

YOUNG PEOPLE'S PERCEPTIONS OF THE RISKS OF METHAMPHETAMINE USE IN ADELAIDE NIGHTCLUBS: A QUANTITATIVE STUDY

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Understanding young people's perceptions of the risks associated with the use of methamphetamines is an important but under-researched area. Precisely how these young people use the space of Adelaide nightclubs, perceive such drug risks, employ risk management strategies and how these factors interact to influence their experience of methamphetamines in the nightclub is largely unknown. This article presents self-report data drawn from a sample of 457 young people who completed the Perception of Risk survey questionnaire while waiting to enter one of five key Adelaide nightclubs in 2010. Participants were examined in terms of gender, age, drug use history,¹ motivations for nightclub attendance and frequency of nightclub attendance. Approximately one-fifth of the sample reported using methamphetamines (21.0 percent).

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¹ In this study, participants' drug use history was defined as whether or not participants had used methamphetamines. This is an important distinction as other studies of nightclub drug use report extensive polydrug use and its impacts on youth: see Fiona Measham, and Karenza Moore, 'Repertoires of distinction: Exploring patterns of weekend polydrug use within local leisure scenes across the English night time economy' (2009) 9(4) *Criminology and Criminal Justice* 437; even in relation to methamphetamine use in other drug use settings: see Perry Halkitis, Robert Moeller, Daniel Siconolfi, Roy Jerome, Meighan Rogers and Julia Schillinger, 'Methamphetamine and Poly-Substance Use Among Gym-Attending Men Who Have Sex with Men in New York City' (2008) 35(1) *Annals of Behavioral Medicine* 41; Louisa Degenhardt and Libby Topp, 'Crystal meth' use among polydrug users in Sydney's dance party subculture: characteristics, use patterns and associated harms' (2002) 14 *International Journal of Drug Policy* 17. In the Adelaide nightclub setting polydrug use was far less common. This study was designed accordingly.

Participants demonstrated a pattern of attendance at Adelaide nightclubs that reflects a broader understanding of the important role of the nightclub in their social lives, which for some also involves the use of methamphetamines. Specifically, participants' motivations for 'nightclubbing' concern the consumption of leisure and are guided by social group membership, in which methamphetamine use is not prioritised, as evident in the development of knowledge and risk management strategies to ensure safe consumption in the club. Perceptions of risk reflect concern surrounding unregulated methamphetamine use, as well as gendered concerns linked to safety and the prevalence of alcohol misuse, violence, drink spiking, physical injury and sexual assault. These findings were consistent across the sample, suggesting a shift in youth nightclub culture that has numerous implications for understanding and reducing the use of methamphetamines and regulation of the night-time economy generally, which are discussed herein.

I INTRODUCTION

Public debate surrounding the putative threat of methamphetamines in Australia has fluctuated since their emergence in 2001, where large shifts in the Australian drug market — away from heroin² — saw a sudden and significant increase in the prevalence and use of methamphetamines in Australia.³ The most recent report of the National Drug Strategy Household Survey (NDSHS) in 2013 estimates that seven percent of Australians aged 14 years and older have ever used methamphetamines, with recent use reported at 2.1 percent.⁴ While the overall rate of methamphetamine use has remained stable since 2010,⁵ there is evidence of a recent shift in the

² William Bush, 'Upheaval in the Australian Drug Market: The cause and impacts of the sudden heroin shortage and increased supply of stimulants in 2000-2001', *Family and Friends for Drug Law Reform* (2001).

³ Sarah MacGregor and Jason Payne, 'Increase in use of methamphetamine', *Research in Practice No. 22* (Australian Institute of Criminology, 2011); Australian Crime Commission, 'Illicit drug data report 2008-09' (Australian Crime Commission, 2010).

⁴ Australian Institute of Health and Welfare, '2013 National Drug Strategy Household Survey — Illicit use of drugs key findings' (AIHW, Canberra, 2014).

⁵ Amanda Roxburgh, Alison Ritter, Tim Slade and Lucy Burns, 'Trends in Drug

forms of use, specifically a sharp increase in the frequency and prevalence of the use of more pure forms of ‘ice’ (crystal methamphetamine).⁶ These estimates report that the use of ice has more than doubled,⁷ which poses potentially serious problems for individuals and the community given the nature and extent of mental and physical problems, dependence, violent and aggressive behaviour and criminal activity typically associated with regular use.⁸ There are further implications for the Australian drug landscape given that use appears concentrated among young people, due its popularity among young nightclubbers.⁹ That particular forms of methamphetamine use by certain groups of young people *persist* despite policy efforts¹⁰ is evidence that not enough is known about the perceptions and experiences of the young people in particular drug use settings.

Use and Related Harms in Australia, 2001 to 2013’ (National Drug and Alcohol Research Centre, 2013).

⁶ Australian Institute of Health and Welfare, above n 4; Nick Scott, Jonathan P Caulkins, Alison Ritter, Catherine Quinn and Paul Dietze, ‘High-Frequency Drug Purity and Price Series as Tools for Explaining Drug Trends and Harms in Victoria, Australia’ (2014) *Addiction* [e-Pub].

⁷ Australian Institute of Health and Welfare, above n 4.

⁸ Louisa Degenhardt, Amanda Roxburgh, Emma Black, Raimondo Bruno, Gabrielle Campbell, Stuart Kinner and James Fetherston, ‘The epidemiology of methamphetamine use and harm in Australia’ (2008) 27(3) *Drug and Alcohol Review* 243; Shane Darke, Sharlene Kaye, Rebecca McKetin and Johan Dufou, ‘Major physical and psychological harms of methamphetamine use’ (2008) 27(3) *Drug and Alcohol Review* 253; Nicole Lee, Lisa Johns, Rebecca Jenkinson, Jennifer Johnston, Kieran Connolly, Kate Hall and Richard Cash, ‘Clinical treatment guidelines for alcohol and drug clinicians no 14’, *Methamphetamine dependence and treatment* (Turning Point Alcohol and Drug Centre, 2007).

⁹ Peter Miller, Amy Pennay, Nicolas Droste, Rebecca Jenkinson, Brendan Quinn, Tanya Chikritzhs, Stephen Tomsen, Phillip Wadds, Sandra C Jones, Darren Palmer, Lance Barrie, Tina Lam, William Gilmore and Dan Lubman, ‘Patron Offending and Intoxication in Night-Time Entertainment Districts (POINTED)’, Monograph Series No. 46 (National Drug Law Enforcement Research Fund, 2013).

¹⁰ See Don Weatherburn, ‘The pros and cons of prohibiting drugs’ (2014) 47(2) *Australian and New Zealand Journal of Criminology* 176; Andrew Groves, ‘Re-thinking the Methamphetamine Situation: Perceptions of Risk and Current Policy Dialogue’ (2014) 26(2) *Current Issues in Criminal Justice* 1 for discussion of the effectiveness of current drug policies.

The Perception of Risk (POR) survey questionnaire was designed, as part of a larger mixed-methodology (including interviews and participant observations) to examine young people's self-reported experiences of the nightclub. Crucially, the survey examined perspectives of those who report using methamphetamines *and* those individuals who do not but expose themselves to this environment knowing such use occurs. Specifically, the survey sought participants' perceptions of the risks associated with methamphetamine use, contrasting this with perceptions of more general risks of the nightclub and developing an overall understanding of what being in the nightclubs means for these young people. In framing this approach it is important to stress that the use of methamphetamines is not considered safe or harmless, nor that these young people should be afforded freedom from scrutiny or sanction. Instead, emphasis should be on the need to understand how these young people perceive of the risks associated with methamphetamines, how they ultimately accept them and how this knowledge is then used to develop precautionary frameworks to guide their activities in social night-life spaces. Understanding this alternative process of risk perception is crucial if harm-minimisation policies and initiatives (such as mass public education and media campaigns, treatment programs and diversionary processes (e.g. the Illicit Drug Diversion Initiative)) outlined in the National Drug Strategy 2010-2015¹¹ are to be effective in an environment in which some forms of drug use by certain groups of the community appear to resist reduction efforts.

