directly comparable data for the early and late 2000s, however, as methods of calculating units were revised in 2006 to account for larger sized wine glasses.

[6] A unit of alcohol is defined as 10ml of pure ethanol. This is equivalent to a standard measure of spirits (25ml at 40% ABV) or half a pint of standard strength beer (284ml at 3.6% ABV).

Also of note is the national increase in abstainers in the UK since the millennium. The proportion of the general population who reported that they do not drink alcohol has increased from 10% in 1998 to 15% in 2009 (Robinson and Harris 2011). Although this increase in abstainers can be partially explained as a result of the rise in the UK Muslim population, this is unlikely to fully account for the growing numbers of abstainers.

## Drinking and Smoking in the Lancashire NTE surveys

99% of those surveyed in Lancashire's NTE reported that they drank alcohol, 1% reported that they had stopped drinking alcohol and no one reported that they had never consumed alcohol. On the fieldwork night most of our respondents (89%) reported that they had already consumed alcohol, 8% had not yet started drinking alcohol and 3% stated that they were not drinking alcohol that night. As discussed above, 53% of the sample reported smoking cigarettes every day and 25% reported non-daily smoking.

Given the sampling method it is unsurprising that our sample has much higher numbers of smokers (78%) than in the general population (21%) and much lower numbers of abstainers (1%) than in the general population (15%). Self reported usual frequency of alcohol consumption is shown in Table 1 below. 86% of our Lancashire sample reported that they usually drink alcohol once a week or more, with male respondents drinking more frequently than female respondents: 93% of men compared to 80% of women reported drinking alcohol at least weekly. In comparison, at the adult population level 68% of men and 54% of women report having had a drink the previous week (Robinson and Harris, 2011).

*Table 1:* Self reported usual frequency of alcohol consumption in those reporting that they drink alcohol. Percentages.

| | Every day | Most days a week | 2-3 times a week | Once a week | Once a fortnight | Once a month | Less than once a month | Once a year or less | Total |
|---|---|---|---|---|---|---|---|---|---|
| Percentages | 4 | 7 | 45 | 30 | 6 | 6 | 1 | 0 | 100 |
| N | 9 | 15 | 92 | 61 | 13 | 13 | 1 | 0 | 207 |

## Preloading

Researchers in the UK have recently started to pay attention to a new phenomenon known as 'preloading'. Preloading – the practice of drinking at home before attending a bar or nightclub – has been associated with higher consumption levels, crime and other risky behaviours (Hughes et al 2007; Wells et al 2009). In a study in the north west of England among 18-35 years old (Hughes et al 2007), it was found that 58% of the young adults in a convenience sample preloaded; that it was more common among women compared with men (60% and 55% respectively); and that on average, preloading women consumed more units than men (seven units for women compared with six units for men). However, when out in the NTE, on average men consumed more units than women (20 units compared to 12 units). Drinking before going out was also found to be linked to an increased risk of becoming involved in a fight in the NTE later that evening, by a factor of x2.5 whereas the total amount of alcohol consumed was not associated with violent behaviour (Hughes et al 2007).

The results from the Lancashire NTE surveys resemble Hughes et al's (2007) North West study with an identical proportion of drinkers preloading. 58% of the total Lancashire NTE survey sample (aged 16-51) reported that they had had alcohol (either at their own or a friend's house) before they arrived in the town/city centre in which they were surveyed. Within the Lancashire NTE survey sample there were no statistically significant differences in terms of the number of people preloading in each town/city centre. Our study also found that women preload more than men. In total 66% of the women reported preloading compared with 49% of the men (see Table 2). This statistically significant difference between men and women's preloading is mainly due to the fact that preloading among women is more prevalent in Burnley compared to the other towns/cities. As seen in Table 2, in Burnley 80% of the women were preloading compared to 45% of the men. If men do preload, the number of units of alcohol that they consume on average is the same as women (approximately eight). Similarly, when out in the NTE men consumed on average more units than women (ten units for men compared with seven units for women), although this is considerably less than in the Hughes et al (2007) study. Hence the overall trends in the Lancashire area resemble that of the Hughes et al (2007) study in another North West city centre except that the units consumed in the NTE for both men and women seems considerably higher in the Hughes et al study than in our Lancashire survey. This could be due to the fact that our Lancashire NTE surveys incorporated a wider age range of drinkers than the Hughes et al study which focused more on the under 35s.

*Table 2*. Preloading according to gender and town/city. Percentages

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| Females | 58 | 65 | 80* | 62 | **66*** | 69 |
| Males | 32 | 56 | 45 | 59 | **49** | 50 |

*p < 0,05

The average age of those who are preloading in our sample is 23 years old, whereas the average age for those interviewed during the fieldwork nights who did not preload is 25 years old. Hence younger adults are slightly more likely to preload than older drinkers, but preloading is not specifically a feature of underage drinkers (under 18 years old). As seen in Table 3, the age group who are most likely to preload are 21-24 year olds (71%) compared with 61% of 19-20 year olds and 44% of young people under 18 years old.

*Table 3*: Preloading according to age. Percentages

| | No | Yes | **Total** | N |
|---|---|---|---|---|
| 16-17 year old | 56 | 44 | **100** | 9 |
| 18-21 year old | 39 | 61 | **100** | 74 |
| 21-24 year old | 29 | 71 | **100** | 58 |
| 25-34 year old | 53 | 47 | **100** | 45 |
| 35+ year old | 62 | 38 | **100** | 21 |

$\chi^2$ = 10,485 df=3 p = 0,033

Frequency of usual alcohol consumption does not differ greatly between those reporting preloading and those who were not preloading on the fieldwork night. More than half of both preloaders (55%) and non preloaders (58%) report that they usually drink alcohol at least two to three times a week. Although slightly more preloaders in our sample consider Friday to be their main night out and slightly more non preloaders consider Saturday to be their main night out, the result is not statistically significant (see Table 4 and 5).

In a study conducted in the London borough of Camden in 2010, Hadfield and colleagues (2010) found considerable local differences. For example, the number of drinkers reporting preloading before going out in Camden Town was higher than amongst drinkers in Covent Garden (36% compared with 14%) and was higher amongst women than men. In the Lancashire NTE survey there were also considerable local differences in levels of preloading in the four towns/cities researched. In the Lancashire survey, preloading was highest in Burnley (63%) and lowest in Chorley (47%), although this result was not statistical significant. Wider variations existed for women with 80% preloading in Burnley compared with 58% preloading in Chorley.

However in comparison to the study of the London borough of Camden by Hadfield et al (2010), both the Hughes et al (2007) study and our Lancashire NTE surveys suggest that preloading could be a more widespread phenomenon in the north west of England than in London. Women's average consumption during a fieldwork night in London is lower compared to the north west (10 units compared with 12 units), whereas men in the Lancashire study on average were consuming about the same amount (14 units) as men in London, but considerably less than in the North West study by Hughes et al (2007).[7] There were some small variations between the four fieldwork sites in terms of overall alcohol consumption. Preston had the highest reported total consumption of alcohol among women (15 units) and men (17 units) although this regional variation was not statistically significant.

[7] Time might be a factor here. Both the Hadfield et al (2010) and Hughes et al (2007) studies had longer periods of fieldwork. Also the Hughes et al study was conducted several years ago, with falling consumption levels by young adults noted in national surveys since then.

*Table 4:* Preloading and Friday as main night out. Percentages.

| | Friday | Other | **Total** | N |
|---|---|---|---|---|
| No Preloading | 29 | 71 | **100** | 83 |
| Preload | 39 | 61 | **100** | 116 |
| Total | 130 | 69 | **100** | 199 |

$\chi^2$ = 2,,084 df=1 p = 0,149

*Table 5*: Preloading and Saturday as main night. Percentages.

| | Saturday | Other | **Total** | N |
|---|---|---|---|---|
| No Preloading | 43 | 56 | **100** | 83 |
| Preload | 34 | 66 | **100** | 116 |
| Total | 130 | 69 | **100** | 199 |

$\chi^2$ = 1,960 df=1 p = 0,162

## Alcohol Use in the NTE

For the respondents who were drinking on the fieldwork night (n=185), their average total alcohol consumption for their whole night (up to the point of interview) was 13 units. Thus the young adults interviewed in the Lancashire NTE surveys reported drinking in just one evening the equivalent to what young people aged 16-24 in the general population on average report drinking during a whole week (Robinson and Harris 2011). It should be noted, however, that there are methodological challenges in obtaining detailed and accurate information on alcohol consumption through interviews with strangers stopped at random in public streets with varying levels of intoxication (Measham and Moore 2009).

On average, the preloaders in our sample reported consuming eight units of alcohol before coming out, with no gender differences. Once people had come out, respondents reported drinking an average of eight units in the NTE (see also Tables 18, 27 and 28 in Appendix C). Once out drinking, men consume more alcohol than women (ten units compared with seven) (see Table 6). Men's higher rates of alcohol consumption in the NTE may be in part because fewer men preload and therefore they have lower levels of intoxication when they first reach Lancashire bars. Because more women preload, this may also explain why we find no statistically significant gender difference in total alcohol consumption on the fieldwork night.

