

# Bonger International Bulletin

## Drug use trends in nightlife and youth services in Amsterdam, 2012

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### ABSTRACT

In Amsterdam's nightlife the urge to explore new locations well away from the usual clubbing circuits remains ever large. It seems as if the free spirit of the late sixties and the DIY-cult of the eighties are back in business. Newcomers to the party scene are remarkably young. Antenna monitors these developments, as well as the corresponding trends in the field of Amsterdam's recreational drug market.

Trendsetters within the nightlife scene are mainly using stimulating drugs. Ecstasy remains the most popular drug in the field, yet the risk of coming across a pill with a dangerously high dosage is bigger than ever before. Cocaine is a strong runner up, closely followed by the rising star of amphetamine. The latter is relatively cheap, but test results show that there's often more caffeine than amphetamine in the purchased product. Experimentation with new synthetic drugs occurs on a far smaller scale. The use of GHB is declining and ketamine use is relatively stable, but the popularity of laughing gas is at an all-time high.

For young people in the youth services the use of recreational substances is chiefly limited to drinking alcohol and smoking cigarettes or joints. The 14-15 year-olds in the youth services use tobacco, alcohol and cannabis up to thrice as often as their 'average' age-group peers. Still the substance use amongst young clients of the youth services has declined on every measure since 2006.

### Introduction

The partying possibilities in Amsterdam, especially during the peak summer months of 2012, were so overwhelming that nightlifers could face dilemmas in deciding where to go. Well established clubs were making special efforts to attract customers away from competitors, and especially from the wide array of new party scenes emerging beyond the usual clubbing circuits. Some clubs even tried lowering their age limits or holding free entry nights, and this gave added impetus to the rejuvenation of the club scene.

Club owners suspiciously eyed the proliferation of illicit and semi-illegal raves that acted as magnets on the young nightlife crowd. Organisers active outside the established scene stood accused of unfair competition, because many of their events took place without official permits. They countered that the burgeoning rave culture reflected a longing for authentic, wild, exuberant dance events. In clubs, the playing field is now strictly circumscribed by a host of regulations governing smoking, opening hours, noise control, frisking and other issues, all with a negative impact on the nocturnal sense of adventure. Hence, a growing segment of the Amsterdam nightlife scene now makes regular escapes to fields and venues outside the city centre.

### Twenty years of substance use trends in Amsterdam

In the two decades since 1993, Antenna has been collecting qualitative and quantitative data to document trends in substance use among Amsterdam adolescents and young adults. Antenna is a mixed method monitoring scheme.<sup>1,2</sup> The information from its various components produces a diversified picture of trends and patterns in Amsterdam's world of recreational substances. Our **panel study** traces the latest developments by conducting individual, semi-annual interviews with a panel of insiders from various scenes. Although the main focus is on nightlife and on trendsetters that experiment with new music, venues or drugs, attention is also devoted to groups of young people who hang out in neighbourhoods. Many such neighbourhood youth are unfamiliar with the nightlife entertainment scenes; an exception are some neighbourhood circles of ethnic Dutch youth who frequent clubs or bars. The panel study reports no exact figures.

Our annual **survey**, on the other hand, delivers quantitative data about substance use in specific groups in the city: school-aged adolescents, young clients of youth services, cannabis coffeeshop customers, pubgoers and clubbers. In 2012, as six years previously, our survey focused on 247 young clients of Spirit, a large local youth agency providing help to adolescents and young adults. The respondents were contacted via youth and school social work services, the field team for homeless youth and six residential facilities. They were 56% male, aged 12 to 26 (average age 16.3) and predominantly, but by no means exclusively, from minority ethnic backgrounds.

A third type of statistics reported in Antenna derives from sources we call substance use prevention indicators. These provide quantitative data on the alcohol and drugs markets, obtained from several sources: requests for information or advice received via a telephone help line and a website and results from the testing of voluntarily submitted drug samples.

### Alcohol still number 1, but bar receipts declining

There is little news to report on the alcohol front, except that the stronger special beers are proliferating. Door staff report that especially the youngest clubbers have already been drinking before arrival and order few drinks once inside the club. At events where drug use is more widespread, bar staff likewise report lower alcohol consumption. All in all, and counting in the effects of the economic crisis, bar revenues are dwindling. Tourists are the only people who easily spend money. Wide variations in alcohol use are seen among neighbourhood youth. Those with ethnic Dutch backgrounds drink the most, followed by youth of Surinamese descent. Professional youth workers actually seem more concerned about the excessive consumption of energy drinks.