II BACKGROUND

The links between methamphetamine use, young people and the social context of nightclubbing, particularly the association with dance music, are well-established.¹² However, there is widespread

¹¹ Ministerial Council on Drug Strategy, *National Drug Strategy 2010-2015: A framework for action on alcohol, tobacco and other drugs* (Commonwealth Department of Health and Ageing, 2011).

¹² See Fiona Hutton, 'Kiwis, Clubs and Drugs: Club Cultures in Wellington, New Zealand' (2010) 43 *Australian and New Zealand Journal of Criminology* 91; Jim McCambridge, Luke Mitcheson, Adam Winstock and Neil Hunt, 'Five-

disagreement over the level of risk perceived by young people associated with methamphetamine use, as is the case with many other illicit drugs, where often the argument is constructed dichotomously with users' perceptions of 'safe' use at one end¹³ and 'experts'¹⁴ assessments of young people as ignorant, in denial of the risks and/or reckless at the other.¹⁵ Notably, evidence from other drug studies reveals that users actually perceive some risks to their health and safety as a result of their drug use.¹⁶ It is these perceptions, and the

year trends in patterns of drug use among people who use stimulants in dance contexts in the United Kingdom' (2005) 100(8) *Addiction* 1140; Degenhardt and Topp, above n 1.

¹³ See James A Fitchett and Andrew Smith, 'Consumer behaviour in an unregulated market: The satisfactions and dissatisfactions of illicit drug consumption' (2001) 1(4) *Journal of Consumer Behaviour* 355; Brian C Kelly, 'Club Drug Use and Risk Management Among 'Bridge and Tunnel' Youth' (2007) 37(2) *Journal of Drug Issues* 425.

¹⁴ The concept of 'expert' is not intended to encompass all expert opinion regarding illicit drugs. It is recognised that the response to illicit drugs in Australia, and elsewhere, comprises a diverse and multifaceted approach that encompasses policy, education, academic, health care/treatment and law enforcement perspectives: see Caitlin Hughes, Michael Lodge and Alison Ritter, 'Monograph No. 18: The coordination of Australian illicit drug policy: A governance perspective', *DPMP Monograph Series* (National Drug and Alcohol Research Centre, 2010). These are contested fields often characterised by disagreement, which prevents their consolidation into a single or unified perspective. Moreover, it is widely understood that a comprehensive approach that considers each of these perspectives and, importantly, the differences between them, is an essential component of drug policy development: see John Fitzgerald, 'The Australian National Council on Drugs (ANCD) and governance in the Australian drug policy arena' (2005) 32(2) *Contemporary Drug Problems* 259; Hughes et al, 2010. As such, as it has been framed elsewhere: see Groves, above n 10, use of the term 'expert' here reflects the broader conceptualisation of governments' 'expertisation of risk' where illicit drug policy is formed in a highly complicated and politicised environment and top-down policy-making predominates.

¹⁵ See Patrick Peretti-Watel, 'Neutralization theory and the denial of risk: some evidence from cannabis use among French adolescents' (2003) 54(1) *The British Journal of Sociology* 21; Alan Leshner, 'Club Drugs Aren't 'Fun Drugs'' (2005) National Institute on Drug Abuse National Institute of Health <<http://www.drugabuse.gov/PublishedArticles/fundrugs.html>>.

¹⁶ See Alex Gamma, Lisa Jerome, Matthias E Liechti and Harry R Sumnall, 'Is ecstasy perceived to be safe? A critical survey' (2005) 77(2) *Drug and Alcohol Dependence* 185; Brian C Kelly, 'Conceptions of risk in the lives of club drug using youth' (2005) 40(9-10) *Substance Use and Misuse* 1443.

way in which they are constructed, that were central to this study given that current drug policies do not acknowledge that young people may perceive that they have the capacity for rational thought in relation to the use of methamphetamines and use this knowledge to guide their behaviour.

In a large study of consumption habits in night-time leisure venues across three Australian cities (Melbourne, Sydney and Perth), Miller and colleagues¹⁷ examined levels of use and intoxication across a range of licit and illicit substances, as well as the relationships between intoxication, venue trading hours and poly-substance use and engagement in 'risky' activities. Using a similar methodology, a comparable level of methamphetamine use was found among young nightclubbers (17.0 percent), which although did not evaluate participants' perceptions suggests a unique drug use setting. In a smaller study in Melbourne, Pennay and Moore¹⁸ explored the 'micro-politics' of recreational use of illicit 'party drugs' among a social network of young drug users. While members of this network were considered otherwise 'well-integrated young people' who 'invoked the need for self-control', many struggled to regulate their use, demonstrating vulnerability to hedonistic motives (e.g. pleasure).¹⁹ Other notable studies in Australia²⁰ and the UK²¹ have examined the normalisation of drug use in nightclub settings, focusing on young people's drug use and consumption habits.

What is absent from much of this literature is an understanding of 'risk' and the context in which it is used. There is a wealth of

¹⁷ Miller et al, above n 9.

¹⁸ Amy Pennay and David Moore, 'Exploring the Micro-politics of Normalisation: Narratives of Pleasure, Self-control and Desire in a Sample of Young Australian "Party Drug" Users' (2010) 18(5) *Addiction Research & Theory* 557.

¹⁹ Ibid 557.

²⁰ Cameron Duff, 'Party drugs and party people: examining the 'normalization' of recreational drug use in Melbourne, Australia' (2005) 16(3) *International Journal of Drug Policy* 161.

²¹ Fiona Measham, Judith Aldridge and Howard Parker, *Dancing on Drugs: Risk Health and Hedonism in the British Club Scene* (Free Association Books, 2001).

literature on risk and risk perception²² which reveals that ‘risk’ is often used to frame acceptable behaviour and responsabilise populations of people, particularly youth. From this perspective risk is viewed as a potentiality that produces negative consequences such as harm or loss and exists whether it is perceived or not.²³ It is therefore understood that risk is real and that in the nightclub its potential effects are varied.²⁴ Highlighting the significance of the general methodological approach undertaken, in which both users and non-users were included in the study, ‘risk’ is understood here more broadly to encompass instances in which young people feel at risk of being victims of others’ drug use, being exposed to an environment in which drugs are used and being at risk by being consumers of methamphetamines in the nightclub. Such risks include exposure to dangerous items (such as needles), contact with individuals or groups intoxicated or otherwise affected by illicit drugs, consumption of poor quality substances and/or overdose, and increased attention from law enforcement officers or private security. It is perception of these risks and recognition of their consequences that shapes these young people’s behaviour, understanding of which serves as the context for this paper.

Despite this literature, there is limited evidence regarding young people’s attitudes towards the use of methamphetamines in the social setting of the nightclub, how such processes are socially guided, rationalised and, in many ways, accepted by certain groups of young people, and a broader understanding of how these factors impact their perception of risks. This empirical approach therefore serves to not only address a gap in knowledge but also provide context to what is already known, to support greater innovation and the development

²² Ulrich Beck, *Risk Society: Towards a New Modernity* (Sage, 1992); Deborah Lupton, *Risk* (Routledge, 1999); Geoffrey Hunt, Kristin Evans and Faith Kares, ‘Drug Use and Meanings of Risk and Pleasure’ (Paper presented at the annual meeting of the American Sociological Association, Montreal Convention Center, Montreal, Quebec, Canada, 2006); George S Rigakos, *Nightclub: Bouncers, risk, and the spectacle of consumption* (McGill-Queen’s University Press, 2008).