*Table 6:* Mean units consumed both before and after coming out, by gender and age

| | Preloading | In NTE | **Total units at fieldwork night** |
|---|---|---|---|
| Females | 8,07 | 6,71 | **11,89** |
| Males | 8,24 | 9,95* | **14,06** |
| >=22 | 8,13 | 9,05 | **13,39** |
| <22 | 8,15 | 7,69 | **12,56** |

* $p \leq 0,05$

Likewise there is no statistically significant age difference in the amount of alcohol consumed, if we compare those aged 22 years and under, with those aged 23 or more, for preloading, for drinking in the NTE and for total alcohol consumption on the fieldwork night. This is despite, as previously noted, those aged 21-24 having the highest levels of preloading.

# Prevalence and Patterns of Illicit Drug Use

## Introduction

This section presents data on the prevalence of illicit[8] drug use amongst the sample captured by our four Lancashire NTE surveys. We compare illicit drug use amongst our sample to national household survey figures; specifically the most recent British Crime Survey 2009/10 (Hoare and Moon 2010). We then compare our data to other surveys of drug-using populations, exploring where those frequenting Lancashire's NTE sit in terms of their illicit drug use. The frequencies for self reported drug use for lifetime, past year, past month, already taken on fieldwork day, planning on fieldwork night, and combined taken and/or planning to take on fieldwork night are shown in Table 7. Of particular interest is the emergence of mephedrone as a popular drug of choice alongside more familiar established illegal drugs such as cannabis/skunk, cocaine and ecstasy. Another point of interest is the confusion around mephedrone and 'Bubble'; and around herbal cannabis and 'Skunk' (see Sznitman, Olsson and Room 2008 for a general overview of the latter point).

Below is the key table presenting the prevalence of illicit drug use amongst the Lancashire NTE survey sample. 70% of the 207 respondents surveyed across Lancashire's NTE reported that they had tried an illegal drug at least once in their lifetime (see Table 7). Lifetime prevalence was highest for cannabis, cocaine, skunk and ecstasy pills. 28% reported having used amphetamines (speed) at least once in their lifetime, and one in five had used MDMA crystal/powder. The dominance of cannabis (in herbal form or its stronger 'skunk' form) is indicated by the lifetime reported use of cannabis (62%) and lifetime use of 'skunk' (40%). Indeed cannabis (9%) was the most common drug used and/or planning to be used on the fieldwork night, followed by cocaine (6%) and 'skunk' (4%).

[8] Illicit is here used to refer to both illegal drugs (controlled under the Misuse of Drugs Act 1971) and also to those drugs which are not currently controlled but which are not socially acceptable to use in public leisure settings (for example, the novel psychoactive substances or so –called 'legal highs').

*Table 7*: Self reported lifetime, past year, past month, fieldwork day use and planned use frequencies from the four surveys (n=207). Percentages.

| | Lifetime | Past Year | Past Month | Already had today | Planning tonight | Had today &/or planning tonight |
|---|---|---|---|---|---|---|
| Any illegal drug | 70 | 41 | 29 | 11 | 8 | 12 |
| Cannabis | 62 | 31 | 19 | 8 | 5 | 9 |
| Skunk | 40 | 28 | 15 | 3 | 2 | 4 |
| Cocaine | 43 | 25 | 17 | 6 | 3 | 6 |
| Ecstasy pills | 39 | 18 | 8 | 1 | 1 | 1 |
| MDMA powder/crystal | 20 | 14 | 6 | 1 | 1 | 1 |
| Ketamine | 16 | 9 | 5 | 1 | 1 | 1 |
| Speed | 28 | 11 | 3 | 1 | 1 | 1 |
| GHB | 6 | 1 | 1 | 0 | 0 | 0 |
| Heroin | 1 | 1 | 1 | 0 | 0 | 0 |
| Benzodiazepines | 4 | 2 | 1 | 0 | 0 | 0 |
| Mephedrone | 13 | 11 | 5 | 0 | 0 | 0 |
| Bubble | 18 | 16 | 9 | 0 | 0 | 0 |
| Steroids | 3 | 1 | 1 | 1 | 0 | 0 |
| MDAI | 2 | 1 | 1 | 1 | 1 | 1 |
| NRG-1 | 2 | 1 | 1 | 0 | 0 | 0 |
| Ivory Wave | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Legal herbal highs | 6 | 3 | 1 | 0 | 1 | 1 |
| LSD | 3 | 0 | 0 | 0 | 0 | 0 |
| Poppers | 1 | 0 | 0 | 0 | 0 | 0 |
| Mushrooms | 2 | 1 | 1 | 0 | 0 | 0 |
| Other drugs | 2 | 1 | 1 | 0 | 0 | 0 |

The relatively low figures for self reported drug use on the fieldwork night compared to lifetime, past year and (in some cases) past month drug use suggests that the Lancashire towns and cities surveyed are predominately perceived as 'drinking destinations' by those frequenting them. In contrast some respondents reported that larger cities in the north and north west of England such as Manchester and Leeds are perceived as places in which recreational drug use is more likely to occur, perhaps unsurprising given the dominance of large cities in terms of drug-fuelled nightlife. Indeed this point was confirmed by groups of young women and men we spoke to whilst conducting surveys in Chorley and in Lancaster, who said they had "a quiet-ish drink" on Fridays before (sometimes) travelling to Manchester and Leeds dance clubs "for a big one" on Saturdays. Nevertheless, some drug use does occur in the NTE of Lancashire towns and cities with 6% of respondents reporting using cocaine on the fieldwork night. Cocaine is therefore the second most common drug to combine with alcohol on a night out in Lancashire.

Further, we can see of those 6% (12 respondents) who report cocaine use on the fieldwork night, half (six respondents) said they already had taken cocaine at the point of interview and planned to take more, whereas the other half (six respondents) said they planned to take cocaine later that night. Nine of these respondents were male and three were female. Their age varied: four of them were aged 18 to 20, five were aged 21-24 and three were aged 25-35. All except one of these respondents reported preloading and their main night out is predominately either Friday (5 respondents), or both Friday and Saturday (3 respondents). Half of the respondents (6 people) also smoked or were planning to smoke cannabis on the fieldwork night.

The Lancashire NTE surveys provide data on use of novel psychoactive substances which are not yet controlled, so-called 'legal highs' such as MDAI and NRG-1. This is distinct to national household surveys such as the British Crime Survey (BCS) which are yet to catch up with the availability and use of synthetic 'legal highs' in the 'internet age' (Measham et al 2010; Schmidt et al 2010). Only a handful of respondents reported use of these second generation 'legal highs'. 1% of the sample reported having had NRG-1 in the past month whilst no-one had taken or was planning to take NRG-1 on the fieldwork night. 1% of the sample reported having had MDAI in the past month and 1% on the fieldwork night. Of particular concern is that these new 'legal highs' are of variable content, purity and potency, with misbranding adding to the risks for customers of consuming unknown synthetic stimulants (Brandt et al 2010).

Respondents volunteered the names of other drugs not included in the predetermined survey list due to space constraints. The lifetime prevalence rates of these drugs were as follows: 3% reported having tried LSD, 1% had tried poppers and 2% tried mushrooms. It is likely that these are underestimates as respondents were not asked directly about their use of these drugs.

We highlight the figures for the use of ketamine given the relatively recent emergence of a cohort of heavy, regular recreational users of the drug presenting to medical services with severe bladder issues (Middela and Pearce 2011) and other related problems (Morgan et al 2010). Whilst the figures for ketamine use amongst the Lancashire NTE survey sample remains relatively low (16% lifetime use; 9% past year use and 5% past month use), all are higher than the national averages amongst adults aged 16-59 from the BCS 2009/10 figures (2% lifetime use; 0.5% past year use and 0.2% past month use) (Hoare and Moon 2010:17-19)[9].

## Comparing the Lancashire NTE survey to the national picture

The UK national picture offers a useful point of comparison to the Lancashire NTE survey sample, but as previously noted, there are limitations to this approach. National household surveys produce underestimates of adult drug use (Newcombe 2007). This is in part related to how national surveys exclude groups of people who are more likely to be drug users, such as *students*, particularly those living

[9] See *Conclusions and Policy Implications* for further discussion of ketamine use.

in student halls of residence; *transitory populations*, specifically those people living in non-standard accommodation such as hostels and institutions; and *revellers*, that is those who frequent the NTE and who by definition are more likely to be out in the evening when national surveys tend to be conducted. These three groups may of course overlap. Given these groups have been found to have higher rates of drug use than national averages, with those frequenting dance music clubs in the NTE having even higher rates of drug use (Measham et al 2001; Measham and Moore 2009) than other revellers, we should approach comparisons between the surveys of the national population and NTE 'revellers' with caution. Consequently the respondents in Lancashire's varied NTE appear to be more drug experienced than those in the general population, at least compared to those captured by lifetime, past year and past month drug use figures in the BCS 2009/10. The number of adults (16-59 year olds) in the UK who have ever used an illegal drug was 36% according to this latest BCS (Hoare and Moon 2010). By way of comparison, 70% of the 207 respondents surveyed across Lancashire's NTE reported that they had tried an illegal drug at least once in their lifetime (see Table 7).

