

Club Health 2005: Sydney

29-30 September

PROGRAM AND ABSTRACT BOOK CLUB HEALTH 2005: SYDNEY

**1ST AUSTRALIAN NATIONAL CONFERENCE ON NIGHTLIFE,
SUBSTANCE USE AND RELATED HEALTH ISSUES**

SYDNEY, AUSTRALIA

29-30 SEPTEMBER 2005

WELCOME

Welcome to the 1st Australian National Conference on Nightlife, Substance Use and Related Health Issues. After the success of last year's International Club Health Conference in Melbourne, it was decided to stage a national conference in Sydney in 2005.

Bars, nightclubs and other nightlife venues are a central element in the recreation and enjoyment of millions of people throughout the world. Thriving night-time economies continue to help regenerate cities bringing additional investment, employment and tourism while providing individuals with a place to socialise and an opportunity to unwind. However, nightlife can also lead to a range of health and social issues including alcohol, tobacco and drug use, violence and criminal activity, risky sexual behaviour and environmental and safety issues. Tackling such issues involves not only a wide range of services protecting and promoting health at night, but also organisations and individuals involved in managing and regulating nightlife environments and those who simply utilize the night time environment for pleasure.

The Club Health 2005: Sydney program has been designed to cover a wide range of topics. It is hoped that this will stimulate delegates to discuss, debate and develop strategies and interventions which will lead to better health outcomes in this increasingly popular leisure time activity.

We hope that you are pleased with the variety of topics covered at Club Health 2005: Sydney, as well as the geographical and professional diversity of the presenters. Speakers include members of the scientific community, medical professionals, researchers, law enforcement officers, promoters, as well as clubbers themselves. It is only through the pooling of such wide-ranging skills and resources that the topic of 'club health' can be covered adequately and as a result be better understood.

Enjoy the event!

Paul Dillon

National Drug and
Alcohol Research Centre (NDARC)
University of New South Wales

PROGRAM OVERVIEW

THURSDAY 29 SEPTEMBER

8.00 – 9.00	Registration
9.00 – 10.30	Plenary 1: Club Health: The Issues
10.30 – 11.00	Morning Tea
11.00 – 12.15	Plenary 2: Clubs and Harm
12.15 – 1.30	Lunch
1.30 – 2.45	Plenary 3: Emerging Issues Overseas
2.45 – 3.15	Afternoon Tea
3.15 – 4.30	Parallel 1A: Medicine for Mass Gatherings
	Parallel 1B: Clubbing and Drinking

FRIDAY 30 SEPTEMBER

8.00 – 9.00	Registration
9.00 – 10.30	Plenary 4: Great Sex, Depression, Driving and Police Harassment: A Clubber's Night Out
10.30 – 11.00	Morning Tea
11.00 – 12.15	Parallel 2A: New Trends in Drug Use
	Parallel 2B: Clubbing and Drinking
12.15 – 1.30	Lunch
1.30 – 2.45	Parallel 3A: A Mixed Bag
	Parallel 3B: Clubs and Promoters
2.45 – 3.15	Afternoon Tea
3.15 – 4.30	Plenary 5: Secondary Prevention Options

SOCIAL PROGRAM

What would a conference on nightlife be without...nightlife! Club Health 2005: Sydney packs in three days of stimulating social program.

WEDNESDAY 28 SEPTEMBER:

WELCOME FUNCTION

*The Terrace, Home nightclub,
Cockle Bay Wharf – 6pm*

Join your fellow conference guests at the Terrace at Sydney superclub home to kick off Club health in style. Take in the city views and funky atmosphere. The function will feature refreshments and a DJ. Afterwards, enjoy the dozens of excellent restaurants in the Darling Harbour/Haymarket Precinct, a trip across the way to Chinatown or just head downstairs to homebar to engage in the art of networking.

THURSDAY 29 SEPTEMBER:

ALCOHOL AND WATER: DO THEY MIX?

*– A Practical Workshop with Buck and Johnboy
Darling Harbour – From 6pm*

Join your intrepid social coordinators, Buck Reed and Johnboy Davidson for a practical seminar exploring bars, beer and the bay. Starting at the James Squire Brewhouse at King Street Wharf, we make our way around Darling Harbour though such notable Sydney nightspots as Cargo, homebar, the Watershed and the Pymont Bridge Hotel. Our final stop for the brave and dry will be Star City Casino. You can even jump on the party train at any point harbour by calling Buck on 0414867642 to see how far we have gotten!