²³ Hunt et al, above n 22.

²⁴ Rigakos, above n 22.

of more effective and targeted harm-minimisation policies and initiatives, which is a key pillar of the National Drug Strategy.²⁵

III METHOD²⁶

A self-report questionnaire examined young people's risk perceptions associated with the use of methamphetamines in Adelaide nightclubs. In contrast to other drug studies,²⁷ a covert approach was used whereby the questionnaire addressed perceptions of risk across the nightclub and did not reveal its focus on methamphetamines. An important feature of the study was that it sought the risk perceptions of young nightclubbers generally and so was not limited to the experiences of methamphetamines users. This approach allowed a more nuanced and situated understanding of the complex experience of the Adelaide nightclub, which only for some included the use of methamphetamines.

A *Questionnaire Design*

The Perception of Risk (POR) survey comprised 28 questions that, in addition to building a profile of the typical Adelaide nightclubber using demographic data, examined participants' patterns of nightclub attendance; perceptions of nightclub risk; and knowledge of the prevalence of and risks associated with methamphetamine use. The order and depth of questions was arranged in this fashion so that participants were not guided in their responses²⁸ and, as noted above,

²⁵ Ministerial Council on Drug Strategy, above n 11.

²⁶ This is a summary of the methodology employed in a larger doctoral study. For further details, please contact the author. The method and data presented in this paper relates to ethics approval no. 4271, granted 20 November 2008 by the Flinders University Social and Behavioural Research Ethics Committee.

²⁷ See Philip N Murphy, Michelle Wareing and John E Fisk, 'Users' perceptions of the risk and effects of taking ecstasy (MDMA): a questionnaire study' (2006) 20(3) *Journal of Psychopharmacology* 447.

²⁸ Bruce Berg, *Qualitative Research Methods for the Social Sciences* (Pearson Education, 2007); Arlene Fink, *The Survey Kit: How to ask survey questions* (Sage Publications, 2003).

so that the emphasis on methamphetamines was not obvious to participants. This not only provided a more relaxed point of entry, but also created a more organic narrative moving from description of general experiences to more central and personal topics.²⁹ Understanding of the potentially sensitive nature of the information and the public environment in which it was sought, meant that questions regarding participants' use of methamphetamines were located near the end of the questionnaire, reducing the effects of selection and response bias, maximising participation and enhancing the overall reliability of the data.³⁰ The survey was designed to take five minutes to fill-out and was completed by participants *in situ*, the significance of which is discussed shortly.

To build a profile of the typical Adelaide nightclubber participants were asked to record their age, gender, residential area, occupation and highest level of educational attainment. Participants were then asked to identify their pattern of nightclub attendance (e.g. how often, when and why), describe their motivations for attending these nightclubs and outline the process involved, with reference to the role of social group membership. The next section asked participants to describe the risks associated with Adelaide nightclubs and detail any strategies used to respond to these concerns. The final section sought information regarding participants' knowledge of the prevalence of methamphetamines in the nightclub, possible motivations for their use and perceptions of the associated risks, including the impact of its use or the risks on their behaviour. The survey concluded with a question asking whether participants had ever used methamphetamines.

The survey questions were predominantly structured as content, order, and response choices,³¹ with a small number of open questions to enable participants, for example, opportunity to qualitatively

²⁹ Fink, above n 28.

³⁰ John W Creswell and Vicki L Plano Clark, *Designing and conducting mixed methods research* (Sage, 2007).

³¹ Ronet Bachman and Russell Schutt, *Fundamentals of Research in Criminology and Criminal Justice* (Sage Publications, 2008).

describe their perceptions without being limited by the survey instrument. Of the 28 questions, 17 utilised Likert Scales³² to convey the perceived prevalence of specific behaviours or the level to which respondents' agreed with given statements. Responses were rated on a five-point scale and ranged from one ('strongly disagree') to five ('strongly agree'). To address passive participation and reduce false responses,³³ a 'Neutral' category was included in each scale (represented by the number three). Importantly, the content and structure of the survey questionnaire was guided by feedback garnered from a pilot study, as well as from preliminary fieldwork undertaken in each of the five research venues in the weeks prior to approaching potential participants. For example, the order and type (e.g. tick-box versus short answer) of questions was directly influenced by this feedback, highlighting the need to limit the survey to one A4 size sheet of paper, given the constraints associated with approaching individuals prior to their entry to the nightclub. The high response rate suggests that the overall design and presentation of the survey was an appropriate methodology.

B *Questionnaire Distribution*

A feature of the POR questionnaire was that it engaged the sample *in situ*, a method used effectively in previous notable drug studies.³⁴ Participants were not approached 'in the club', but were recruited while waiting to enter venues providing a comparable assessment of attitudes and experiences *immediately* prior to entering the nightclub. It was found that most, if not all, were thinking about their experience of the nightclub and engaging in actions and behaviours typical of being inside the venue. Even before entering the club these young people were no longer thinking about work or study, and instead had *transformed* into what can be identified as 'the clubber'. The distribution of the survey questionnaire in this manner therefore allowed an efficient and contextually appropriate method of assessing the perceptions, feelings and experiences of a significant

³² John Creswell, *Research design: Qualitative, quantitative, and mixed methods approaches* (Sage, 2003).

³³ Bachman and Schutt, above n 31.

³⁴ Measham and Moore, above n 1; Measham et al, above n 21.

number of Adelaide's young nightclubbers as they were feeling them.

From May to August 2010, hard copies of the survey were disseminated to a randomly-selected sample of 18-25 year-olds recruited from outside five popular Adelaide nightclubs (*Hq*, *Savvy*, *Red Square*, *Electric Circus* and *Sugar*).³⁵ The researcher was careful to employ random sampling in terms of research venue, day of the week and time of evening, in order to produce a representative sample and reduce the effects of selection and response bias. The research was conducted over a total of 54 days, with each venue attended equally across Wednesday, Friday, Saturday and Sunday nights, for 4-5 hours and mostly between 9pm and 2am, though start and end-times were varied to ensure a random sample. Research site selection was an important task guided by three sources: data drawn from the pilot study used to develop a profile of the most popular venues; observations from preliminary fieldwork, cross-referenced with the pilot data; and comparison with venue-classification and licensing regulations (e.g. capacity, trading hours and event schedules). The sites selected varied from restricted licenses to 24-hour operation, were located in the city and at the time of the research were not restricted by more recent 'lock out' laws. Completed questionnaires were collected by the author and data was entered into the statistical analysis program SPSS for storage and subsequent analysis.

C *Challenges and Limitations*

Recognising the limitations of researching 'hard-to-reach' populations and the role of 'gatekeepers',³⁶ the use of adaptive and

³⁵ All potential participants were presented with a Letter of Introduction which contained information relating to the aims and rationale of the study, the participant's role within it and all ethical considerations, as per SBREC guidelines.

³⁶ Stephen Lyng, 'Dangerous methods: risk taking and the research process' in Jeff Ferrell and Mark S Hamm (eds), *Ethnography at the edge: crime, deviance and field research* (Northeastern University Press, 1998); Nicola Taylor and Jackie Kearney, 'Researching Hard-to Reach Populations: Privileged Access

situation-specific approaches, such as approaching participants *prior* to nightclub entry (and away from bouncers and venue management) was considered an appropriate methodology. Equally, covertly structuring the survey instrument to ensure that participants were not aware of the research aims and not guided in their responses was also valuable. Despite this, a number of limitations must be noted.