In terms of past year use of any drug, the BCS 2009/10 figure stands at 9%. This contrasts with the Lancashire NTE survey where 41% of respondents reported having used any illegal drug within the past year. 5% of those in the BCS 2009/10 sample had consumed any illegal drug in the past month, compared with 29% of those in our Lancashire NTE survey sample.

As noted in the socio-demographic data section, 68% (*n*=141) of the Lancashire NTE survey sample (*n*=207) were aged 16-24. The mean age of respondents was 24 (standard deviation 6,82) and ranged from 16-51 years. Given that the majority of the NTE survey sample falls within the 16-24 year age bracket used to denote 'young adults' within the BCS, we offer the latest BCS figures on this age group's illegal drug use as a further point of comparison. 41% of 16-24 year olds in the BCS sample reported lifetime use of any drug, compared to 70% of those in the Lancashire NTE survey sample, with lifetime use of cannabis by far the highest amongst this age group (35% in BCS sample; 62% in the Lancashire NTE survey sample) followed by lifetime use of cocaine powder (12% and 43% respectively) and then lifetime use of ecstasy (10% and 39% respectively). By this premise, those frequenting Lancashire's NTE who are aged between 16-24 years old have higher rates of drug use than those in the same age bracket in the general population, although again we note that BCS figures are likely to be underestimations.

The BCS 2009/2010 data on drug use by the regions of England and Wales highlights that the north west of England (compared to all other regions including Wales) has the highest proportions of adults (16-59

year olds) reporting past year use of any drug at 10.4%, cannabis at 8%, ecstasy 2.3%, amphetamines 1.7% and hallucinogens 0.8%[10]. These regional figures are all higher than UK national averages. The north west of England is second only to the north east of England for the proportion of adults using any Class A drug in the past year and for the proportion of adults using powder cocaine in the past year (Hoare and Moon 2010:49). Other surveys of young people's drug use in the north west of England also find higher levels of drug use compared to the national average (Aldridge et al 2011; Parker et al 1998).

We can compare the Lancashire NTE survey with this BCS 2009/10 regional data. 41% of the Lancashire NTE sample reported use of 'any drug' in the past year; 31% reported past year use of cannabis; 18% reported past year use of ecstasy; 11% reported past year use of amphetamines (speed); and 1% reported use of hallucinogens[11]. All the NTE survey sample figures for past year drug use are higher than those from the BCS regional data, indicating that those frequenting the Lancashire NTE are more likely to use illegal drugs than the general population of the north west of England. However, the drug use pattern is similar to that of the BCS regional data in terms of rank ordering of drugs, in that lifetime prevalence is highest for cannabis, cocaine, skunk, then ecstasy pills, with cannabis (in herbal form or its stronger 'skunk' form being the most commonly used drug.

Also of direct relevance to the Lancashire NTE survey sample is the number of adults (16-59 year olds) in the BCS 2009/10 figures reporting use of individual drugs in the past year by frequency of nightclub visits in the past month. This group captured by the BCS 2009/10 is likely to be closer in terms of lifestyle factors to the Lancashire NTE sample than the more general population of adults captured by the BCS survey. For instance cannabis use in the Lancashire NTE sample (31%) is close to those who frequently go to nightclubs according to the BSC survey (23%). However past month ecstasy use and in particular cocaine use is still considerably higher in the NTE sample compared to the national level even among those who frequent nightclubs on a regular basis.

[10] Please note that hallucinogens include LSD and magic mushrooms in the BCS definition. Ketamine is not included.

[11] This only included 'magic mushrooms' as no individual in the sample had taken LSD in the past year.

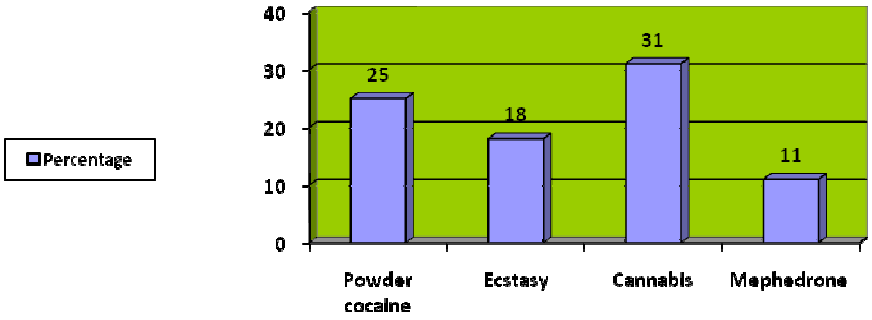


*Figure 1: Proportion of those in the Lancashire NTE surveys reporting use of individual drugs (cocaine, ecstasy, cannabis and mephedrone) in the past year*

## Exploring Mephedrone and 'Bubble' use

Some of the most compelling data from the NTE surveys comes from the inclusion of 'mephedrone' and 'Bubble' in the list of drugs that we asked our 207 respondents about. Substituted cathinones including mephedrone were classified as Class B controlled substances in the UK under the Misuse of Drugs Act 1971 in April 2010. Mephedrone was not included in the BCS 2009/10 survey and to date no national data on prevalence of mephedrone use is available.

The data captured on mephedrone use from the Lancashire NTE surveys is the first post-ban NTE survey data in the UK. Previously data on mephedrone use has been confined to online surveys of self selecting samples of dance music fans/clubbers (Mixmag 2010; 2011) and a school survey before the cathinones were controlled (Dargan et al 2010). The Mixmag survey reported lifetime and past month prevalence rates for mephedrone of 42% and 34% respectively before it was banned (Mixmag 2010) and lifetime and past month mephedrone use of 61% and 25% respectively since the ban (Mixmag 2011), suggesting that past month mephedrone use has fallen by about a third amongst clubbers since it became a controlled substance. As a point of comparison, lifetime use of mephedrone amongst the Lancashire NTE survey sample was 13%, past year use was 11% and past month use stood at 5%, suggesting considerably lower use amongst Lancashire adults than the more drug-experienced Mixmag cohort of dance music fans. Nevertheless, given that mephedrone had become a classified drug more than six months earlier, it is notable that one in twenty people surveyed on the streets of Lancashire on a Friday night had consumed it within the previous month.

Neither mephedrone nor 'Bubble' were widely use on the fieldwork night. However, as highlighted above lifetime and past month use of Bubble was notable, with 18% reporting that they had ever tried it and 16% having used it within the past year. Lifetime use of speed was 28% and it was significantly higher in Preston compared with the other three research sites. Interestingly past year use of speed (11%) was the same as past year use of mephedrone, suggesting that it is stimulants *per se* that may be a cause for concern in this cohort of NTE revellers.

It is worth adding that there remains a degree of confusion around 'Bubble'. Lifetime use of 'Bubble' in the NTE survey sample was 18%, past year use was 16% and past month use was 9%, all figures higher than those for 'mephedrone' (see Table 7). Some Lancashire drug workers we have been in contact with have highlighted that 'Bubble' is a word used predominately by those living in the north west of England to denote mephedrone. However, when conducting the NTE surveys, there appeared to be similar confusion amongst survey respondents, with some saying "What's that?" when asked about 'Bubble' and others claiming "that's slang for mephedrone". Other respondents told us "We take Phet now", which we came to understand as being slang for amphetamines. On the latter point it was unclear as to whether young adults (in Lancaster in particular) were taking speed and calling it 'Phet' or were taking mephedrone and calling it 'Phet' (given that mephedrone is a keto-amphetamine and has widely reported stimulant effects). In this sense both are 'correct' in that mephedrone is an 'amphetamine by another name', as noted by Les King in 2010 when he was a member of ACMD.

On further discussion with drugs workers in the region, we suggest that 'Bubble' may have become contemporary slang for any synthetic 'legal high' with stimulant effects, at least amongst those out and about in the Lancashire NTE. Perhaps most concerning with regards this confusing aspect of our findings is that people may not know (or care) what they are consuming. This has been a feature of drug consumption in the UK for some time now as purity levels have fallen in recent years, with users less and less sure that an ecstasy pill has any MDMA in it, or that cocaine power has more than a sprinkling of cocaine in it. In this context the rapid rise of mephedrone, which at least initially was found to be high purity, was unsurprising (Measham et al 2010). This presents new challenges to drugs services attempting to offer accurate information and advice.