FRIDAY 20TH SEPTEMBER:

CLOSING PARTY

Home nightclub – 9pm

Home opens its doors exclusively for Club Health from 9pm-midnight with a funky space on the terrace. For those who don't turn into pumpkins at midnight, you will receive free entry into Sublime... Sydney's top club night with five rooms and the heftiest sound system this side of Ibiza.

The Club Health Sydney 2005 Social Program is proudly sponsored by home Sydney – www.homesydney.com



ABSTRACTS

DAY ONE – THURSDAY 29 SEPTEMBER

9.00 – 10.30

PLENARY 1: CLUB HEALTH: THE ISSUES

CLUB HEALTH: A CLUBBER'S EXPERIENCE

Michael Haines

*Code Blue
Canberra*

Yet another change hangs in the air!! At the start of yet another party season the club and party drug culture takes another turn, another subculture is created.....another benchmark set. For the better??? For the worse???

It really doesn't matter, because through all of the changes that occur the patron/punter/users needs and voice are still there – and not being met or listened too.

More is then required to address growing health and safety concerns in the community and the subcultures that have evolved from it.

Welcome to the reality and notion of personal responsibility and non-problematic substance use ...Health goals are achievable and needed more than ever before, polydrug use, a cross culture of binge drinking melding to drug use and sexually transmitted diseases on the rise...

The real clubbers' experience and concerns from a Harm Reduction worker and an illicit drug user's view to a grim reality that threatens a great proportion of the general population.

CLUB HEALTH: A PROMOTER'S EXPERIENCE

Adelle Robinson

*General Manager
Fuzzy
Sydney*

Fuzzy are a Sydney-based and known for such world-class events as Harbourlife, Parklife, Field Day and the Fuzzy events around Christmas at Bondi Pavilion. They have come a long way since their first small show at the nightclub Sublime, with a huge annual events roster, a successful touring arm, CD releases and other activities

like advising the Premier's Department. This presentation will examine 'club health' from the promoter's experience and will use the annual event 'Field Day' as a case study. Area which will be examined in detail will include the following: planning; meetings and approvals from key agencies; first-aid provider's ratios and requirements; pre-event and event clubber education; and finally, the event itself.

CLUB HEALTH: A GP'S PERSPECTIVE

Dr Dick Quan

*Director, Holdsworth House Medical Practice
Oxford St, Darlinghurst
Sydney*

Holdsworth House Medical Practice is located in the centre of the nightclub district on Oxford Street, Darlinghurst. We know that the general practitioner (GP) is often regarded by clubbers as a credible source of health information, as a result, the inner city GP in particular may see a range of health issues that are club-related. This presentation will briefly examine a range of health issues that the GP sees that are linked to the clubbing experience. These will include: common symptoms and conditions associated with clubbing; sexual health; drink spiking; drug testing in the workplace; and how to deal with an overdose.

CLUB HEALTH: THE EMERGENCY ROOM EXPERIENCE

Dr David Caldicott

*Emergency Research Fellow
Royal Adelaide Hospital*

The acute medical problems arising in the club scene frequently find their way to the Emergency Room. The Emergency Room experience has been one traditionally relegated to one of toxicological analysis and clinical management. The reality is more colourful than that, requiring an analysis of the way doctors and club patrons see each other. The opportunity to conduct novel research and interventions within the emergency room environment has not been fully exploited and offers exciting new frontiers in Harm Minimisation.

11.00 – 12.15

PLENARY 2: CLUBS AND HARM

WHAT MDMA IS DOING TO YOUR BRAIN

Dr Iain McGregor

*School of Psychology
University of Sydney*

The lasting effects of MDMA ("Ecstasy") on the brain and behaviour is a much debated topic. Research with laboratory animals shows a chronic loss of the neurotransmitter serotonin (5-HT) in the brains of animals treated with moderate to high doses of MDMA. However, this effect is dependent upon the species of animal used, the strain (genetic background) and age of the animal, ambient temperature, co-administered drugs, and the amount of MDMA given. Human studies are even less conclusive in their outcomes: brain imaging studies purporting to show loss of 5-HT in the brain of Ecstasy users have been severely criticised on methodological and other grounds. Despite limited evidence for neurotoxicity with MDMA, there is evidence that exposure to MDMA leads to negative functional outcomes. These may include social withdrawal, depression, anxiety and cognitive impairment. It remains possible that by focusing only on 5-HT, scientists have missed other important adverse effects of MDMA on the brain.

