SAFER DANCING

Guidelines for Good Practice at Dance Parties & Nightclubs

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Detailed Guidelines for Good Practice at Dance Parties & Nightclubs

INTRODUCTION

The aim of this document is to provide a series of recommendations to help ensure the safety and well-being of young people who attend nightclubs and dance parties. In the three years since these guidelines were first written, the dance music scene has continued to expand and diversify. The amendments and additions to these guidelines recognise some of the changes that have occurred within the scene, but continue to allow for the individual nature of every club and event.

Dance music and drug taking appear firmly at the heart of many young peoples leisure pursuits. Measures such as those outlined in this document can go some way to reducing the potential risks of these activities. Over the last three years the theory of harm reduction has rapidly gained ground as the most viable way of dealing with the issue of recreational drug use, and responsible promoters can no longer be demonised for admitting that there may be people who take drugs in their clubs, and wanting to ensure that they are as safe as possible. By working with local authorities, drugs agencies and the police, a wider culture of understanding can be developed, and measures implemented that are acceptable to all partners.

GENERAL REQUIREMENTS

1. Cooperation and liaison with all relevant authorities and organisations, including the Police, Local Authority Departments (e.g. fire, environmental health), Health Authority (especially drug misuse services), community groups, and the mass media.

2. Willingness to implement reasonable changes to policy and practice if advised by reputable authorities, even if this goes beyond legal requirements.

3. Keeping a log book of incidents involving disorder, violence, drug use, drug dealing, other crime, ill health, and other relevant incidents.

REDUCTION OF POTENTIAL DISORDER, NUISANCE AND CRIME

4. POLICE.

Full cooperation should be given to the police, including drug squads, licensing department and traffic police. Ideally, formal (written) policies should be jointly developed, particularly concerning the following:

* assisting with investigations and intelligence
* storage and disposal/ transfer of confiscated drugs
* procedures towards customers who commit criminal offences (particularly drug possession, drug supply, and assault)
* regulation of security staff including methods of search/surveillance (see below).

5. SECURITY STAFF.

The quality and efficiency of security staff (bouncers, doormen, stewards, attendants) is of major importance at dance parties and nightclubs, and consultation with the police over recruitment and training is essential. Individuals who have criminal records for violence or other serious notifiable offences should not be employed, unless the convictions are regarded as spent under the Rehabilitation of Offenders Act.

5.1 Doormen should wear identification badges showing their photograph and number. If there is a local system of registration and regulation, security staff should be instructed to operate within it. If not, negotiations should be held with the local authority to develop a regulation policy, such as that advocated by the British Entertainment and Disco Association. At least one security officer should be a woman (to search female customers and patrol women's toilets).

5.2 Security staff should be trained in the following skills, by the relevant professional experts where necessary (e.g.. police, health agencies):

* crowd control, self defence, and dealing with the public

* search and surveillance procedures (door searches should incorporate outer clothing, pockets and bags; more extensive personal searches should be negotiated with the police)

* implications of licensing laws; health and safety regulations; drug laws; etc

* incident witness recording.

6. SECURITY MEASURES.

Security staff's efforts to maintain order and safety can be assisted by the introduction of several measures.

6.1 The following measures should be universally adopted:

* a mechanism for objectively recording the number of people on the premises at any given time (e.g.. electronic counting device)

* alterations to internal structure to aid surveillance if deemed necessary by police

* installation of decoy video cameras (operational if necessary)

* provision of adequate soundproofing

* displaying signs/ posters in foyer, toilets, and other areas (as necessary) which warn customers that drug use or other offences will result in police action

* stationing security staff in the areas where most of the drug dealing occurs (e.g.. queue, car park, toilets, thoroughfares etc)

* instructing security staff to patrol the immediate vicinity of venue before/after the event, to check that customers are not committing offences (e.g.. car theft)

* banning customers convicted of criminal offences on the premises

* setting a latest time of entry for all-night events.

6.2 These additional measures should be introduced if the capacity is large (over 1000) or there is an identified crime problem (e.g.. drug dealing, violence)

* ensuring there are reasonable parking facilities

* erection of crush barriers and queue corridors

* sectioning off the most popular part(s) of the club/venue, and stationing security officers to prevent overcrowding of these areas

* installation of infra-red video cameras and monitoring room

* equipping security officers with electronic communications

* appointing undercover security officers

* installation of metal detector gates in the foyer

* reviewing use of smoke machines and internal lighting if these present obstacles to efficient surveillance

REDUCTION OF POTENTIAL HARM TO HEALTH

7. INFORMATION.

Club managers and party promoters should help to ensure that customers have access to up-to date information about drugs and their use, as well as making sure that customers know where help and advice may be obtained. This may be in the form of leaflets and posters which are available in the club, or other venues which young clubbers may visit- bars, cafes and record shops for example, or the presence of trained outreach workers from local drugs agencies. Whilst information or support of this nature must be visible in a club, it must, as far as possible, remain in keeping with the style and atmosphere of a club, and be credible to the club or event's clientele for maximum impact.