## Gender and age differences in illicit drug use

Within the Lancashire NTE survey sample, clear gender differences emerged in terms of illicit drug use, as well as drinking and smoking discussed earlier. Men's drug experiences far exceed those of their female counterparts, with lifetime, past month, past year, past week and fieldwork night self reported drug use all higher amongst men than women. As apparent in Table 8, the difference in men and women's experiences with illegal drugs is particularly notable for more recent use with 39% of men having taken a drug within the last month, compared with 18% of women.

*Table 8*: Gender differences in self reported lifetime, past year, past month, past week and fieldwork night illegal drug use. Percentages.

| % | Lifetime | Past year | Past month | Past week | Fieldwork | N |
|---|---|---|---|---|---|---|
| Males | 80* | 51* | 39* | 34* | 19* | 104 |
| Females | 61 | 33 | 18 | 14 | 5 | 103 |
| **Total** | **70** | **42** | **29** | **24** | **12** | **207** |

*p < 0,05

This local picture corresponds relatively well with both the national and regional picture. In general, national surveys suggest a male:female ratio of about 2:1, as captured by the latest BCS, in which twice as many men as women reported past year use of any illegal drug and any Class A drug; these gender differences have been apparent throughout the 1990s (Hoare and Moon 2010:29). To offer a specific example, past year drug use is about twice as high amongst men (12%) as women (5%) in the general UK population in the BCS 2009/10 (Hoare and Moon 2010:32). The gender difference for past year drug use in the Lancashire NTE survey sample was slightly smaller, with 51% of men reporting taking a drug in the last year and (33%) of women. Other regional surveys have identified little difference between young women's and young men's lifetime prevalence of drug use (Parker et al, 1998; Aldridge et al, 2011) although life transitions such as parenthood, moving to a new job or house, or splitting up with a partner all can have a differential impact on women's drug use compared with men's (Measham et al, 2011).

Age also emerged as a crucial factor influencing prevalence and patterns of illegal drug use in the Lancashire NTE survey sample, just as it does nationally. Of direct comparison is the BCS survey data on illegal drug use among 16-24 year olds – 68% (*n*=141) of the total Lancashire NTE survey sample was aged 16-24. 41% of 16-24 year olds in the BCS sample reported lifetime use of any drug, compared to 67% of 16-24 year olds in the Lancashire NTE survey sample, with lifetime use of cannabis by far the highest amongst this age group (35% in BCS sample; 59% in the Lancashire NTE survey sample) followed by lifetime use of cocaine powder (12% and 39% respectively) and then lifetime use of ecstasy (10% and 38% respectively).

There was no statistically significant age difference in self reported lifetime prevalence of use of illegal drugs – older respondents were equally as likely as younger respondents to report having tried a drug in their lifetime (see Table 9). However we did find statistically significant age differences for recent drug use with fewer older adults reporting both past year and past month use of illegal drugs than younger adults. The overall prevalence of past year illegal drug use in the Lancashire NTE survey sample is 49% amongst 18-20 year olds, 50% among 21-24 year olds, 31% among 25-34 year olds and 14% amongst those over 35 years. Hence past year use is much more prevalent among those 24 or younger than those over 24 years of age. It is worth pausing for a moment to compare the Lancashire NTE sample to the national picture portrayed in the BCS 2009/10. The BCS found past year use of any illegal drug to be highest among 16-19 years old (22%), followed by 20-24 year olds (18%), then lower among 25-29 year olds (13%) and lower still amongst 30-34 year olds (9%) (Hoare and Moon 2010:30).

Past month use, that which is generally defined as *recent* drug use, is most prevalent among the 18-20 year olds (37%) in the Lancashire NTE survey sample, compared to all other age groups. A similar pattern, although not statistically significant, can be found for past week use, with 31% of the 18-20 year olds in the Lancashire NTE survey sample reporting past week illegal drug use, whereas it is 'only' 24% of the 21-24 year olds who report the same and even fewer among those over 25 years of age.

*Table 9*: Age differences in self reported lifetime, past year, past month, past week and fieldwork night illegal drug use. Percentages.

| Percentages | Lifetime | Past year* | Past month* | Past week | N |
|---|---|---|---|---|---|
| 16-17 | 56 | 44 | 11 | 11 | 9 |
| 18-20 | 68 | 49 | 37 | 31 | 74 |
| 21-24 | 79 | 50 | 33 | 24 | 58 |
| 25-34 | 62 | 31 | 22 | 20 | 45 |
| 35+ | 76 | 14 | 10 | 10 | 21 |

*p < 0,05

## Polydrug use

This section combines information on illicit drug use amongst the Lancashire NTE survey sample, looking at both polydrug use and polysubstance use. In particular it focuses on the Lancashire NTE survey in terms of polydrug use amongst the entire sample; gender and polydrug use; age and polydrug use; and polysubstance use. The definition of a polydrug user utilised here is that of an individual who has taken *at least two illegal drugs in the past year*. The definition of a polysubstance user is an individual who has consumed at least one illicit drug and alcohol in the past year. We have chosen to use the definition of 'polydrug use' by the BCS (Hoare and Moore 2010:51). However instead of polysubstance use we have chosen to examine differences in polydrug users' alcohol consumption on the fieldwork night. This gives a better assessment of whether 'drugwise' NTE respondents exhibit other risk behaviours such as 'excessive drinking'.

According to the most recently published BCS 2009/10 (Hoare and Moon 2010), the overall prevalence rate of polydrug use (using two or more illegal drugs in the past year) is 3% among 16 to 59 year olds. As suggested earlier, this low prevalence is most likely an underestimate due to the under representation of certain groups in national household surveys; notably students, transitory populations and NTE revellers. From the Lancashire NTE survey sample we find a much higher number, with 33% of our respondents having taken two or more illegal drugs within the past year.

## Gender and age differences in polydrug use

It is predominately men in the Lancashire NTE survey sample who can be described as being polydrug users as defined by the BCS. 47% of men (n=48) had taken two or more illegal drugs within the past year compared to 20% of women (n=21).

Polydrug use (using two or more illegal drugs in the past year) is also most prevalent among young people under the age of 20 in our Lancashire NTE surveys, with 44% of those aged 16-17 and 39% of those aged 18-20 reporting that they had at least two illicit drugs in the past year.

*Table 10*: Age differences in polydrug use (having two or more illicit drugs in the past year). Percentages.

| Polydrug use | No | Yes |
|---|---|---|
| 16-17 | 56 | 44 |
| 18-20 | 61 | 39 |
| 21-24 | 64 | 36 |
| 25-34 | 73 | 27 |
| 35+ | 86 | 14 |

$\chi^2$ = 6,186 df=5 p = 0,186

## Polydrug use and excessive drinking

The total amount of alcohol consumed on the fieldwork night is significantly higher for those defined as polydrug users than non polydrug users. Polydrug users report having consumed on average about 14 units at the point of interview compared to 11 units amongst non-polydrug users. There is no statistically significant difference between polydrug users and non polydrug users in the amount of alcohol they drink when preloading, suggesting that polydrug users' alcohol consumption is taking place in venues across the NTE rather than disproportionately in domestic spaces.

Table 11: Polydrug use and consumption of units. Mean.

| | Preloading units | Total units at fieldwork night |
|---|---|---|
| Polydrug user | 9,18 | 13,71* |
| Not a polydrug user | 7,62 | 10,55 |

* $p \leq 0{,}05$

A multivariate analysis was carried out to estimate how much the likelihood of polydrug use is increased or reduced according to age, gender, employment, main night out, preloading, total unit consumption, regular alcohol consumption, and prevalence of cigarette smoking. The analysis shows that those characteristics which explain the likelihood of being a past year polydrug user included being male; daily cigarette smoking; non-daily cigarette smoking; total number of alcohol units consumed; and age.

# Conclusions

Alcohol remains the most popular drug amongst those adults who are active participants in the Lancashire night time economy. In our NTE survey sample we found very few abstainers (1%) compared to the UK population (15% in 2009) (Robinson and Harris 2011). Furthermore, we found that 86% of our sample consumed alcohol once a week or more.

Our Lancashire NTE survey sample's weekend alcohol consumption by far exceeds the amount of alcohol consumed in general population studies. Up to and including the data collection period we found that young men had consumed on average 14 units and young women had consumed on average 12 units of alcohol. Put differently, during just one Friday night in November in Lancashire, young men consumed more than, and young women consumed similar amounts to, that consumed by 16-24 year olds during a whole week in the general population (Robinson and Harris 2011).

The 'normality' of binge drinking among those who frequently go out in the NTE has been highlighted elsewhere (Measham 2004; 2006; Griffin et al 2009). It has been suggested that such 'extreme drinking' (Martinic and Measham 2008) became part of 'work hard, play hard' popular culture in the UK in the 1990s, with adults drinking little alcohol during weekdays but exhibiting a 'weekend of excess' (Measham and Brain 2005), which in recent years has been fuelled by low priced off-license sales. In Lancashire we found that over half of the respondents had been preloading with young women (such as in Burnley) drinking on average the equivalent of a whole bottle of white wine each before going out. This means that women have surpassed binge drinking levels *before* they buy their first drink in a bar. Hence for the majority of young adults, in particular those below the age of 25, 'the weekend of excess' begins in private settings, their own homes and friends' houses, with women consuming equal quantities of alcohol to men before they enter the NTE.