First, this approach cannot claim to assess all young people who attend licensed venues and does not have the capacity to examine the young people who choose not to. However, I argue that a representative sample of this section of the community has been achieved and is consistent with previous comparable populations.³⁷ Second, the effects of patron intoxication (licit or illicit) on the validity and reliability of data obtained is acknowledged. Patrons who were visibly intoxicated were excluded from the sample (a total of 25 individuals) and recruitment occurred *prior* to entry into venues, though it is recognised that some participants would have ‘pre-loaded’³⁸ before arriving at the nightclub. Third, that participants’ completed the survey in a relatively public environment may have reduced the level of privacy and affect data reliability.

To wit, it was recognised that careful consideration was needed to manage participants’ willingness to report such sensitive information (e.g. drug use), the influence of social desirability bias (e.g. underreporting or exaggeration), and the proximity of participants to other patrons and, potentially, law enforcement officers and private security. The survey instrument was anonymous and, in large part,

Interviewers and Drug Using Parents’ (2005) 10(2) *Sociological Research Online* <<http://www.socresonline.org.uk/10/2/taylor.html>>; Paul Hodkinson, ‘“Insider Research” in the Study of Youth Cultures’ (2005) 8(2) *Journal of Youth Studies* 131.

³⁷ Josephine Weekley, Lynlea Simmonds and Robert L Ali, ‘South Australian Trends in Ecstasy and Related Drug Markets 2005: Findings from the Party Drugs Initiative (PDI)’, *NDARC Technical Report No. 255* (National Drug and Alcohol Research Centre, 2006); Marie Longo, Paul Christie, Robert Ali and Rachel Humeniuk, *South Australian Drug Trends 2002: Findings from the Illicit Drug Reporting System (IDRS)* (National Drug and Alcohol Research Centre, 2003).

³⁸ Miller et al, above n 9, 79.

concerns surrounding exposure were mitigated by peer group dynamics where groups of friends stood in closed circles, insulating group members from such. Friends were generally uninterested in each other's responses, with police officers and private security staff similarly unconcerned and no contact with participants or the researcher was made in this regard. It is argued that the covert nature of the research and broader focus on perceptions of risk reasonably minimised potential negative outcomes that may have affected the data.

IV RESULTS AND DISCUSSION

A *Sample Details*

Of the 600 individuals approached, 457 completed the survey — a response rate of 76 percent.³⁹ Males comprised 36.1 percent (n=165) of the sample, with a greater proportion identifying as female (63.9 percent, n=292). Most participants were aged between 18-21 years (74.4 percent; avg. 20.4 years). Overall, gender did not meaningfully influence the levels of perceived⁴⁰ or actual use of methamphetamines within the sample. Although a greater proportion of females reported the use of methamphetamines,⁴¹ the difference was very small and likely reflects the gender bias in the sample. To wit, though this finding contrasts previous studies where methamphetamines were more commonly used by males,⁴² this does not constitute a challenge to the role and influence of gender in methamphetamine use, but rather the characteristics of this drug use setting.

³⁹ Although no data was collected about non-respondents, no significant differences were observed when the survey instrument was pre-tested.

⁴⁰ No significant differences were observed ($\chi^2(1)=8.372$, $p=.079$).

⁴¹ $\chi^2(1)=8.012$, $p=.005$, $V=.138$.

⁴² Michael Shiner, 'A dubious equality? Drug use and the discovery of gender' in Frances Heidensohn (ed), *Gender and justice: New concepts and approaches* (Willan, 2006).

Occupationally, the majority of participants were in part-time/casual (71.2 percent) or full-time employment (19.9 percent), which corresponds to national data.⁴³ Notably, a large proportion of the sample were also currently studying at university (83.2 percent), including the majority of those who reported using methamphetamines (87.5 percent), challenging traditional conceptions of drug users as uneducated.⁴⁴ In terms of residential location most participants reported living in the southern (38.3 percent) and eastern (28.6 percent) suburbs of Adelaide, which are recognised as more socio-economically stable than the northern and western suburbs.⁴⁵ Only a small proportion of participants lived in the city (6.0 percent) where the majority of nightclubs are located.

In terms of illicit drug use, participants identified comparatively low rates of use of ecstasy (3.1 percent), heroin (1.0 percent) and cocaine (0.9 percent). The use of cannabis was more common (17.3 percent), but within the norms of the South Australian context.⁴⁶ In contrast, more than one-fifth (21 percent, n=96) of the sample reported the use of methamphetamines, which exceeds levels observed in national evaluations⁴⁷ and other Australian night-time economy research.⁴⁸ While representative of a specific use context, this finding warrants further evaluation of young people's methamphetamine use within night-life space with particular reference to their perceptions of risk and subsequent behaviours.

B *Patterns of Attendance*

A third of participants attended Adelaide nightclubs at least once a month (32.8 percent), with a further half reporting weekly attendance

⁴³ Australian Bureau of Statistics, 'Australian Demographic Statistics, June 2010' (Australian Bureau of Statistics, 2011).

⁴⁴ Duff, above n 20.

⁴⁵ Australian Bureau of Statistics, 'Adelaide – A Social Atlas: 2006 Census of population and Housing' (Australian Bureau of Statistics, 2008).

⁴⁶ Drug and Alcohol Services South Australia, *Illicit Drug Statistics* (DASSA, 2006).

⁴⁷ Australian Institute of Health and Welfare, above n 4.

⁴⁸ See Miller et al, above n 9.

(48.1 percent). This routine was held as a proud achievement for these participants, who believed that it demonstrated good organisation, greater financial capacity and high social status. Attendance was consistent across the sample in terms of gender. In contrast, age had a moderate influence, with 18-21 year olds attending nightclubs more often, primarily once a week (53.4 percent, n=182), than 22-25 year olds, who mostly attended once a month (46.2 percent, n=54).⁴⁹ Notably, participants' methamphetamine use and motivations for attendance did not influence the frequency of their nightclub attendance. Participants reported most frequent attendance on Saturday (74.2 percent), Friday (33.3 percent), and Wednesday (7.8 percent) nights, which coincided with nightclub marketing/promotion schedules with numerous events held on each of these nights. Nightclubs experienced minimal patronage on the remaining days of the week, with the exception Sundays, which became more popular when followed by a public holiday.

It has been claimed⁵⁰ that young people often possess sinister motives for their use of nightclubs and leisure spaces, including rebellion from societal values, loss of control, use of illicit drugs, desire for violence and participation in risky sexual activity. This was not apparent in the present study, where participants' motivations for attending Adelaide nightclubs were primarily social in nature and centred on the consumption of leisure (see Table 1). It is recognised that because the survey relied on self-report data, the range and/or accuracy of participants' responses may be constrained by their willingness to report drug consumption (and associated behaviour) as a motivation for nightclub attendance. However, the categories presented in the survey were drawn from the pilot study, confirming their relevance to the Adelaide nightclub context. No differences were observed across gender, drug use or frequency of attendance,

⁴⁹ U=13699.5, Z=-3.368, p=.001.

⁵⁰ Gloria A Moss, Scott Parfitt and Heather Skinner, 'Men and women: Do they value the same things in mainstream nightclubs and bars?' (2009) 9(1) *Tourism and Hospitality Research* 61; David Grazian, 'The Girl Hunt: Urban Nightlife and the Performance of Masculinity as Collective Activity' (2007) 30(2) *Symbolic Interaction* 221.

suggesting homogeneity in participants' motivations to attend Adelaide nightclubs. Even though methamphetamine use is perceived to be prevalent in Adelaide nightclubs (see Part D), only 3.3 percent of participants — including those who identified as users — were motivated to attend these venues because of their use.