ACUTE ADVERSE EFFECTS OF ECSTASY: IN THE HEAT OF THE NIGHT

Dr Rod Irvine

*Senior Lecturer in Clinical &
Experimental Pharmacology
University of Adelaide*

United Nations data indicate that Australia has the highest rate of "ecstasy"(MDMA) consumption in the world. Although the majority of users exhibit only minor apparent adverse effects, major life threatening events can occur. Why this happens, and how we can predict the risk to an individual, and treat the toxicity effectively are major challenges to researchers. Our aim has been to use both human

and animal based studies to examine these issues. The majority of "ecstasy" poisoning in South Australia involve the accidental ingestion of PMA mistaken for MDMA most likely by mechanisms involving serotonin. Measuring the concentrations of drugs in the blood of 'clubbers' and relating these to their clinical status indicates only minor disturbances to normal physiology for most users. However, higher than expected concentrations of drugs may indicate increased risk in some users especially when MDMA is co-administered with other drugs.

DON'T LOSE THE MUSIC: CLUBBING YOURSELF DEAF

Lisa McDonald

*Royal National Institute of the Deaf
London, UK*

Each year approximately 15 million people visit the UK's 1750 nightclubs to enjoy themselves dancing to their favourite music. Unfortunately, many of these visitors do not realise that the very thing they love could be causing them harm.

Noise is the number one cause of preventable hearing damage, yet we are exposed to more amplified noise in our daily lives than ever before. The Institute of Hearing Research estimates that 4 million UK adolescents are at risk of hearing damage from amplified music. This is backed by original RNID research that found 73% of regular club and gig-goers have experienced the warning signs of hearing damage (ringing or buzzing in the ears) after a night out. The majority of the same group did not know that hearing damage is irreparable or how to look after their hearing.

Such startling statistics should not come as a shock. In other areas of public health – sex, smoking, alcohol, drugs, sunbathing, diet – the public has been provided with information which allows them to make an informed choice. Sadly this is not the case with the dangers of over exposure to loud music.

RNID's Don't Lose The Music campaign aims to increase the number of young people aware of the dangers and those taking preventative action, in order to prevent early and unnecessary hearing loss as a result of exposure to loud music.

1.30 – 2.45

PLENARY 3: EMERGING ISSUES OVERSEAS

THE RAVE ACT: EXPECTATIONS, PERCEPTIONS AND CONSEQUENCES OF US CLUB DRUG POLICY

Aimee Ferraro

*University of Colorado at Denver and Health Sciences Center
Denver, USA*

The RAVE Act of 2002 was a bill proposed by legislators who aimed to reduce the illegal use of ecstasy by re-writing the “crack house laws” to target promoters who “knowingly and intentionally” throw a party where drugs are present. Critics were quick to publicly express their opposition and legislators were forced to change some of the most egregious language of the bill before it was reintroduced, and passed, as the Illicit Drug Anti-Proliferation Act of 2003. This presentation will detail the effects this controversial drug policy has had on the rave scene since its enactment, particularly from the perspective of law enforcement, club owners, promoters, deejays, and club/rave attendees.

FIRST STEPS FORWARD FROM PROHIBITION POLICY, NEW ZEALAND'S DESIGNER PILL INDUSTRY, A LIGHT AT THE END OF THE TUNNEL?

Matt Bowden

*Stargate Foundation
New Zealand*

NZ's commitment to harm minimisation drug policy is progressive in that the drug schedules now include an R18 category for low risk designer substances ingested for psychotropic purposes.

As smokable methamphetamine addiction became widespread in New Zealand recently, a solution was proposed in the development of legal drug alternatives with lower addictive potential. The concept of regulated supply of safer drug alternatives was introduced as a demand reduction measure, alongside public education campaigns to de-stigmatise recreational drug use.

The presentation will look at the process of an emerging industry working together with government on developing an evidence based risk management model into new legislation for legal drug alternatives, the teething pains of finding the right balance of regulation, and the resulting decreases in more dangerous drug overdoses.