Excess drinking goes hand in hand with experimental illegal drug use. Seven in ten respondents reported having tried an illegal drug at least once in their lifetime. This is twice as many as in the general population. In terms of recent drug use, five times as many of our respondents report past year and past month illegal drug use as reported at the national level. Such prolific drug profiles are further evident when we look at the proportion of respondents who can be defined as polydrug users. 3% of the general population have been identified as polydrug users in the BCS; however we found that one fifth of the

people surveyed in the NTEs of four towns and cities in Lancashire could be identified as polydrug users. Furthermore, polydrug use is associated with increased alcohol consumption in the NTE, with polydrug using men more likely to drink excessively when they are out.

# Policy Recommendations

1. Annual data-gathering activities such as *in-situ* night time economy surveys are recommended in order to capture continuity and change in patterns of alcohol and drug use amongst the adult population in Lancashire.

2. Non service users could be engaged through (a) point of sales (eg. off-licenses, supermarkets), (b) sites of consumption (eg. leisure venues), (c) job centres and (d) workplaces. The latter needs particular consideration given that workplaces are currently an underexploited method of accessing adults who may be experiencing problems with alcohol or drug use - their own or others - yet workplace interventions tend to be focused on disciplinary rather than advisory service provision.

3. Adults who are pre-loading should be a focus for service provision given that they are amongst the heaviest drinkers and most prolific illicit drug users, with young adults in their twenties and young women in particular drinking to harmful 'binge drinking' levels *before* they go out for the evening. The age and gender profile of preloaders should inform the route and content of service provision.

4. Given current trends in drugs – the variable content, purity and potency of novel psychoactive substances or so-called 'legal highs' and the reduced availability/purity of established street drugs – there is a need for rapid and accurate data-gathering and feedback to users on drug harms. ICTs could be used in innovative ways to assist in this process.

5. Primary health service provision could be extended to non opiate and non injecting users of drugs such as ketamine and GHB/GBL. Although the prevalence of these drugs is relatively low in Lancashire, there is a growing body of evidence on the problematic use of these substances amongst groups not usually in touch with drug services.

# Appendix A: Fieldwork Reports

## Chorley town centre, Friday 5th November (Author: Fiona Measham)

The rain held off until the very end and it was quite a mild night. We mainly stood outside the Wetherspoons, the Sir Henry Tate, by the shopping centre but also had a quick stint outside the Prince of Wales just down the road and walked over to Applejacks but there was no-one waiting outside there. We worked from about 8.30-11.45pm and interviewed about 53 people between the 3 of us. We had just a handful of refusals, most people were very friendly (and in a couple of cases too friendly, we couldn't shake them off!) The doorstaff were helpful too, we had informal interviews with the head doorman at the Wetherspoons and also the doorman at the Prince of Wales, and with a group of Street Pastors about their work on the streets of Chorley. Both confirmed that Saturday is the main night out in Chorley, as did most of the people that we interviewed, and that the busiest time is 10-2am. The Street Pastors said they often help drinkers, talk to them, make sure they get in taxis home, hand out lollipops (more to the men!) but have little contact with drugs aside from cannabis occasionally reported. They felt that if people had taken drugs they were less likely to want or need to have contact with the Street Pastors.

Last night was thought to be quieter than usual because it was bonfire night. However one advantage for interviewing on Fridays rather than Saturdays which became apparent last night is that although it is quieter and we may interview less people overall, we might be more likely to catch the more adventurous and/or more drug experienced locals who go further afield for their big Saturday night out. So last night the most drug experienced group that we interviewed were out drinking in Chorley cos it was Friday, but usually they went to clubs in Manchester (Sankeys, Warehouse Project) and Leeds on Saturdays for their drug fuelled nights out. For the more adventurous non clubbers we interviewed, they said that they travelled to Wigan and Preston for their Saturday nights out.

I have to say that I thought the reported quantities consumed were not really at the excessive end and whilst they will probably be counted as binge drinking (8/6 units) when we do the analyses, my impression was that it won't turn up as crazy units (for example, unlike previous research I've conducted in Manchester city centre in 2004). We'll have to wait and see for the statistics though.

In terms of the legal highs it was interesting that a few people I interviewed said yes to Bubble and no to mephedrone but others said oh they're the same thing aren't they. So Bubble appears to be a slang term for mephedrone for many, but a few are taking it and not knowing it's mephedrone. I interviewed 1 mephedrone casualty who'd got messed up on it and now stopped taking it but was still taking other drugs as he was one of the clubbers we interviewed.

Just 1 minor incident of violence was observed, a very drunk man slapped a Wetherspoons' door man in the face. The head doorman planned to call the police, saying it was assault and therefore his doorman could get compensation. The customer's girlfriend saw the commotion from inside the Wetherspoons and came out to intervene, encouraging her boyfriend to 'run' before the police arrived, 'run like the wind'. The man trotted off in a drunken state and his girlfriend stayed behind, confiding in the doormen that he'd hit her on numerous occasions and 'got away with it'. I suspect the doorman didn't call the police because they didn't arrive on the scene until much later and unrelated, and didn't discuss the incident as far as we could tell.

## Lancaster city centre, Friday 12th November 2010 (Author: Karenza Moore)

Bina and I (Karenza) undertook the fieldwork in Lancaster city centre. We started at 20:30 after walking around the city centre and asking a few people where would be a good place to stand. We finished at 12:20 outside two clubs where there were queues and smokers standing outside. We surveyed 42 respondents.

The overall atmosphere in the city centre was lively, a bit rowdy, but it generally felt safe, even when we left at 12:20. There were about 8 police officers on duty, walking in pairs between the various venues. We spoke to PC James Martin and his female colleague for about 10 minutes around 9:30pm as we were standing outside a chain bar. We briefly discussed mephedrone, and James indicated that they had had a problem with groups of students from the University of Cumbria "a while back, when everyone seemed to be acting odd". Outside the same chain bar we spoke to a bouncer who said "we find a lot of coke in here" but he didn't elaborate and was then called away by a colleague. We had a conversation with another bouncer at a different venue we took a break in (at about 22:15, it was very quiet inside). We asked him about its late licence (open until 8am on a Sunday morning) and he said they cater for bouncers and other venue staff, "as well as the scum of the earth who are still up at that time".

We finished at 12:20 near two clubs where there were queues and smokers standing outside. In the car park opposite there were a few groups of young people in their cars with their stereos on loud. There were a few more students around this area. When the door staff at one of the clubs asked what we were doing we told them and they joked "We're good boys" "We don't do drugs" then "Well only steroids!"

Those out in the Lancaster NTE seemed very young; nearly everyone we surveyed was under 25 years old; it was hard to find anyone older than that, although we did concentrate on the circuit between various chain bars, smaller independent venues and the two clubs mentioned above.

We thought the most noticeable aspect of Lancaster's NTE was the number of underage drinkers. Both Bina and I were asked twice if we had any fake ID we could lend. At the beginning of the night (about 21:00) we spoke to one 16 year old girl, with one friend, who was trying to get into a particular chain bar but had seen the bouncers asking a lot of people for ID. They said they were going to give up. Later (about 23:00) we spoke to her again outside another chain bar which she'd got into. That particular venue seemed to be the destination for under-age drinkers. There was no security on the door. When I spoke to another bouncer at a different venue and mentioned this to him, he laughed and said "well yeah, the managers are meant to be on the door" (I think he was implying that this didn't really work!).
Another venue (again with no security on the door, pool hall downstairs, bar upstairs) which had just opened ("Newly Opened" banners all over the windows) also seemed to be attracting under-age drinkers – there was a large mixed crowd from a local, middle-class school I have visited in the past (some recognised me). While we were interviewing this group (all seemed very drunk, all said they had pre-loaded), two police officers stood for about 15 minutes looking at the venue but didn't come over.
I (K) only saw one group of inter-generational drinkers.

The most striking thing about the underage drinking was that it seemed very contained in two specific venues; that the teenagers seemed to be from middle-class backgrounds (well-spoken, at school 6$^{th}$ form, talking about going to university etc); and that there was a lot of pre-loading going on amongst them. We didn't see many 'casualties' although there were a lot of girls in tiny dresses and heels supporting each other.

A number of participants and their friends talked to both Bina and I (separately) about "Phet" and "Phet" bombs when asked about the "Other" category. We asked whether this was short for "amphetamine", some respondents said yes, others said they didn't know. We then asked what "Phet's" effects were, "made you go faster", "keeps you up all night" "lets you keep drinking" were the general tone of the responses so it is clearly a stimulant. No-one seemed to know if "Phet" was legal or illegal but everyone said they got it from friends/dealers. Everyone we spoke to that said they had had "NRG-1" said they hated it (e.g. "It made me want to kill myself"; "I had suicidal thoughts"; "I tell everyone now not to try it").