Table 1 *Motivations for nightclub attendance*

	%
Socialising	92.6
Music	86.9
Drinking	73.1
Dancing	65.6
To be seen	13.6
To pick up	10.7
Methamphetamines/their use	3.3
Other (birthday celebrations)	2.6

n = 457

Even though these figures do not challenge traditional conceptions of the motivations for the use of night-time leisure spaces,⁵¹ that the role of methamphetamines appears limited suggests the need for evaluation of what other factors influence this decision. For example, there was a small relationship between age and how the nightclub is used, with younger participants typically more motivated by dancing, 'being seen' and drinking than older participants, most of whom attended nightclubs to listen to music and socialise.⁵² It appears that as they get older, these young people redefine the purpose of leisure in their lives and their capacity to consume it, and seek more balanced, group-oriented activities (e.g. socialising).

This pattern is borne out by the data, in which participants' motivations for going out were commonly linked to social group membership and its importance, with much of their behaviour and decision-making guided by this social network. Indeed, a large

⁵¹ Moss et al, above n 50; Hutton, above n 12.

⁵² $\chi^2(1)=14.463, p=.002, V=.23$.

proportion of participants identified that they attended nightclubs with the same group of friends (87.4 percent) and that being part of this group was important (83.4 percent) to the overall nightclub experience, both of which represent significant relationships.⁵³ The scale of these figures demonstrates the substantial role that social group membership plays within young people's nightclub experiences, which does not appear to prioritise methamphetamine use. Notably, this was consistent across the sample.

C *Nightclub Risk*

To place this research within a risk discourse and determine what factors influence young people's perceptions of risk, participants were asked to identify whether they perceived attendance at Adelaide nightclubs to be risky. Interestingly, the response was divided with almost half of the sample disagreeing (37.9 percent) or strongly disagreeing (11.8 percent) with this statement (49.7 percent in total), while a further third agreed or strongly agreed that attending Adelaide nightclubs is risky (31.5 percent).

A series of chi-square tests examined what factors contributed to this finding, the first of which found that gender had a moderate influence on participants' perceptions of risk with a greater proportion of females perceiving Adelaide nightclubs to be risky than males.⁵⁴ This is supported by previous empirical work that suggests females commonly experience greater victimisation, typically as a result of drink spiking, alcohol-related violence and sexual assault.⁵⁵ Participants' frequency of attendance similarly contributed to their perceptions of risk with more frequent attendance associated with lower levels of perceived risk.⁵⁶ To wit, more frequent attendance —

⁵³ $r=.221$, $n=457$, $p=.000$.

⁵⁴ $\chi^2(1)=20.208$, $p=.000$, $V=.298$.

⁵⁵ Grazian, above n 50; Natalie Taylor, Jeremy Prichard and Kate Charlton, 'National project on drink spiking: investigating the nature and extent of drink spiking in Australia' (Report prepared for the Ministerial Council on Drug Strategy, 2004).

⁵⁶ $r=-.296$, $n=457$, $p=.000$.

or ‘exposure’ — appears to provide these young people with opportunities to build greater knowledge (and, in many ways, acceptance) of the characteristics of the nightclub and awareness of their effect, if any, on their own experiences of ‘risk’.

Participants’ methamphetamine use was also significantly related to their perceptions of risk, though the data produced unexpected results. Specifically, greater proportions of non-users in each case perceived attendance at Adelaide nightclubs as *not* risky,⁵⁷ and that they felt *less* at risk because of drugs⁵⁸ than those who identified as users. This suggests that for non-users, at least, methamphetamines may not be the primary risk they are exposed to in the club and that a variety of other factors may be of more concern. These findings also indicate a complex interplay between the use of methamphetamines and users’ risk perceptions, which appears to centre on perceptions of safety with regard to the purchase of their ‘gear’, the environment in which it is consumed and, perhaps most importantly, how much is used (i.e. ‘controlled consumption’). The significance of this interplay — equating ultimately to the development of risk management strategies by both users *and* non-users — is that the purpose of young people’s use of the nightclub is again illuminated as the safe consumption of leisure. This demonstrates a range of other risks in the club of comparable or greater concern that are considered equally by users and non-users. This much is borne out by the data in which, as shown in Table 2, participants identified violence, drink spiking, and alcohol-related negative outcomes as primary risks, while methamphetamine use was largely unproblematic. ‘Sexual assault/unwanted attention’ was also considered a risk of a night out, predominantly by females, which as identified in previous research⁵⁹ likely reflects the gender bias within the sample. In fact, the influence of gender was consistent across the data with a significantly⁶⁰ greater proportion of females identifying

⁵⁷ $\chi^2(1)=40.549, p=.000$.

⁵⁸ $\chi^2(1)=26.867, p=.000, V=.210$.

⁵⁹ Moss et al, above n 50; Grazian, above n 50; Taylor et al, above n 55.

⁶⁰ Violence ($U=20856.5, Z=-2.777, p=.005$), sexual assault ($U=20733.5, Z=-3.673, p=.000$), drink spiking ($U=18557.5, Z=-4.911, p=.000$), alcohol-related negative outcomes ($U=20487.0, Z=-3.216, p=.001$), passing out ($U=22605.0, Z=-3.250, p=.001$), and getting in a bad situation ($U=22225.0, Z=-2.111$,

violence, drink spiking, alcohol-related negative outcomes, passing out, and getting in a bad situation as risks. Notably, gender did not influence participants' perceptions of methamphetamine use as a risk of attending nightclubs.

Table 2. *Perceived risks of a night out*

	Total	Males	Females	Users	Non-users	18-21	22-25
Violence	56.5	47.9	61.3	57.9	51.0	56.2	57.3
Sexual assault	18.6	9.7	23.6	15.6	18.4	17.6	21.4
Drink spiking	35.9	21.2	44.2	32.3	36.8	38.5	28.2
Methamphetamine use	8.3	10.3	7.2	10.2	6.1	7.9	9.4
Alcohol-related problems	35.0	25.5	40.4	35.4	34.9	38.5	24.8
Theft/mugging	7.7	4.8	9.2	17.7	5.0	7.6	7.7
Passing out	3.9	0.0	6.2	3.1	4.2	5.0	0.9
Getting in a bad situation	17.1	12.1	19.9	10.4	15.8	19.7	9.4

n = 457

The variance between users and non-users also had a limited impact on what participants perceived to be risks of a night out, with 'theft/mugging' the only category in which a difference was observed. A higher proportion of users indicated 'theft/mugging' as a risk of nightclub attendance than non-users,⁶¹ which was explained by many of the interviewees to be a product of users' fear that their 'gear' would be stolen by other nightclub patrons or passers-by. Interestingly, this was not associated with a fear of theft/mugging as a negative outcome *caused* by their drug use (i.e. being 'high'). By comparison, age explained a significant proportion of the differences found between the samples, with fewer 22-25 year olds identifying drink spiking,⁶² alcohol-related negative outcomes,⁶³ and getting in a bad situation⁶⁴ as risks of the nightclub than the younger sample. As noted above, this appears to reflect the shift in function of nightclubs for participants as they get older, where threats to their safe

p=.035).

⁶¹ U=20113.5, Z=-3.256, p=.001.

⁶² U=20335.5, Z=-2.216, p=.004.

⁶³ U=20880.0, Z=-2.457, p=.003.

⁶⁴ U=22456.5, Z=-3.672, p=.001.

experience of pleasure are not tolerated, and they have more experience in avoiding or managing such threats.