Notwithstanding the declining bar turnovers, **alcohol** is still the most popular recreational substance consumed by Amsterdam nightlifers. In the information requests received by the telephone and online advice services at Jellinek Prevention, alcohol has long been number 1. Alcohol also scored high amongst the young people we questioned via the youth services. Although the overall majority were not current drinkers (had not drunk alcohol in the past month), both the percentages of drinkers and the quantities consumed increased with age. And when the youth services clients drank, then **binge drinking** (5 or more units of 10 grams of ethanol per

per occasion) was no exception. Current drinkers believed on average that people of their own age had ‘had too much to drink’ after consuming 9.3 units of alcohol (median 7 units). Most respondents stayed well below that norm – an amount that might qualify as excessive drinking for adults but which could put adolescents into a stupor.

Youth services clients in the 14-to-15 age group were more likely to be current (past-month) drinkers than their age-group peers we surveyed via secondary schools in 2011. The reverse was true of the 16- to 17-year-olds: those in the youth services (predominantly from non-Western ethnic backgrounds) were less often current drinkers than their peers (predominantly of Western backgrounds). In comparison to 2006, alcohol consumption among youth services clients was now generally lower.

### Tobacco and cannabis smoking widely prevalent in youth services, but declining in nightlife

While shisha lounges and waterpipe bars enjoy increasing popularity amongst neighbourhood youth with Muslim backgrounds, the numbers of tobacco and cannabis smokers in nightlife scenes continue to shrink. The smoking ban in clubs is observed reasonably well, and smokers are wont to complain more about rising tobacco prices than about the tougher rules. The waning popularity of cannabis in nightlife, excepting some groups in the reggae and dancehall scenes, is not only attributable to the club smoking ban. Little by little, cannabis has acquired a more negative image, as panel members observe. It is no longer hip to smoke grass on a night out, and some even consider it slightly strange. More warnings are heard now about the addictive effects of cannabis.

Six years ago, the majority of youth services clients were current **tobacco** smokers.<sup>3</sup> By 2012, these were in the minority, and the percentage of **cannabis** smokers had also declined. Nonetheless, nearly half of the clients still smoked tobacco and more than one quarter smoked cannabis, many of them daily. In the 14-to-15 age group, the numbers of tobacco and cannabis smokers were three times higher than amongst their peers of similar age. Current cannabis smokers believed on average that four joints were too much for a person of their age. This was not much higher than the average cannabis consumption they reported for themselves. That is quite a substantial amount (even in the absence of official normative criteria for adolescents).

Neighbourhood youth in Amsterdam likewise smoke considerable amounts of cannabis. Especially for Moroccan youth, it is the predominant substance, and it is strongly tied to the street culture. Most smoke at least two or three joints a day, and daily cannabis smokers are relatively numerous.

### Are youth services clients ‘average kids’ or not?

Our survey of young people in the youth services showed that substance use has declined on every measure in the past six years. Just as with the ‘average’ members of their age group, the main substances consumed were **tobacco, alcohol and cannabis**. Yet among the 14- and 15-year-olds in the youth services, the percentages of tobacco, alcohol and cannabis users were not ‘average’ by any means. Although the non-users were in the majority in all categories, the younger youth services clients were considerably more likely to use those three substances than their age-group peers.<sup>4,5</sup> They were also more likely to engage in truant behaviour, but they were not typically different in terms of mental health status. The 16- and 17-year-olds in the youth services, by contrast, did not diverge from their peers in terms of substance use or truancy, but they did score more poorly on mental health.

Although the early substance use in the younger group might have been the reason why they were sent to the youth services

Table 1 Substance use by clients of Amsterdam youth services, 2012

	Age 14-15		Age 16-17		Total	
	lifetime	last month	lifetime	last month	lifetime	last month
<b>tobacco</b>	55%	34%	61%	46%	58%	43%
<b>alcohol</b>	63%	26%	72%	43%	69%	38%
<b>cannabis</b>	46%	25%	47%	28%	50%	29%
<b>ecstasy</b>	9%		9%		12%	4%
<b>cocaine</b>	3%		4%		5%	1%
<b>amphetamine</b>	6%		1%		4%	<.5%
<b>GHB</b>	2%		1%		3%	1%
<b>laughing gas</b>	18%		11%		14%	1%
<b>Ritalin</b>	13%		17%		12%	2%
<b>sleeping pills</b>	15%		4%		13%	3%
<b>tranquillisers</b>						
<b>heroin</b>					1%	<.5%
<b>crack cocaine</b>					1%	<.5%

in the first place, it is also plausible that their use of tobacco, alcohol or cannabis (illegal at that age) was part of a more general deviant behaviour pattern, which included truancy. For the 16- and 17-year-olds, mental health appeared to have been a primary consideration for their referral to youth services, and deviant behaviour less so or not at all.