SUBSTANCE USE PREVENTION AT CLUBS AND PUBS IN THE NETHERLANDS: AN INTEGRATED PREVENTION APPROACH

Ninette van Hasselt

*Trimbos Instituut
Amsterdam, Netherlands*

In The Netherlands harm reduction is one of the cornerstones of the national drug policy, besides a policy of discouragement. This presentation will examine two national projects in the party drug prevention field which are focused on harm reduction. Firstly, the Drugs Information and Monitoring System (DIMS), which monitors the market of party drugs by offering the opportunity to users of party drugs to test their drugs. Through this system the Dutch can prevent health problems caused by polluted drugs. Secondly, a package of interventions was developed for and with regional addiction care services and municipal health authorities. The Trimbos Institute facilitates and encourages these regional partners to pay much attention to a thorough problem analysis, networking, implementation of a drug and alcohol policy at local level, informing clubbers and training security and bar staff. In this project alcohol and drug prevention are integrated.

3.15 – 4.30

PARALLEL 1A: MEDICINE FOR MASS GATHERINGS

THE GREATEST GOOD FOR THE GREATEST NUMBER

Dr David Caldicott

*Emergency Research Fellow
Royal Adelaide Hospital*

Mass casualty medicine and major incident planning is relative newcomer as a medical subspecialty. The provision of medical support to major dance events has a number of particular considerations that require consideration. This presentation will trace the development of the subspecialty to the current day, and the general implications for the dance scene.

WELCOME TO GURNVILLE: PLANNING PUBLIC AND EMERGENCY HEALTH SERVICES WHEN YOUR EVENT IS THE SIZE OF A SMALL CITY

Buck Reid

*Chief Executive Officer, UniMed
Sydney*

As commercialisation and normalisation of dance parties increases, parties themselves are becoming larger and more complex. The largest stand alone dance parties in Australia now exceed 25,000 patrons, or roughly the size of a medium regional centre. A town of 25,000 would have a range of health services to cope with the demands of the population. While dance party populations tend to be younger and generally healthy, the sheer mass, in conjunction with risk taking activity, creates a need to have dedicated and effective on site medical services. The size and composition of these services is a function of a range of variables including risk assessment, demographics, activities, location and existing services. The execution of these services needs to be organised with strong incident command structure, responsive service delivery and solid integration into existing public health structures. Medical services should also work in conjunction with other services such as security and harm minimisation to create a complete safety structure.

HOW MUCH IS ENOUGH? PREDICTING HEALTH AND SAFETY NEEDS AT MASS GATHERINGS

Alan Eade

*Metropolitan Ambulance Service
Melbourne*

Mass gathering medicine is an evolving field and is still firmly in nappies. The concept that it seeks to explore is that of predicting the likelihood of illness or injury when a group of people gather in a common location. Despite numerous models the science is not exact, so how is it that we can make reasonable decision on resourcing with such models and the experience of a toddler?

The presentation will outline some of the models and identify the key components of each. These will be explored to demonstrate that whilst the science may be imprecise the predictions from may of these models and the growing knowledge base are usually very accurate. As with any child, there are hiccups along its development, mass gathering medicine is about to start to walk!

3.15 – 4.30

PARALLEL 1B: CLUBBING AND DRINKING

WHERE HAS ALL THE WATER GONE? – AN HISTORICAL EXPLORATION OF THE TRENDS IN WATER CONSUMPTION BY CLUBBERS

Nicky Bath

*AVIL
Sydney*

Since the emergence of ‘rave culture’ in the mid 1980’s, the scene has changed immensely. Such change is not only limited to the clothes people wear, the venues, the drugs and the music.

A major shift that has taken place with minimal attention is the change in water consumption by people who use ecstasy. It is clear that many people are ignoring the harm reduction messages about how much water to drink and when.

This paper will explore: The history of clubbing and water; polydrug use; the use of alcohol with ecstasy and other drugs; and Harm Reduction – past, present and future. In concluding, recommendations will be made as to how to

manage water consumption within the ever changing settings that ecstasy and other drugs are consumed.

EPIDEMIC? WHAT EPIDEMIC? DRINK SPIKING IN NSW

Tanya Duncan

Alcohol Policy Officer

NSW Police Service

If you believe what you read in the media, NSW is currently in the grip of a drink spiking epidemic, with predators roaming bars and nightclubs and surreptitiously drugging young women at will. This presentation aims to expose and refute some of the media myths as well as to provide information on the current state of play across government agencies in NSW. Issues such as legislative change, investigative procedures, public education and awareness as well as liquor and hospitality industry operations will be discussed. Recent research on toxicological screening is shedding light on the role that alcohol consumption is playing in current drink spiking trends and this will also be discussed.