## Burnley town centre, Friday 18th November 2010 (Author: Jeanette Østergaard)

We arrived around 21.30, parked the car and asked directions to the local Wetherspoons pub, which wasn't so busy compared to previous towns that we visited. So we walked just one block down, to another local pub - the Window - and as people we coming out, usually to smoke a cigarette, we asked them to participate.

Once again, we were lucky with the weather - no rain - although we could certainly feel the temperature had dropped a few degrees since the first weekend of collecting the NTE-surveys. This meant that the smokers and their non-smoking friends were also freezing and often said they only wanted to contribute to the survey if it was short - which it is..So we got few refusals!

All the venues had at least one bouncer on them, sometime four or five (in contrast to several in Lancaster who did not). There were a very dense number of outlets in a relatively small area, with customers circulating between them. We passed one refurbished venue called 'Decadence' (flyer available: "Burnley's Newest Bar: Thursday, Friday and Saturday) that had just opened with a VIP ticket only event, and an 'Official Opening' on Saturday (6-1pm).

We did about 40 surveys outside the 3-4 pubs near the local Wetherspoon pub before we walked to another area of the town centre because we had been told there would be a club with a possible queue outside. However, we didn't find a queue outside the club. So instead we completed the last few surveys outside the two main 'vertical drinking style' pubs close to the club. Here we also saw some of the young people already surveyed, as the area close to the club seemed to be next drinking stop for many of the

young people. We spoke to a young police officer who informed us that sometimes and particularly after Saturday nights, when the police start their shift at 7am Sunday morning, their first call is to monitor and sort out people outside this club or in nearby takeaways. He said, although the club actually closes at 5am, the young people are so high on cocaine ("they think they can take on the world") that they are still out and about and get into trouble at 7am.

The police officer's description of the many young people on cocaine, did not however match the picture, we got from interviewing in total 58 young people. Although we still have to run the statistics, the impression was, that although some young people had experiences with illegal drugs, only a very few had actually taken anything at the night of the interview or even the week before. In contrast, drinking and particularly pre-loading was quite extreme - with some women having consumed an entire bottle of wine and men drinking 18 beers before they went out that night.

We saw one incident of aggressive behaviour – a crowd of people were outside a bar/club called 'Inside Out'. A car (driven by an Asian man we think?) attempted to negotiate the crowd, and was driving very slowly. One man stepped in front of the car and banged loudly on its bonnet. The owner of the car wound down his window and the pair started exchanging insults. However, the man in the car then drove off.

Those out in Burnley town centre, at least in the areas we stood in, were predominately white. There were some BME people but they were in cars driving through the centre. We approached the few BME young people we did see, but with no luck of getting an interview. A couple were kind enough to offer us £2 after thinking we worked for a charity organisation! However, in general, people were really friendly and as mentioned we conducted 58 interviews between about 9.45-12.45. Fiona spoke to many young women who said their main role/responsibility was being a single mother. We also seemingly spoke to a larger number of people who said they were unemployed, although we will see what bears out following the statistical analysis. There was some degree of intergenerational drinking (as in Chorley) although most groups were either all men or all women. Karenza felt that there was a somewhat aggressive atmosphere compared to both Chorley and Lancaster, with some men being somewhat "overly friendly" (although others were more helpful).

Also we met three police officers who had taken their TAU van from Preston to 'hang out' on the streets of Burnley. They said they'd been to Blackpool the night before. There didn't seem to be much interaction between the regular police officers and the TAU officers from Preston.

## Preston city centre, Friday 26th November 2010 (Author: Karenza Moore)

Fiona, Chris Brady and me (Karenza) undertook the survey in Preston. We started about 9pm. It was absolutely freezing, but we were all wrapped up. Having parked we asked the first bouncer we came across where the busiest places to stand were; it turned out he was in charge of 7 or 8 'doors' in the town centre, mainly the more traditional pub venues. He directed us to meet his colleague called "Mad Mike" who worked another door and also to the main 'strip' where there are about 5 or 6 clubs and around 20 bars/pubs.

We had a productive 30 minutes or so outside Revolution (chain bar) that was situated down an alley just off the main strip and seemed to be a popular destination; the crowd were relatively young, quite ethnically mixed and were friendly. We also had a productive 15 minutes towards the end of the night surveying people waiting for a cash machine. There we seemed to capture a more diverse mix of young people, including some who, judging by piercing and clothing, were 'alternative' in their tastes.

We did stop at a Yates for a drink at about 11:00pm as we were getting increasingly cold (Fiona couldn't feel her toes, I couldn't feel my fingers!). The music in there was very loud, it was a vertical drinking venue with an awful DJ talking over chart dance and R&B. We witnessed a very drunk young woman 'grinding' up against a group of older men which was a rather depressing sight so we left swiftly. We interviewed a couple outside the Yates who were drug-experienced and who had both had cocaine that evening (the girl was very chatty). Cannabis (smoked before leaving the house) and coke (taken in the bars) seemed to be the main drugs of choice for the fieldwork night and for 'planning later'. Fiona also spoke to one lad (a DJ in one of the bars we stood outside) who said is favourite drug was ketamine and that he'd had some earlier that day.

There was a reasonably high police presence. Fiona discussed with several police officers their experiences of policing Preston town centre. They indicated that around 20,000 people come into Preston town centre of a weekend and that Saturday night is the busier night of the two. They also said they thought that Preston "wasn't that rough" and that the trouble experienced was not

disproportionate to the number of people in the town centre. We were all impressed by the number of taxis available and the number of taxi marshalls around.

We were subject to a couple of rather random acts of aggression; Chris, for no apparent reason, was told to 'F**k off' twice when we were all standing outside a bar. We moved on straight away. I was also told to 'F**k off' by a women who appeared to think I was trying to chat up her boyfriend – I had just finished surveying him and was standing waiting for the next respondent with my clipboard! Other than these odd instances, the atmosphere was a friendly one, much calmer than last weekend in Burnley. Refusals were low. Whilst people did appear to be drunk, they seemed less so than in Burnley and there seemed to be less pre-loading occurring, although we'll wait to see if this is borne out in the statistics.

It remained freezing all evening; at midnight it was getting unbearable. We left around 12:20am. We were well dressed for the cold; we all commented on how cold people must have been - especially the girls - and that anyone too drunk to get themselves home safely would surely die of hypothermia. Our last visit was to a traditional pub near to where we parked the car – they were playing Mod and Northern Soul music, and the crowd were all much older (lots of 'Grans' drinking pints) than those we'd talked to out on the streets.

# Appendix B: Frequencies

**Table 1: Gender distribution in Lancashire. Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| Females | 59 | 41 | 51 | 49 | **50** | 104 |
| Males | 41 | 60 | 49 | 51 | **50** | 103 |
| Total | 100 | 100 | 100 | 100 | **100** | 207 |

$\chi^2$ = 3,083 df = 3 p = 0,379

**Table 2: Age in Lancashire. Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| 16-17 | 0 | 17 | 2 | 2 | **4** | 9 |
| 18-20 | 36 | 59 | 29 | 25 | **36** | 74 |
| 21-24 | 30 | 17 | 30 | 32 | **28** | 58 |
| 25+ | 34 | 7 | 39 | 41 | **32** | 66 |
| Total | 100 | 100 | 100 | 100 | **100** | 207* |
| *Mean age* | *24,17* | *20,05* | *25,66* | *25,53* | ***23,82*** | *207* |

*$\chi^2$ = 48,723 df = 12 p = 0,000

**Table 3: Occupation in Lancashire. Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| University/Higher Education/College | 9 | 36 | 7 | 9 | **14** | 29 |
| Further Education | 4 | 7 | 2 | 2 | **3** | 7 |
| Job Training Scheme | 0 | 0 | 2 | 0 | **1** | 1 |
| Looking after family full time | 2 | 0 | 5 | 6 | **4** | 7 |
| Long term sickness/disability | 0 | 0 | 1 | 2 | **1** | 2 |
| Employed full time | 70 | 43 | 66 | 70 | **63** | 131 |
| Employed part time | 11 | 7 | 7 | 7 | **8** | 17 |
| School | 0 | 5 | 0 | 0 | **1** | 2 |
| Unemployed/ looking for job | 4 | 2 | 10 | 4 | **5** | 11 |
| Total | 100 | 100 | 100 | 100 | **100** | 207 |

$\chi^2$ = 43,885 df= 24 p = 0,008

**Table 4: Ethnicity in Lancashire. Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| White / Caucasian | 100 | 100 | 100 | 94 | **99** | 204 |
| Mixed Race | 0 | 0 | 0 | 6 | **1** | 3 |
| Total | 100 | 100 | 100 | 100 | **100** | 207 |