8. HEALTH CARE SERVICES.

8.1 Outreach Work.

This is a service which may be offered by trained staff at local drug services. These workers would operate on site to offer a confidential advice and information service to customers. They should be trained in such skills as first aid, advice and information giving, recognising drug-related problems, and making referrals to other agencies (e.g.. psychiatrists) as necessary. As a general rule, it is advised that one outreach worker is required for every 500 to 1000 customers (depending on the layout of the venue, age of customers etc). Whilst they may be identified explicitly (by badges or T-shirts), it may be more advisable to remain in keeping with the ambience of the club and gradually establish a reputation and credibility over time from an established base or room within the club. The duties of outreach workers may include;

* Distributing leaflets and other information about drug risks

* Communication: giving advice to and gathering information from customers (e.g. about which current drug brands have unpleasant or dangerous side effects)

* Dealing with customers who become "ill" (e.g.. finding out what drugs they have taken, if any), and making an assessment of what action is required (e.g.. fresh air, taxi home, ambulance) liaison between customers and staff over problems/ conflicts

the effectiveness of outreach workers can be maximised by equipping them with the appropriate technology (which will be determined by various factors, e.g.. size of event, nature of venue). This equipment ranges from simple instruments like torches and thermometers, to electronic devices such as radio communication systems, and pulse/blood pressure measurement devices (their uses should require no explanation).

8.2 In scenarios where outreach work is not a viable option (there is no suitable service in the area, it would not be suitable to the club and its clientele), alternative methods for providing information to clubbers can be utilised, or even combined with an outreach service. This may be through the provision of information in the form of leaflets and posters in the club or party, in the form of educational messages on the flyers promoting the club's events, or possibly even through a club's mailing list.

8.3 Other health care interventions needing careful consideration include:

* hiring trained paramedics at very large events (e.g. 2000+)

* liaison with Accident and Emergency and other hospital departments if medical emergencies occur frequently (e.g.. heat exhaustion, drug overdose)

9. MODIFICATIONS TO FACILITIES AND PROCEDURES.

The safety and security of customers at dance parties and nightclubs can be further improved if various aspects of the setting are monitored and modified as required, including:

* monitoring temperature and air quality, and improving ventilation if necessary;

* providing adequate rest facilities, such as a room with a quieter and cooler atmosphere, and comfortable seating ("chill out" area);

* ensuring that all potentially dangerous dancing sites are made inaccessible (e.g. tops of speakers, balcony ledges), or are kept clear by security staff (e.g.. stairways, fire exits)

* ensuring that fixtures and fittings are properly maintained, and of quality which can cope with the effects of mass energetic dancing (e.g. condensation)

* providing sufficient staff to keep floors clear of glasses and bottles, and in a dry, non-slippy state (if necessary, signs should be posted asking customers not to take glass vessels into the main dance areas)

* ensuring that free, cold water is available, at the very least in the toilets, at best by providing water on the bars.

* ensuring that toilets are kept clean and operational throughout the event, and that they do not become overcrowded with customers seeking to "chill out" etc. (a friendly toilet attendant may be enough to meet this condition)

* operating sound and strobe levels within recommended levels

* instructing DJs who play very fast music (120 beats per minute or more) to play slower records for about 10 minutes per hour.

10. RESEARCH AND MONITORING.

Party promoters and nightclub management should consider commissioning independent research to monitor the nature and extent of problem behaviours (e.g. drug abuse) and other risk factors (e.g.. in the fixtures and fittings) at their venues. Ideally, the latest point at which such research should be conducted is immediately after any advice and warnings from the police or local authority departments have been issued - and not, as is usually the case, after the relevant authorities have reached the stage of applying for the revocation of the alcohol and entertainment licenses of the party promoter or nightclub manager.

SAFER DANCING

Core Advice on Health & Safety at Dance Parties and Clubs

This document presents the main recommendations concerning health and safety issues at nightclubs and dance parties, focusing on the two of the major problems identified to date; drug problems and heatstroke. Some attention will also be paid to water intoxication, although the amount of media coverage generated by this problem is perhaps disproportionate to the number of occurrences, and therefore less of a problem than dehydration and more general drug problems. More detailed advice on all aspects of health, safety and crime is presented in the first part of this document "Guidelines for Good Practice at Dance Parties and Nightclubs". An overview of the arguments and research underlying this advice can be found in two reports: "Raving and Dance Drugs" and "The use of Ecstasy and Dance Drugs at Rave parties and Nightclubs: Some problems and solutions" (Dr Russell Newcombe).

DRUG MISUSE

Many young people take "dance drugs" at nightclubs and parties, typically ecstasy (originally MDMA, but now various drugs), speed (amphetamine, often mixed with caffeine), and acid (LSD). Other illicit drugs consumed at these leisure events include cannabis, cocaine and occasionally magic mushrooms: legal drug consumption includes alcohol, tobacco, caffeine, poppers (alkyl nitrites), legal herbal preparations and various pharmacy products (e.g.. Vicks inhalers). In addition to drug possession offences, some customers may be involved in drug supply. The latter usually takes two forms: mutual societies (friends distributing drugs to each other for no profit) and retail specialists (organised criminal gangs selling drugs for profit). At some nightclubs, security staff (bouncers, doormen) are involved in drug supply.