BAD FOR YOUR HEALTH: VIOLENCE IN AND AROUND LICENSED PREMISES

Inspector John Green

Manager – Alcohol Related Crime Project

NSW Police

While a great deal of concern about the negative health impacts of socialising in licensed venues focuses on alcohol and drug consumption, the most negative health outcomes for patrons are physical and psychological trauma associated with violence. Responding to violence in and around licensed venues consumes large amounts of police resources. NSW Police has made significant developments in its organisational and operational response to alcohol-related crime and violence with major projects such as the Linking Program and the Alcohol Related Crime Project. In recent years police also have sought to work collaboratively with venue operators, security staff, community representatives and local government bodies to develop local

prevention programs which address excessive alcohol consumption; the enhanced management and deployment of security operators; the provision of safe transport options; adherence to function licence requirements; and improved patron awareness and responsibility in an effort to stem the violence emanating from licensed premises, particularly late-night and 24-hour venues.

DAY TWO – FRIDAY 30 SEPTEMBER

9.00 – 10.30

PLENARY 4: GREAT SEX, DEPRESSION, DRIVING AND POLICE HARASSMENT: A CLUBBER'S NIGHT OUT

SEX POTIONS: SUBSTANCE USE AND SEXUAL BEHAVIOUR AMONG CLUBBERS

Karen Hughes

John Moores University

Liverpool, UK

The last decade has seen dramatic increases in sexually transmitted infections in many countries. In the UK, for example, diagnoses of Chlamydia at genitourinary medicine clinics increased by 222% between 1995 and 2004, while diagnoses of Syphilis increased by almost 1,500%. The risky sexual behaviour that contributes to declining sexual health has been linked to use of alcohol and drugs. For example, alcohol increases people's risk of having unprotected sex while young people who use drugs are more sexually active and less likely to use condoms. Despite this, both alcohol and drugs have long been used to facilitate sexual activity. Alcohol is used by both men and women to increase confidence with potential sexual partners while many recreational drugs, including cocaine and GHB, have strong reputations as aphrodisiacs. The links between alcohol in particular and sexual behaviour are frequently strengthened by marketing techniques that link alcohol to sexual attractiveness. However, use of both alcohol and drugs can also increase people's vulnerability to sexual assault. Many people meet new sexual partners in pubs and

clubs where alcohol use is almost ubiquitous and levels of recreational drug use are high. This talk discusses the links between alcohol and drug use and sexual behaviour and highlights the need for integrated prevention measures to address both substance use and sexual health by exploiting links between the two.

DANCE DRUGS AND THE PSYCHIATRIST

Dr Adam Winstock

South Western Sydney Area Health Service

(SWSAHS)

Sydney

Psychiatrists and those who work in drug and alcohol don't often see people presenting with problems relating to dance drugs. This is a reflection of both health service delivery priorities and a perception among the 'drug troubled dancing public' that perhaps these sorts of health care providers might not be familiar with the sorts of problem they might be experiencing (and they might have a point). It might also have something to do with a desire by dance drug users not to attribute any personal or psychological problems to dance drugs. In this paper, I will briefly review the major psychiatric issues related to the major dance drug groups (amphetamine type stimulants including MDMA), GHB, ketamine and other hallucinogens, primarily dependence, withdrawal, depression and psychosis.

Much of the focus will be on acute presentations, their relationship to patterns of use and suggestions for their management. I will also review the evidence for dance drug use causing mental illness and provide practical suggestions that may be of use to treating clinicians and users alike, such as differentiating stimulant withdrawal from depression, the use of anti depressants in treating co morbid depression, the pitfalls of early psychiatric diagnosis and the importance of longer term follow up. Harm reduction strategies focusing on peer support, self-monitoring and encouraging positive changes in drug use patterns and intoxication related behaviours will also be considered.