Participants' motivations for attending Adelaide nightclubs also partly explained these findings. Violence⁶⁵ and sexual assault⁶⁶ were seen as risks of the nightclub by a larger number of participants motivated by dancing who, as noted above, are predominantly female. In addition, the risks associated with alcohol were most strongly felt by participants who 'attended nightclubs to be seen' and 'use drugs', because of the perceived lack of control and recklessness associated with excessive drinking. Notably, while these participants comprise a sample of the general population and only those that attend nightclubs, these findings present a number of challenges to current drug policy. For instance, that these young people conceptualise the problem of youth consumption in the night-time economy as one of control, rather than the licit versus illicit dichotomy traditionally presented in policy frameworks, says much for the need to re-evaluate current approaches. How these young people are perceived and whether their agency and/or knowledge — perceived or actual — can be used to strengthen future policy responses through development of a greater evidence-base is an open question and warrants further research.

Indeed, traditional conceptualisations of young illicit drug users have often labelled this group as 'edgeworkers', individuals who persistently push their limits and boundaries and are driven by risk-seeking behaviours,⁶⁷ often as a form of resistance to authority or social norms.⁶⁸ However, the majority of this sample reported that

⁶⁵ U=21328.0, Z=-2.332, p=.002.

⁶⁶ U=20774.0, Z=-2.369, p=.003.

⁶⁷ Jeff Ferrell, Dragan Milovanovic and Stephen Lyng, 'Edgework, Media Practices, and the Elongation of Meaning' (2001) 5(2) *Theoretical Criminology* 177; Stephen Lyng, 'Edgework: A social psychological analysis of voluntary risk taking' (1990) 95(4) *American Journal of Sociology* 851.

⁶⁸ Brenda Miller, C Debra Furr-Holden, Robert Voas and Kristin Bright, 'Emerging Adults' Substance Use and Risky Behaviours in Club Settings' (2005) 35(2) *Journal of Drug Issues* 357; David Moore, 'Beyond "subculture" in the ethnography of illicit drug use' (2004) 31(2) *Contemporary Drug Problems* 181.

knowing the risks associated with attending nightclubs did *not* make their experience of them more exciting (81.2 percent, n=371)); a finding that was consistent across the sample. Furthermore, to understand this result it is important to recognise the role that group attendance plays in young people's nightclub experience and whether it affects the use of risk management strategies. For example, the majority⁶⁹ of participants (60.6 percent, n=277) reported that they or someone they go out with take steps⁷⁰ to manage risk, which many participants noted was a primary function of group attendance, with greater group attendance⁷¹ and higher perceived group importance⁷² associated with higher levels of risk management. Hansen and colleagues⁷³ found a similar result in their study of ecstasy use, however, the application of risk management strategies was found to be inconsistent and often participants would indulge in 'occasional binges, spontaneous purchases, polydrug use and purchasing from unknown individuals in clubs/pubs'. They concluded that as the user becomes more experienced, their level of perception of risk diminishes and the frequency of risk-taking behaviour increases. In contrast (and perhaps identifying a difference between ecstasy and methamphetamines), this study revealed that rather than sporadic use of numerous, ad-hoc strategies, participants employed a small number of precise risk management practices guided by social group values and norms, in which recklessness was not tolerated. These practices were consistent across the sample, including for those who reported using methamphetamines.

⁶⁹ Although a portion of the sample responded 'neutrally' (28.4 percent, n=130), their attendance at the nightclub suggests they do not perceive the risks to be overwhelming, or that they can manage them.

⁷⁰ These practices included remaining in familiar groups (i.e. a 'buddy system'), to ensure that group members maintained adequate hydration, 'chilled out' when necessary and did not get into trouble in terms of verbal or physical altercations.

⁷¹ $r=.102$, $n=457$, $p=.028$.

⁷² $r=.198$, $n=457$, $p=.000$.

⁷³ Dorte Hansen, Bruce Maycock and Tony Lower, "'Weddings, parties, anything ...'", a qualitative analysis of ecstasy use in Perth, Western Australia' (2001) 12(2) *International Journal of Drug Policy* 181, 197.

Another key element of this process was participants' identification of other, potentially greater risks associated with the nightclub that, notably, are not related to the use of methamphetamines but other activities, such as the excessive consumption of alcohol. These findings highlight a major discord between how young people and experts define risk, which has significant implications for how these young people's risk perceptions should be viewed and evaluated, particularly in terms of their meaning and function. Specifically, in contrast to research that suggests that drug users often develop specific responses to dissatisfaction or 'a bad night' that typically involve denial or deferment of risk,⁷⁴ the findings of this study articulate a response that is more proactive and cognisant of the role of risk in broader consumption practices to *prevent* negative experiences through moderation.

To provide context, participants were asked to identify what situations they would consider as bad outcomes of a night out, to explore how they construct these perceptions, what purpose they serve, and how they relate to the risks identified in Table 2 (see previous page). Most participants reported getting drunk, overdosing, getting in a fight, having unprotected sex, and getting injured as bad outcomes of a night out (see Table 3). Fewer participants perceived spending too much money, not picking up or getting kicked out of the club negatively. Interestingly, most participants responded neutrally to the risk of 'falling out with friends', which is likely mitigated by the strength of group attendance. Overall, only gender was found to have a moderate influence on these perceived risks, with females more concerned than males with getting drunk⁷⁵ and having unprotected sex.⁷⁶ This was attributed by many of the female participants to the fact that they felt more vulnerable when they were drunk, and that this could lead to other negative outcomes, such as unprotected sex. Some differences were observed in relation to participants' motivations for attendance, but these were limited and somewhat expected. For example, those motivated by dancing and

⁷⁴ See Peretti-Watel, above n 15; Fitchett and Smith, above n 13.

⁷⁵ $U=21452.5$, $Z=-3.372$, $p=.001$.

⁷⁶ $U=20473.0$, $Z=-2.042$, $p=.001$.

socialising were more concerned about falling out with friends, those motivated by drinking were less worried about getting drunk, and those who wanted to 'pick up' and 'be seen' feared being kicked out of the club as it would prevent them from achieving these goals.

Table 3 *Situations considered as 'bad outcomes' of a night out*

	Disagree	Neutral	Agree
Falling out with friends	13.4	72.7	13.9
Getting drunk	23.7	10.9	65.4
Not 'picking up'	60.2	14.0	25.8
Overdosing (on drugs)	2.4	0.4	97.2
Getting in a fight	2.0	12.4	85.6
Getting kicked out of the club	30.4	30.2	39.4
Spending too much money	25.7	21.7	32.6
Having unprotected sex	5.6	4.8	89.6
Getting injured	2.4	9.2	88.4

n = 457

In contrast, how these bad outcomes compared with the earlier risks (Table 2), and contribute to young people's overall perceptions is significant. A number of small relationships⁷⁷ were found between perceptions of Adelaide nightclub risk and getting drunk,⁷⁸ getting in a fight,⁷⁹ getting injured,⁸⁰ and having unprotected sex,⁸¹ which raises two key points. First, corresponding to the risks identified earlier these outcomes primarily relate to alcohol-related problems and violence. A common sentiment among the qualitative responses was that alcohol and violence are inextricably linked and likely explain participants' concerns associated with getting into a fight and/or getting injured. Participants equally noted that alcohol negatively impacted females' nightclub experience by increasing perceived vulnerability, which as examined above, may also increase

⁷⁷ Perceptions of Adelaide nightclub risk were not related to getting kicked out of the club, not picking up, overdosing, or spending too much money.

⁷⁸ $r=.240$, $n=457$, $p=.000$.

⁷⁹ $r=.115$, $n=457$, $p=.014$.

⁸⁰ $r=.096$, $n=457$, $p=.040$.