$\chi^2$ = 8,845 df = 3 p = 0,031

**Table 5: Do you smoke cigarettes? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| Yes | 42 | 50 | 59 | 58 | **53** | 109 |
| Yes non daily | 26 | 24 | 27 | 23 | **25** | 52 |
| No | 32 | 26 | 14 | 19 | **22** | 46 |
| Total | 100 | 100 | 100 | 100 | **100** | 207 |

$\chi^2$ = 7,309 df = 6 p = 0,293

**Table 6: Do you drink alcohol? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| Yes | 96 | 100 | 98 | 100 | **99** | 204 |
| No, have stopped | 4 | 0 | 2 | 0 | **1** | 3 |
| Total | 100 | 100 | 100 | 100 | **100** | 207 |

$\chi^2$ = 3,427 df = 3 p = 0,330

**Table 7: How often do you usually drink alcohol? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| Every day | 2 | 5 | 7 | 4 | **4** | 9 |
| Most days a week | 8 | 14 | 3 | 6 | **7** | 15 |
| 2-3 times a week | 57 | 43 | 36 | 45 | **45** | 92 |
| Once a week | 21 | 24 | 40 | 32 | **30** | 61 |
| Once a fortnight | 6 | 7 | 9 | 4 | **6** | 13 |
| Once a month | 6 | 7 | 5 | 7 | **6** | 13 |
| Less than once a month, but yearly | 0 | 0 | 0 | 2 | **1** | 1 |
| Once a year or less | 0 | 0 | 0 | 0 | **0** | 0 |
| Total | 100 | 100 | 100 | 100 | **100** | 204 |

$\chi^2$ = 8,800 df = 9 p = 0,456

**Table 8: Which night of the week is your main night out? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| Monday | 4 | 0 | 0 | 0 | **1** | 2 |
| Tuesday | 0 | 0 | 2 | 2 | **1** | 2 |
| Wednesday | 0 | 9 | 0 | 0 | **2** | 4 |
| Thursday | 4 | 2 | 3 | 6 | **4** | 8 |
| Friday | 26 | 29 | 39 | 37 | **34** | 69 |
| Saturday | 45 | 31 | 39 | 28 | **36** | 75 |
| Both Friday and Saturday | 11 | 19 | 3 | 2 | **8** | 17 |
| Don't have a main night out | 6 | 10 | 12 | 21 | **12** | 25 |
| Don't normally go out | 4 | 0 | 2 | 4 | **2** | 5 |
| Total | 100 | 100 | 100 | 100 | **100** | 207 |

$\chi^2$ = 46,606 df = 24 p = 0,004

**Table 9: Have you had any alcohol today/tonight? Percentages.**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| Yes | 90 | 86 | 97 | 93 | **92** | 187 |
| No | 10 | 14 | 3 | 7 | **8** | 17 |
| Total | 100 | 100 | 100 | 100 | **100** | 204 |

$\chi^2$ = 3,947 df = 3 p = 0,267

**Table 10: Have you had any alcohol before you came out tonight? Percentages.**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| Yes | 54 | 69 | 66 | 67 | **64** | 120 |
| No | 46 | 31 | 34 | 33 | **36** | 67 |
| Total | 100 | 100 | 100 | 100 | **100** | 100 |

$\chi^2$ = 2,669 df = 3 p = 0,446

**Table 11: What time did you start to drink alcohol today? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| Before 5pm | 16 | 16 | 6 | 13 | **12** | 13 |
| 5pm until just before 7pm | 16 | 32 | 20 | 33 | **25** | 27 |
| 7pm until just before 8pm | 36 | 24 | 34 | 29 | **31** | 34 |
| 8pm or later | 32 | 28 | 40 | 25 | **32** | 35 |
| Total | 100 | 100 | 100 | 100 | **100** | 109 |

$\chi^2$ = 6,097 df = 9 p = 0,730

**Table 12: How many hours have you been drinking at home/friend's house? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| ½ or less | 13 | 4 | 20 | 14 | **13** | 14 |
| 1 hour | 33 | 28 | 23 | 41 | **30** | 32 |
| 2 hours | 33 | 20 | 37 | 26 | **30** | 32 |
| 3 hours | 13 | 20 | 11 | 5 | **13** | 13 |
| 4 hours or more | 8 | 28 | 9 | 14 | **14** | 15 |
| Total | 100 | 100 | 100 | 100 | **100** | 106* |
| *Mean hours of driniking* | *1,82* | *2,70* | *1,78* | *1,80* | ***2,02*** | *106* |

$\chi^2$ = 13,026 df = 12 p = 0,367

**Table 13: Did you have beer at home/friend's house? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 48 | 60 | 70 | 63 | **61** | 73 |
| Yes | 52 | 40 | 30 | 37 | **39** | 46 |
| Total | 100 | 100 | 100 | 100 | **100** | 119 |

$\chi^2$ = 3,158 df = 3 p = 0,3678

**Table 14: Did you have wine at home/friend's house? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 56 | 76 | 49 | 72 | **62** | 74 |
| Yes | 44 | 24 | 51 | 28 | **38** | 45 |
| Total | 100 | 100 | 100 | 100 | **100** | 119 |

$\chi^2$ = 6,597 df = 3 p = 0,086

**Table 15: Did you have alcopops at home/friend's house? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 96 | 88 | 87 | 97 | **92** | 109 |
| Yes | 4 | 12 | 13 | 3 | **8** | 10 |
| Total | 100 | 100 | 100 | 100 | **100** | 119 |

$\chi^2$ = 3,463 df = 3 p = 0,326

**Table 16: Did you have spirits at home/friend's house? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 72 | 52 | 81 | 72 | **71** | 84 |
| Yes | 28 | 48 | 19 | 28 | **29** | 35 |
| Total | 100 | 100 | 100 | 100 | **100** | 119 |

$\chi^2$ = 6,172 df = 3 p = 0,104

**Table 17: Did you have cider at home/friend's house? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 96 | 100 | 89 | 91 | **93** | 111 |
| Yes | 4 | 0 | 11 | 9 | **7** | 8 |
| Total | 100 | 100 | 100 | 100 | **100** | 119 |

$\chi^2$ = 3,442 df = 3 p = 0,328

**Table 18: Preloading- total number of units. Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| 1-5 | 64 | 40 | 41 | 28 | **42** | 50 |
| 6-10 | 16 | 36 | 38 | 38 | **14** | 50 |
| 11-20 | 20 | 2- | 14 | 22 | **19** | 22 |
| 21+ | 0 | 4 | 0 | 8 | **6** | 6 |
| Total | 100 | 100 | 100 | 100 | **100** | 119* |
| *Mean units* | *6,36* | *8,56* | *8,49* | *8,81* | ***8,14*** | *119* |

*$\chi^2$ = 10,655 df = 9 p = 0,300

**Table 19: Any alcohol since you came out tonight? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| Yes | 83 | 86 | 100 | 92 | **91** | 170 |
| No | 17 | 14 | 0 | 8 | **9** | 17 |
| Total | 100 | 100 | 100 | 100 | **100** | 187 |

$\chi^2$ = 10,489 df = 3 p = 0,015

**Table 20: What time did you start drinking when you came out tonight? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| Before 7pm | 11 | 13 | 7 | 23 | **13** | 20 |
| 7pm to just before 9pm | 54 | 30 | 24 | 28 | **33** | 52 |
| 9pm to iust before 10pm | 22 | 20 | 33 | 26 | **26** | 41 |
| 10pm or later | 13 | 37 | 36 | 23 | **28** | 44 |
| Total | 100 | 100 | 100 | 100 | **100** | 157 |

$\chi^2$ = 17,831 df = 3 p = 0,037

**Table 21: How many hours have you been drinking since you came out tonight? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| ½ or less | 16 | 20 | 19 | 19 | **19** | 28 |
| 1 hour | 11 | 27 | 25 | 13 | **13** | 29 |
| 2 hours | 30 | 23 | 24 | 23 | **23** | 38 |
| 3 hours | 27 | 17 | 19 | 16 | **16** | 30 |
| 4 hours or more | 16 | 13 | 13 | 29 | **29** | 26 |
| Total | 100 | 100 | 100 | 100 | **100** | 151* |
| *Mean hours* | *2,30* | *1,98* | *2,09* | *2,48* | ***2,20*** | *151* |

*$\chi^2$ = 8,890 df = 12 p = 0,712

**Table 22: Have you been drinking beer since you came out tonight? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 47 | 58 | 63 | 53 | **56** | 95 |
| Yes | 53 | 42 | 37 | 47 | **44** | 75 |
| Total | 100 | 100 | 100 | 100 | **100** | 170 |

$\chi^2$ = 2,290 df = 3 p = 0,514

**Table 23: Have you been drinking wine since you came out tonight? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 84 | 84 | 87 | 69 | **81** | 138 |
| Yes | 16 | 16 | 13 | 31 | **19** | 32 |
| Total | 100 | 100 | 100 | 100 | **100** | 170 |