SNIFFER DOGS IN NSW: ON THE STREETS AND IN THE CLUBS

Michael Walton

Convenor, Criminal Justice Subcommittee

NSW Council for Civil Liberties

Sydney

NSW police can use drug detection 'sniffer dogs' in clubs, raves, pubs, street parades, on the trains, on the streets and many other public places. According to the NSW government, the dogs were introduced to help police identify drug dealers. By that yardstick, the dogs have been a spectacular failure: 70-80% of the people identified by the dogs are not carrying any prohibited drugs at all; and those people who do have drugs on them are usually only in possession of small amounts of cannabis.

Sniffer dogs are a regular sight in Sydney. The dogs elicit a range of responses from clubbers, ranging from mild annoyance through to sheer panic – some people even swallowing all their drugs at once. Given the ineffectiveness of the dogs, the invasion of civil liberties involved and the serious health implications, CCL believes that the dogs should be phased out.

DANCING ON THE HIGHWAY

Dr Adam Winstock

South Western Sydney Area Health Service

(SWSAHS)

Sydney

Driving under the influence of drugs is one of a number of risk behaviours that individuals undertake and needs to be considered in the context of multiple risk taking activities that interact to increase the risk of harm to the individual and those around them. A number of studies would suggest that between 10-25% of fatal road accidents are associated with drugs (compared to about 30% for alcohol). However this does not imply causality. Whilst clear cut culpability for alcohol and benzodiazepines exists, the story is less clear for cannabis and stimulant drugs. Although acute intoxication

is probably the most significant of drug related causes of driving impairment, the impact of insomnia, fatigue, withdrawal and adverse psychological experiences may also contribute. Although drugs may lead to impairment, it is clear that intoxication per se (which exists on a spectrum) is not equivalent to impairment. Further there is little relationship between the impairing ability of a drug and its legal status (eg. Benzodiazepines and alcohol being the drugs associated with the greatest risk). The aim of any road safety policy must be to remove impaired drivers from the road, regardless of the cause of the impairment. The decision to drug drive linked to risk perception. Most drivers consider their risk of detection of driving under the influence of alcohol as being greater than with driving under the influence of illegal drugs. Random testing (as for example with alcohol in Australia) is so effective, because it permits maximum exposure to enforcement without necessarily apprehending the individual whose decision it is to drive (or not). Test development should focus on the identification of impairment rather than the presence of drugs. There may be benefits of roadside drug testing if it puts people off drug driving through alteration of their risk perception.

11.00 – 12.15

PARALLEL 2A: NEW TRENDS IN DRUG USE

EXAMINING TRENDS IN PARTY DRUG USE AND HARMS IN AUSTRALIA

Dr Louisa Degenhardt

*NDARC
Sydney*

In recent years, there has been suggestive evidence that the use of ecstasy and other drugs used in varied social settings (such as bars, “dance parties” and nightclubs) has increased. This paper will review current evidence about trends in the use of these drug types using data from the Party Drugs Initiative (PDI).

Around 800 regular ecstasy users were interviewed; approximately 160 key informants with good contact with groups of party drug users were interviewed; and data on drug seizures, hospital presentations, arrests and other harms related to party drug use were collected. Regular ecstasy users used a wide range of drugs including ketamine, crystal methamphetamine, MDA, LSD, cocaine and GHB. Available data supported the increased availability and use of some of these drug types in recent years. Use occurs in a range of situations and harm reduction initiatives need to be targeted appropriately.

CHANGING PATTERNS OF METHAMPHETAMINE USE AMONG REGULAR ECSTASY USERS IN AUSTRALIA – THE EMERGENCE OF ICE SMOKING

Dr Stuart Kinner

*QADREC
Brisbane*

Over the last decade, increasing use of amphetamine type stimulants (ATS) has been documented in various locations throughout the Asia-Pacific region. In Australia, amphetamine sulfate has been largely superseded by the more potent methamphetamine which is available in powder, ‘base’ (paste) and crystal forms. Of these three crystal, also known as ‘ice’ or ‘shabu’, is by far the most potent, and use of this form has increased substantially in recent years. Among ecstasy and related drug users (ERDU), recent evidence also points to an increase in smoking of crystal methamphetamine. Using data obtained from the national Party Drugs Initiative (PDI), this paper will present evidence of an increase in ice use and smoking among ERDU in Australia, and will consider some of the health and behavioural outcomes that may be associated with this practice.