HEATSTROKE

Since 1989, there has been a series of deaths related to ecstasy use and many more have become seriously ill after taking ecstasy and other "dance drugs" at nightclubs or dance parties. Most of these deaths appear to have resulted from a medical syndrome most simply described as heatstroke, incorporating high body temperature (40 c+), dehydration, high pulse rate (160 bpm+), low blood pressure, blood clotting, renal failure, etc. The initial signs of this syndrome include: disorientation/ agitation; convulsions; and/or collapse (unconsciousness). The ten main contributory factors, particularly for hypothermia and dehydration, include:

1. Use of illicit ecstasy and/or speed, with various adulterants
2. Young people (14 to 22 years) male and female
3. Predisposing medical conditions (e.g.. poor thermoregulation)
4. Energetic dancing for long periods to music with fast beat.
5. Heat retaining clothing (e.g.. nylon/woollen hats)
6. Lack of water intake (combined with profuse sweating)
7. Physical environment (e.g.. hot/stuffy, crowded, lack of water)
8. Inadequate rest facilities (cool areas, seating, etc)
9. Lack of prevention (e.g.. information, trained health workers)
10. Inadequate initial response (e.g.. not removing clothing to aid cooling, delay in calling ambulance).

WATER INTOXICATION

In recent months there have been several highly publicised cases of people who have drunk too much water. It is most likely that they have felt unwell after taking ecstasy and mistakenly thought that water will help to dilute the effects of the drug. Drinking excessive amounts of water can dilute the minerals and salts in the bloodstream to such an extent that it causes swelling of the brain, coma and death. Although water intoxication is still a rare occurrence, the amount of media coverage given to this problem has left many people confused about drinking too much, or not enough water. A sensible recommendation is to drink approximately a pint of water an hour, if dancing energetically, and to take regular breaks from dancing.

Drug related problems and the risk of heatstroke can be minimised by implementing and evaluating the following innovations and interventions:

GENERAL DRUG PROBLEMS

1. Regular liaison with relevant local authority departments and drug misuse services (particularly Lifeline, Community Drug Teams, and drug research projects).
2. Keeping a log book of incidents involving drug use, drug dealing, accidents, health problems, and other emergencies.

3. Searching the outer clothing and baggage of customers on entry and conducting thorough surveillance inside and outside the venue (especially car parks, queues, toilets, thoroughfares).

4. Full cooperation with the police regarding drug offences. Ideally, formal (written) policies should be agreed to cover the following issues:

* assistance with investigations and intelligence

* storage and disposal/transfer of confiscated drugs

* procedures toward customers who commit drug offences

* regulation of security staff, including recruitment and training (especially methods of search and surveillance)

* modifications to setting to aid surveillance if necessary (e.g.. use of smoke machines, lighting, video cameras).

5. Displaying signs/posters in the foyer, toilets and other areas, warning customers that drug use or other offences will result in police action and prosecution.

6. Providing customers with up-to-date information (e.g.. leaflets, posters) about the risks of drug use, how to avoid some of the potential dangers, and where confidential advice and help can be obtained.

7. Employing outreach workers, i.e. experienced health workers who operate on-site at the dance party or night-club, offering a confidential service to customers (e.g.. advice, first aid, referrals, identifying risks in the setting).

HEATSTROKE

1. Monitoring temperature and air quality at regular intervals throughout the premises (using thermometers etc.), and improving methods of ventilation if necessary.

2. Providing adequate rest facilities, such as a room with a quieter and cooler atmosphere, and comfortable seating.

3. Ensuring that cold tap water is avail able in toilets, and providing free water (and perhaps ice) at bars.

4. Immediately calling outreach workers or paramedic staff to attend to customers who become ill, in order to make an assessment of the problem and what response is required.

5. Equipping outreach workers with identity cards and ensuring that club staff know who they are and where to access them at all times, should the need arise.

6. Instructing DJs who play very fast music (120 bpm +) to play slower records for at least ten minutes of every hour.

MANCHESTER CITY COUNCIL
MINIMUM CODE OF CONDUCT FOR DANCE PARTIES AND CLUBS

DRUGS

Providing customers with up-to-date information (e.g. leaflets and posters) about the risks of drug use, how to avoid over heating and where confidential advice and help can be obtained.

TEMPERATURE, AIR QUALITY AND VENTILATION

Monitoring temperature and air quality at regular intervals throughout the premises (using thermometers etc) and improving methods of ventilation if necessary.

CHILLING OUT

Providing adequate rest facilities, such as a room with a quieter and cooler atmosphere, and comfortable seating.

COLD WATER

Ensuring that cold tap water is available in toilets, and providing free water (and perhaps ice) at bars.

"THE SAFER DANCING GUIDELINES FOR GOOD PRACTICE"
HAVE BEEN WRITTEN AND PRODUCED IN PARTNERSHIP BETWEEN
MANCHESTER CITY COUNCIL,
LIFELINE MANCHESTER
AND DR. R. NEWCOMBE.

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