$\chi^2$ = 6,288 df = 3 p = 0,098

**Table 24: Have you been drinking alcopops since you came out tonight? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 95 | 87 | 84 | 96 | 90 | 153 |
| Yes | 5 | 13 | 16 | 4 | 10 | 17 |
| Total | 100 | 100 | 100 | 100 | 100 | 170 |

$\chi^2$ = 5,075 df = 3 p = 0,166

**Table 25: Have you been drinking spirits since you came out tonight? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 63 | 42 | 45 | 47 | **49** | 83 |
| Yes | 37 | 58 | 55 | 53 | **51** | 87 |
| Total | 100 | 100 | 100 | 100 | **100** | 170 |

$\chi^2$ = 4,189 df = 3 p = 0,242

**Table 26: Have you been drinking cider since you came out tonight? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 82 | 93 | 86 | 91 | **88** | 149 |
| Yes | 18 | 7 | 14 | 9 | **12** | 21 |
| Total | 100 | 100 | 100 | 100 | **100** | 170 |

$\chi^2$ = 2,981 df = 3  p = 0,394

**Table 27: Units since coming out tonight. Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| 1-5 units | 32 | 42 | 54 | 31 | **41** | 69 |
| 6-10 units | 37 | 39 | 27 | 256 | **31** | 52 |
| 11-20 units | 32 | 16 | 15 | 38 | **25** | 43 |
| 21+ units | 0 | 3 | 3 | 4 | **4** | 6 |
| Total | 100 | 100 | 100 | 100 | **100** | 170* |
| *Mean units* | *8,68* | *7,67* | *7,14* | *10,33* | ***8,43*** | *170* |

*$\chi^2$ = 14,953 df = 9  p = 0,092

**Table 28: Total units consumption among people reporting alcohol consumption. Mean.**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| Mean units | *10,63* | *12,56* | *12,74* | *15,90* | ***12,98*** | *185* |

**Table 29: Have you ever had any *illegal* drugs? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 36 | 29 | 31 | 25 | **30** | 62 |
| Yes | 64 | 71 | 69 | 75 | **70** | 145 |
| Total | 100 | 100 | 100 | 100 | **100** | 207 |

$\chi^2$ = 1,668 df = 3 p = 0,644

**Table 30: Have you had any *illegal* drugs in past year? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 60 | 43 | 73 | 53 | **59** | 121 |
| Yes | 40 | 57 | 27 | 47 | **41** | 86 |
| Total | 100 | 100 | 100 | 100 | **100** | 207 |

$\chi^2$ = 10,035 df = 3 p = 0,018

**Table 31: Have you had any *illegal* drugs in past month? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 74 | 60 | 83 | 66 | **71** | 148 |
| Yes | 26 | 40 | 17 | 34 | **29** | 59 |
| Total | 100 | 100 | 100 | 100 | **100** | 207 |

$\chi^2$ = 7,708 df = 3 p = 0,052

**Table 32: Have you had any *illegal* drugs in past week? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 76 | 69 | 86 | 72 | **72** | 158 |
| Yes | 24 | 31 | 14 | 28 | **28** | 49 |
| Total | 100 | 100 | 100 | 100 | **100** | 207 |

$\chi^2$ = 5,222 df = 3 p = 0,156

**Table 33: Have you had any *illegal* drugs today? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 96 | 86 | 93 | 79 | **89** | 184 |
| Yes | 4 | 14 | 7 | 21 | **11** | 23 |
| Total | 100 | 100 | 100 | 100 | **100** | 207 |

$\chi^2$ = 9,429 df = 3 p = 0,024

**Table 34: Are you planning to take any *illegal* drugs tonight? Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| No | 93 | 95 | 98 | 83 | **92** | 191 |
| Yes | 7 | 5 | 2 | 17 | **8** | 16 |
| Total | 100 | 100 | 100 | 100 | **100** | 207 |

$\chi^2$ = 9,894 df = 3 p = 0,019

**Table 35: Lifetime use of drugs in Lancashire. Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| Cannabis | 60 | 60 | 58 | 72 | **62** | 129 |
| Skunk | 28 | 26 | 34 | 68* | **40** | 82 |
| Cocaine | 40 | 43 | 36 | 53 | **43** | 88 |
| Ecstasy pills | 36 | 36 | 37 | 48 | **39** | 81 |
| MDMA powder/crystal | 19 | 14 | 17 | 28 | **20** | 41 |
| Ketamine | 21 | 12 | 10 | 19 | **16** | 32 |
| Speed | 30 | 19 | 19 | 42* | **28** | 57 |
| GHB | 4 | 5 | 5 | 9 | **6** | 12 |
| Heroin | 2 | 0 | 0 | 4 | **1** | 3 |
| Benzodiaze-pines | 4 | 2 | 2 | 9 | **4** | 9 |
| Mephedrone | 11 | 21* | 4 | 19 | **13** | 27 |
| Bubble | 23 | 29* | 7 | 19 | **18** | 38 |
| Steroids | 6 | 7 | 0 | 2 | **3** | 7 |
| MDAI | 4 | 0 | 0 | 2 | **2** | 3 |
| NRG-1 | 4 | 7 | 0 | 0 | **2** | 5 |
| Ivory Wave | 0 | 0 | 0 | 0 | **0** | 0 |
| Legal herbal highs | 6 | 10 | 3 | 6 | **6** | 12 |
| LSD | 8 | 2 | 0 | 2 | **3** | 6 |
| Poppers | 2 | 0 | 2 | 2 | **1** | 3 |
| Mushrooms | 2 | 2 | 3 | 2 | **2** | 5 |

*p < 0,05. n=207 to 206

**Table 36: Last year's drug use. Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| Cannabis | 23 | 43* | 22 | 41 | **31** | 65 |
| Skunk | 21 | 19 | 14 | 28 | **28** | 42 |
| Cocaine | 28 | 26 | 13 | 32 | **25** | 51 |
| Ecstasy pills | 25 | 21 | 10 | 17 | **18** | 37 |
| MDMA powder/crystal | 17 | 7 | 14 | 17 | **14** | 29 |
| Ketamine | 17 | 10 | 2 | 10 | **9** | 19 |
| Speed | 19 | 10 | 3 | 14 | **11** | 23 |
| GHB | 4 | 2 | 0 | 0 | **1** | 3 |
| Heroin | 2 | 0 | 0 | 0 | **1** | 1 |
| Benzodiaze-pines | 4 | 2 | 0 | 2 | **2** | 4 |
| Mephedrone | 11 | 19 | 3 | 11 | **11** | 22 |
| Bubble | 21 | 26* | 7 | 11 | **16** | 32 |
| Steroids | 2 | 5 | 0 | 0 | **1** | 3 |
| MDAI | 4 | 0 | 0 | 0 | **1** | 2 |
| NRG-1 | 0 | 5 | 0 | 0 | **1** | 2 |
| Ivory Wave | 0 | 0 | 0 | 0 | **0** | 0 |
| Legal herbal highs | 2 | 7 | 3 | 0 | **3** | 6 |
| LSD | 0 | 0 | 0 | 0 | **0** | 0 |
| Poppers | 0 | 0 | 0 | 0 | **0** | 0 |
| Mushrooms | 2 | 2 | 0 | 0 | **1** | 2 |

*p < 0,05. n=207 to 206

**Table 37: Last month's use of drugs in Lancashire. Percentages**

| | Chorley | Lancaster | Burnley | Preston | **Total** | N |
|---|---|---|---|---|---|---|
| Cannabis | 15 | 29 | 12 | 23 | **19** | 39 |
| Skunk | 17 | 14 | 9 | 19 | **15** | 30 |
| Cocaine | 21 | 19 | 10 | 19 | **17** | 35 |
| Ecstasy pills | 11 | 10 | 5 | 6 | **8** | 16 |
| MDMA powder/crystal | 13 | 5 | 5 | 2 | **6** | 13 |
| Ketamine | 9 | 7 | 2 | 4 | **5** | 11 |
| Speed | 2 | 7 | 3 | 0 | **3** | 6 |
| GHB | 4 | 2 | 0 | 0 | **1** | 3 |
| Heroin | 2 | 0 | 0 | 0 | **1** | 1 |
| Benzodiaze-pines | 2 | 2 | 0 | 0 | **1** | 2 |
| Mephedrone | 9 | 7 | 2 | 4 | **5** | 11 |
| Bubble | 15 | 17* | 2 | 4 | **9** | 18 |
| Steroids | 1 | 1 | 0 | 0 | **1** | 2 |
| MDAI | 4 | 0 | 0 | 0 | **1** | 2 |
| NRG-1 | 0 | 1 | 0 | 0 | **1** | 1 |
| Legal herbal highs | 0 | 1 | 0 | 0 | **1** | 1 |
| Mushrooms | 1 | 0 | 0 | 0 | **1** | 1 |

*p < 0,05. n=207 to 206

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