THE PLACE OF COCAINE IN AUSTRALIAN NIGHTLIFE

James Shearer

*NDARC
Sydney*

In late 2004 NDARC in conjunction with Turning Point in Melbourne undertook a comprehensive study of cocaine use in Sydney and Melbourne. This presentation will focus on patterns of cocaine use in entertainment venues collected in this study supplemented by cocaine use data collected through the Party Drug Initiative. Both projects were funded by the National Drug Law Enforcement Research Fund. Data on the characteristics, patterns and context of use, motivations for use, price, purity and form, and cocaine related problems will be presented. While, cocaine was not generally the first drug of choice for recreational drug users probably due to its relatively high cost and poor availability, exposure to cocaine use is increasing in this group due to its place as an additional item in the poly drug inventory.

11.00 – 12.15

PARALLEL 2B: PEER EDUCATION

KEEP IT SIMPLE (KIS) CLUB PROJECT

Kristina Devlin

*Manly Drug Education and Counselling Centre
(MDECC)
Sydney*

Keep It Simple (KIS) is a brand new pilot project of the Manly Drug Education and Counselling Centre (MDECC). Over the past six years MDECC has embraced peer education as a model for community development educating parents and young people. The KIS project takes this peer education model into the wider Sydney metropolitan area specifically to clubs and dance events.

KIS is based on best practice for the field of peer led interventions. In addition to drug knowledge, KIS peers are trained with mental and sexual health information to give them a more complete picture of drug related issues. The peers have contributed to the development of a website

which features drug use experiences from Sydney clubbers with peer harm reduction tips for each club drug. The project is evaluated in terms of KIS peer knowledge, confidence, and the reach of peer education messages. In addition, a selection of clubbers who have had contact with the KIS peers in the field are being surveyed to measure credibility.

This project is a partnership project with Sydney Club and Event Organisers, and is funded by the Commonwealth Department of Health and Ageing.

USING A PEER EDUCATION AND OUTREACH MODEL TO REDUCE DRUG-RELATED HARM AT LARGE GAY, LESBIAN, BISEXUAL AND TRANSGENDER DANCE PARTIES

Cindy Jones

*AIDS Council of NSW (ACON)
Sydney*

For more than a decade ACON has been using a peer education and outreach model to promote safe sex at large GLBT dance parties with Safe Sex Sluts and the provision of safe packs. In recent years this party outreach service has expanded to help reduce drug-related harm, particularly in response to GHB, with the introduction of volunteer Drug Rovers working as a support team and set of eyes for medical and first aid staff. While at first wary of this new presence on the dance floor partygoers have come to embrace the rover service and their peers who spend the night looking out for them.

FIRST-AID IN THE PARTY SCENE: FOR VENUES AND LARGE EVENTS

Bec Coleman

*Red Cross
Sydney*

Patrons of entertainment venues, the frontline of the party scene, are often involved in substance use. Save a Mate provides venue staff with skills to recognise the signs and symptoms of an alcohol or other drug related emergencies, and how to effectively manage the crisis situation until the ambulance arrives.

The program emphasises the risk factors for overdose, harm reduction strategies and covers common first aid scenarios including; panic attacks, fitting, dehydration, overheating and semi-conscious/unconscious casualties. The message of the program is 'Just Say KNOW... Know the risks, Know how to stay safe, Know how to help someone if they get into trouble'.

This presentation will examine the two components of the program. Firstly, the Pubs, Clubs & Venues training course which includes accredited CPR training. We have trained over 4000 people in NSW in these life saving techniques. Secondly, the peer education program where first-aid trained peer educators attend major events and festivals to distribute harm minimisation messages to patrons with a non-judgemental and casual approach.

1.30 – 2.45

PARALLEL 3A: A MIXED BAG

A HARM REDUCTION APPROACH TO PARTY DRUG USE IN THE SYDNEY GAY, LESBIAN, BISEXUAL AND TRANSGENDER COMMUNITY

David McGuigan and Detlev Jackson

*ACON
Sydney*

This paper will focus on recent trends, issues and harm reduction approaches to drug use among same sex attracted men and women, with a particular reference to GHB and Methamphetamine. Strategies reducing harm from GHB use, especially overdose, will be examined as well as approaches to use of methamphetamine by same sex attracted men and its relationship to increased risks of exposure to HIV transmission.

The paper will focus on populations of same sex attracted men and women in the inner city of Sydney, Australia, using drugs in social settings (especially large community dance parties, licensed venues or sex-on-premise venues).