⁸¹ $r=.103$, $n=457$, $p=.028$.

the risk of unprotected sex. Second, even though overdosing was of most concern for participants (97.2 percent), methamphetamine use was not identified as a risk of attending nightclubs (Table 2), which suggests these young people perceive a distinction between the risk of such drug use, and the existence of other risks in the nightclub.

D *Prevalence and risks of methamphetamine use*

The survey also sought information regarding the nature and extent of illicit drug use in Adelaide nightclub venues. Specifically, participants were asked about what drugs they perceived were most often consumed in Adelaide nightclubs, which not only provided a more natural route to questions concerning personal use of methamphetamines, but also served as another method of triangulation by which to covertly evaluate (or confirm) the perceived prominence of methamphetamines in this social setting. Highlighting the benefit of this approach, methamphetamine was reported as the drug most commonly used (77.3 percent),⁸² with ecstasy (33.4 percent) and marijuana (22.5 percent) also commonly identified (no other categories exceeded 10 percent). In contrast to previous literature,⁸³ polydrug use was not a common practice in the Adelaide nightclub scene, which was attributed to the powerful stimulant effects of methamphetamine, the more conservative nature of Adelaide (where there are fewer drug choices compared with other states)⁸⁴ and a desire to engage in safe consumption practices.

To drill down into the more specific context of methamphetamine use, participants were asked whether methamphetamines were

⁸² Despite considerable caution in the creation of the survey instrument and its distribution in the field, it is recognised that the perceived prevalence of methamphetamines reported is quite high and exceeds rates presented in national surveys: see Australian Institute of Health and Welfare, above n 4, suggesting possible response bias. It is argued that policy reforms and extensive anti-methamphetamine campaigning undertaken during this period may also account for this result. Regardless, understanding how and why these young people form these perceptions were holds considerable value and warrants further analysis, particularly with more recent samples.

⁸³ Measham and Moore, above n 1; Degenhardt and Topp, above n 1.

⁸⁴ See Weekley et al, above n 37.

consumed in Adelaide nightclubs and to what extent. The response was overwhelming with more than 80 percent of respondents reporting its perceived use, of which almost three quarters (70.2) reported that methamphetamines were used by up to 25 percent of nightclub attendees, with a quarter of the sample also suggesting that this figure could be as high as 50 percent of all nightclub users. Notably, only 3.2 percent of the sample suggested that methamphetamines were not used in Adelaide nightclubs. These figures broadly support the demographic characteristics of this sample, in which 21 percent (n=96) of participants identified that they currently or had previously used methamphetamines. These findings were consistent across the sample with participants' use the only factor to influence the perceived levels of overall use. Specifically, users perceived a higher percentage of methamphetamine use among nightclub attendees than non-users,⁸⁵ though this likely reflects users' greater experience of the drug scene, which would better place them to estimate rates of use.

Table 4 *Perceived risks of using methamphetamines*

	Total	Males	Females	Users	Non-users
Addiction	30.0	28.0	32.0	40.3	19.7
Vulnerability	24.7	16.1	33.3	28.1	21.3
Loss of control	24.5	21.4	27.7	22.9	25.2
Ingredients Unknown	23.9	22.8	25.0	34.2	16.6
Physical injury	21.4	20.0	22.3	20.8	23.0
Overdose	20.8	23.3	28.1	22.9	22.7
No response	11.4	10.4	12.5	11.1	11.7
Death	9.7	10.9	8.5	9.3	10.0
Mental illness	9.3	8.5	9.8	9.5	9.1
No idea	6.1	6.7	5.5	4.2	6.4
Arrest	5.5	4.2	6.8	6.0	5.0

n = 457

To establish a data source of what factors influence these young people's overall perceptions of methamphetamine use, participants were asked to indicate what they perceived to be the risks associated

⁸⁵ $U=13617.5$, $Z=-3.456$, $p=.001$.

with such use. Addiction, vulnerability, loss of control, and unknown ingredients were the risks most identified, with fewer participants reporting physical injury, overdose, mental illness and death as perceived risks (see Table 4). No significant differences were found in terms of participants' age, frequency of attendance or motivations for attendance. Gender, however, was found to have a small influence on perceptions, with a greater proportion of females reporting 'loss of control'⁸⁶ and 'vulnerability'⁸⁷ as risks of methamphetamine use than males. As noted above, this likely reflects females' greater concerns regarding their overall safety in the nightclub though further examination is warranted.

Participants' methamphetamine use also influenced perceptions of risk, with more than twice as many users identifying both addiction⁸⁸ and unknown ingredients⁸⁹ as significant risks of methamphetamine use than non-users. However, the practical significance of this was perceived by many respondents to be limited as it was noted that, for example, non-users would have far less experience with and understanding of drug composition. Nonetheless, collectively these findings speak to an agency and/or capacity for control that these young people perceive they possess and can use to 'manage' their methamphetamine use. Indeed, these young people acknowledge many of the same risks and dangers often described by experts but, crucially, report far fewer experiences of their effects, which they attribute to the development of drug knowledge and the implementation of risk management strategies. That these young people perceive the existence of agency and drug knowledge is significant in the context of current drug policy frameworks, which have largely been unable to recognise such capacities, focusing more generally on top-down reductionist approaches.⁹⁰

Providing further comparative data regarding the value of drug knowledge, participants were asked whether knowing the risks of

⁸⁶ $\chi^2(1)=16.238, p=.000.$

⁸⁷ $\chi^2(1)=14.459, p=.000.$

⁸⁸ $\chi^2(1)=22.017, p=.000.$

⁸⁹ $\chi^2(1)=55.770, p=.000.$

⁹⁰ See Ministerial Council on Drug Strategy, above n 11.

methamphetamine use would affect the participants' use or potential use of them. A third of participants responded neutrally (34.1 percent), with most of the remaining participants either agreeing (24.5 percent) or strongly agreeing (34.8 percent) with the statement. Only participants' methamphetamine use was found to significantly influence their perceptions of the effect of risk knowledge, with users indicating that this knowledge would affect their use of methamphetamines more so than non-users.⁹¹ This represents a significant departure from previous drug studies, in particular ecstasy research, in which users' perceptions of the risks associated with their drug use did not appear to significantly influence drug use behaviour. For example, Murphy, Wareing and Fisk⁹² found that while respondents who were concerned with the risks associated with ecstasy use claimed that they were more likely to limit their consumption, the number of tablets consumed in a session did not significantly differ from those who were only 'slightly concerned' or 'not at all concerned'.

In contrast, the data obtained here suggests that even though a significantly greater proportion of users perceived that their risk knowledge would affect their drug use,⁹³ more than half of non-users (57.1 percent) also perceived that knowing the risks would influence their potential or future methamphetamine use. But rather than this knowledge serving to reinforce participants' existing behaviour (i.e. use or non-use), data from the qualitative sections of the questionnaire revealed that such risk knowledge also has a positive role in non-users' potential drug use. In re-emphasising the broader theme of control within young people's nightclub experience, many respondents noted that even if they had no immediate desire to engage in drug use, this risk knowledge would be an essential part of the decision if they changed their mind. This poses a further challenge for Australian drug policy, particularly in terms of realising harm-minimisation goals set out by the National Drug Strategy 2010-2015 that seek to 'prevent the uptake of drug use [and]

⁹¹ $\chi^2(1)=45.806, p=.000$.

⁹² Murphy et al, above n 27.