The paper is intended be of interest to people working with same sex attracted communities or in drug related services accessed by same sex attracted people.

WHO ARE DRUG DRIVER TESTS TARGETED AT? CAN THESE TESTS REDUCE THE ROAD TOLL AND AT WHAT COST?

Danny Holness

*RaveSafe
Melbourne*

The Victoria government implemented a drug driver testing trial in December 2004, which has been extended to 30th June 2006. These tests have been afflicted by controversy since their inception. From the decision to adopt a Zero Tolerance approach to drug driving, to difficulty in obtaining the Swinburne University research upon which the drug driver tests have been justified, there are a myriad of issues and concerns about these tests that remain unanswered. This presentation aims to highlight some of these problems and to discuss the potential effectiveness and appropriateness of the trial.

TO GHB OR NOT TO GHB – THE VICTORIAN CAMPAIGN TO ANSWER THE QUESTION

Glenn Zimmer

*Department of Human Services
Melbourne*

In response to a rise in GHB use in Melbourne and a reported increase in the presence of GHB in hospital emergency admissions since 2002, the Department of Human Services Drugs Policy and Services Branch developed a targeted GHB Prevention and Education Campaign, which commenced in early 2005. Overdoses, requiring ambulance attendance, were occurring not only in the rave and dance party scene, but also in licensed clubs, bars and late night entertainment venues.

The centrepiece of the campaign is a GHB Resource Kit, prepared in consultation with key stakeholders and designed to assist owners and operators of clubs and late night venues, identify and prevent GHB use and overdose. The Kit, which includes a suite of 3 posters that reinforce the theme; "Using GHB is never safe, has been widely distributed within the club and party scene throughout Victoria.

This paper will present the rationale behind the campaign and describe the process that brought together a diverse group of stakeholders with a common purpose – to reduce and prevent GHB overdose.

KIWIS CLUBS AND DRUGS

Dr Fiona Hutton

*Institute of Criminology
Victoria University
Wellington, New Zealand*

In this paper the meanings that participating in contemporary club spaces in Wellington have for clubbers, are analysed. The development of clubbing in Wellington is charted looking at musical styles that influenced the 'scene' or 'scenes'. The use of illicit drugs such as ecstasy and methamphetamine within club spaces is examined, as is the use of 'herbal highs'. An ethnographic study using in-depth interviews and an online survey was carried out to investigate how clubbers view their own participation on club scenes, and their use of illicit drugs such as ecstasy. The data suggests that a majority of clubbers interviewed and surveyed use illegal drugs when clubbing, although a small group stated that they did not engage in this activity, and objected to the stereotype of clubbers as illegal drug users. The data further suggests that music, style, socialising and 'fun' are all important to those who use club spaces, and that if illegal drug use is present in this context, it is part of an overall package of clubbing, not the main reason why young people choose to participate in the club 'scene' or 'scenes'.

1.30 – 2.45

PARALLEL 3B: CLUBS AND PROMOTERS

SAFE AT HOME: FIVE YEARS OF HEALTH AND SAFETY PLANNING AT A MAJOR AUSTRALIAN NIGHTCLUB

Buck Reid

*UniMed
Sydney*

Sublime was one of the first club venues in Australia to introduce dedicated first aid services in 1996. When Sublime moved to the home venue, Australia's first superclub, they brought the service with them. Medics operated at home since early 2000 and over that time the club medic has evolved markedly in its role and focus. As well as the traditional response role, the medic is now involved in a range of health and safety initiatives including both practical execution of prevention and response activities and policy development. The medic is seen as a specialist member of the management team alongside marketing, operations and security managers providing specialist advice on health issues. Over time the severity and number of medical incidents at home has dropped considerably owing to both policy initiatives and continually evolving procedures. This use of medical personnel can be applied to a range of venues and events to produce safer and healthier venues.

HARM MINIMISATION BASED HEALTH AND SAFETY PLANS FOR DANCE PARTIES

Andy Schouten

*Toybox
Sydney*

Toybox is a day party that in its first two years was staged four times a year on a Sunday at the Metro Theatre – Sydney between noon and 8pm targeting a gay/lesbian/bisexual/transgendered and queer (and friends) audience. The event has evolved to more than double its original size and is now staged twice a year at The Big Top at Luna Park, in addition to our events at the Metro Theatre.