⁹³ $\chi^2(1)=25.037, p=.001$.

delay the first use of drugs' by individuals who have previously not consumed them.⁹⁴

Participants were also asked to identify what they perceived to be the main motivations for the use of methamphetamines within the nightclub setting, as well as for its use generally. While this comparison initially appears crude, it represents an attempt to provide these young people with the opportunity to critically engage with and understand their own perceptions of the motivations for methamphetamine use and highlight factors, if any, which may distinguish between possible forms of use and the rationale for them. It also allows insight into the broader cultural accommodation of methamphetamine use by these young nightclub attendees some of whom, despite not using methamphetamines themselves, are exposed to them within Adelaide nightclubs. The data presented in Table 5 highlights that while a number of motivations for methamphetamine use are shared, the extent to which they are pursued varies in distinct ways. In the nightclub setting, participants identified fun, socialising, increased stamina and enhanced music as primary motivations for methamphetamine use, which were strongly supported compared with the remaining options (none of which exceeded 15 percent of the sample). Furthermore, this pattern of responses was consistent across the sample, revealing an important commonality.

Table 5 *Perceived motivations for the use of methamphetamines by setting.*

	Nightclub Use (%)	General Use (%)
Fun	90.2	56.0
To increase stamina	63.2	23.3
To enhance music	39.2	9.2
Peer pressure	10.7	28.3
To lose control	7.3	34.4
Socialising	69.4	51.6
To try something new	5.6	61.1
Partner uses	14.0	24.4
To take a risk	2.3	17.7
Other	3.7	3.7

n=457

⁹⁴ Ministerial Council on Drug Strategy, above n 11, 9.

In contrast, participants' perceptions of the motivations for general methamphetamine use tell a different story. Although fun and socialising were also prominent motivations for the use of methamphetamines generally, overall there was a much greater variation in responses across the sample. In contrast to their use in the nightclub, participants perceived that general methamphetamine use was primarily motivated by a desire to try something new, lose control and take a risk, as well as a result of peer pressure and use by an intimate partner. This comparison supports participants' claims that a distinction can be made between forms and/or levels of methamphetamine use and that the unique social context of the nightclub rationalises the need for a situational approach to minimising the harms associated with methamphetamine use in the nightclub. Indeed, understanding how these young people construct perceptions of risk based on their knowledge, experiences and motivations, as well as the impact of the social setting of the nightclub is crucial for the current and future development of effective drug policies. As recently noted, the 'multifarious nature of drug-related harm and the differences between people in the weight assigned to various harms makes it impossible to say what policy best minimises drug-related harm'.⁹⁵ Approaching the examination of and response to methamphetamines should therefore recognise and accept these differences and seek to provide more diverse and tailored strategies. It is such acceptance that will prove the most challenging, but if harm minimisation is to be truly realised it is a challenge worth undertaking and, at the very least, one that warrants further empirical examination.

V CONCLUSION

Much of the literature surrounding young people and their use of nightclubs has implied that the behaviour young people display in these spaces is chaotic and erratic, often associated with the use of illicit drugs.⁹⁶ This has a number of implications for how young

⁹⁵ Weatherburn, above n 10, 176.

⁹⁶ David Shewan, Phil Dalgarno and Gerda Reith, 'Perceived risk and risk

people are viewed by the community, with numerous anti-drug campaigns⁹⁷ and government drug strategies⁹⁸ contributing to this characterisation of young people through their conceptualisation as vulnerable, incapable and in need of top-down assistance. However, the data reveals that participants' perceptions and actual use of methamphetamines appear to be contained in and constrained by routines and patterns of rational thought, consistency and perceived control. Moreover, these young people have identified a range of factors other than the use of drugs that motivate their consumption of leisure in the nightclub.

The pattern of these young people's nightclub experience was moderated by and based on a broad understanding of its role in their wider social lives. For these nightclubbers', attendance was consistent with the notion of the 'big night out' noted in previous studies,⁹⁹ in which 'going out' was commonly restricted to the weekend, or nights that coincided with downtime from busy work and study schedules. However, in contrast to the high levels of consumption observed in these studies, these young people sought moderation guided by social group membership and prioritised factors such as listening to music, dancing and socialising with friends, rather than methamphetamine use. The importance of group membership played an influential role in the identification of the need for risk management strategies to ensure the safe consumption of these activities within the nightclub. This suggests a cultural shift in how young people view the nightclub experience and the associated risks, particularly with regard to the acceptance of methamphetamine use in this social space.

reduction among ecstasy users: the role of drug, set, and setting' (2000) 10(6) *International Journal of Drug Policy* 431; see also Duff, above n 20.

⁹⁷ See Department of Health and Ageing, *National Drugs Campaign* (Australian Government, 2010).

⁹⁸ See Ministerial Council on Drug Strategy, *National Amphetamine Type Stimulant Strategy 2008-2011* (Commonwealth Department of Health and Ageing, 2006); Ministerial Council on Drug Strategy, above n 11 for broad discussion of aims.

⁹⁹ See Duff, above n 20; Jennifer Johnston, Anne-Marie Laslett, Rebecca Jenkinson, Peter Miller and Craig Fry, *Victorian party drug trends 2003: Findings from the Party Drug Initiative (PDI)* (National Drug and Alcohol Research Centre, 2004); Measham et al, above n 21.

Specifically, the sample was divided in its perception of whether Adelaide nightclubs are risky, highlighting a complex interplay between a range of factors. For example, most participants were able to identify a number of specific risks within the Adelaide nightclub scene, which rationalised the use of risk management strategies and reinforced the role of group membership in reducing the effects of these risks. A further significant outcome was that these risks were not associated with the use of methamphetamines, but were instead related to gendered concerns linked to safety and the prevalence of alcohol misuse, with violence, drink spiking, physical injury and sexual assault of most concern. This risk managed approach is evidence of a shift in youth nightclub culture, in which these risk perceptions represent a means by which these young people identify the potential for bad outcomes in their nightclub experience. That these young people can distinguish between forms of risk and demonstrate that their social experience is not defined by or for the purpose of seeking risk associated with methamphetamine use challenges traditional conceptualisations of youth. Indeed, even though participants identified the use of methamphetamines as a common feature of the Adelaide nightclub scene, most participants (both users *and* non-users) did not feel at risk because of methamphetamine use.

To understand this, we must acknowledge that these participants perceived themselves to be ‘drug wise’, demonstrated through the harnessing of knowledge and (perceived) practice of safe levels and forms of use, and awareness of the associated risks. Similarly, it was perceived that increasing this level of knowledge had a meaningful effect in reducing the risks of their nightclub experience, regardless of whether this involved the use of drugs. The development and sharing of drug knowledge among these young people is significant in the Adelaide nightclub context as it highlights a perception that different forms and/or levels of drug use can be identified. I argue that this will benefit future drug policy development by suggesting that understanding of young people’s drug use behaviour can be found in explanations of their perceptions of control and the purpose of the nightclub in their lives, which provides direction and impetus for further empirical studies.

Another feature of this study is that it goes some way to addressing the paucity of data on young people's perceptions of risk associated with the use of methamphetamines in nightclubs. Although it represents only one (albeit small) drug use setting, it has revealed much about young people's perceptions of a range of behaviours and, significantly, provides an alternative source of data. These participants have confirmed that the use of methamphetamines in Adelaide nightclubs is prevalent but, more importantly, that it forms only one part of a complex environment predominantly motivated by young people's desire to dance, socialise with friends, relax and escape from the pressures associated with work and study commitments. This research has provided new data which suggests that there is room for alternative perspectives and understanding of young people's nightclub methamphetamine use, particularly in terms of strengthening drug education and harm-minimisation efforts,¹⁰⁰ and highlights the need for further empirical work to build a strong evidence-base.

¹⁰⁰ Discussion of which has begun elsewhere: see Groves, above n 10.