About one in eight youth services clients had taken **Ritalin** at some time in their lives (with or without prescription) and the same applied to **sleeping pills**. Those were the only two investigated substances whose use was correlated with mental health: respondents with poorer mental health were about twice as likely to have taken Ritalin or sleeping pills. Tobacco, alcohol, cannabis and stimulant use was not related to mental health status.

### Historic levels of purity and risk in the ecstasy market

The drug purity levels found in the Amsterdam ecstasy market in 2012 broke historical records. Some 83% of the samples submitted as ecstasy to the Jellinek Prevention testing service consisted exclusively or primarily of **MDMA**. Substances such as **PMMA, mephedrone** and **mCPP** had all but vanished from the samples. Yet although most of the ecstasy was thus ‘genuine’, the ecstasy market was not safe by any means. Dosages in the pills mounted to historically high levels as well: 131 mg on average. The risk of encountering a tab of dangerous potency (above 140 mg of MDMA) rose to 42%. Price was no indication, as it did not vary with dosage. Panel members similarly reported spotting more high-strength ecstasy on the market, at approximately steady prices. Dealers selling high-strength pills were doing good business, as that was what consumers were seeking. Test service staff reported that some submitters expressed disappointment if their pills tested at an average MDMA content. Evidently, high potency is the norm, and average doses are seen as inferior.

The downside is that the risk of detrimental health effects increases with the strength of the ecstasy taken by users.

Although the average user in 2012 took a maximum of two pills per event, just as several years before, pills are now significantly stronger. People taking two tabs of ecstasy today basically receive a double dose in comparison to several years ago. Some panel members warned that the hazards of excessive ecstasy consumption are underestimated.

For young people in the youth services, **ecstasy** was considerably more popular than **cocaine** or **amphetamine**, but a sizeable majority had never taken any stimulant, and a declining trend was apparent compared to six years previously. At the same time, the 14- to 15-year-olds showed higher rates of stimulant use than their overall age group of school pupils, although the numbers in the samples were limited.

Among neighbourhood youth, stimulant use was confined mainly to young people of ethnic Dutch origin.

#### **Good coke commands higher prices**

The cocaine market appears subject to increasing diversification, now that a growing group of dealers report offering a range of different quality levels priced at € 50 to € 80 per gram. Notably, some dealers no longer limit their promotional activities to sending their customers messages when a new delivery comes in; they don't hesitate to phone them unannounced. Between the various networks represented on our panel, the variation in the regular use of cocaine is more or less similar to that for ecstasy. Cocaine has drifted somewhat out of the picture in recent years. Some observers blame this on the grim spirit of the times and the less exuberant spending patterns. Others believe that younger nightlifers in particular have been abandoning coke in favour of amphetamine and ecstasy. Yet a slight reversal appears to have occurred in 2012; cocaine continues to be popular in the above-25 age group, the working segment in the panel networks.

The numbers of cocaine samples submitted to the Jellinek testing service have been rising since the turn of the century. Although cocaine is indeed the primary active ingredient in most samples, adulteration with levamisole is often detected as well. Contamination with phenacetin was much less frequent in 2012 than in recent times. The average purity of samples with cocaine as their principal active substance was now slightly higher at 65%.

#### **Amphetamine makes a re-entry**

The Amsterdam amphetamine market was busier than ever in 2012. Our panel reported no signs of scarcity and few complaints about quality. Amphetamine is undergoing an unmistakable rehabilitation. Some claim that speed is a perfect match for the current Zeitgeist of austerity and no-nonsense partying at raunchy raves, vast festivals and afterparties.

The amphetamine revival is also manifest at the testing service. The number of speed samples doubled in 2012 as compared to the previous year, now slightly surpassing cocaine. Although panel members may not have been moaning about quality, it turned out that only one third of the samples submitted as speed actually contained amphetamine as their primary active ingredient. Many contained larger percentages of caffeine.

#### **Swift spread of laughing gas**

The anaesthetics GHB, ketamine and laughing gas have all gained a firm foothold in the Amsterdam drugs market. Though not always considered real nightlife drugs, considerable groups of nightlifers do have experience with them. In our panel networks of nightlifers, the three drugs did not diverge much in their levels of popularity in 2012, though these remained lower than those for stimulants.

Attitudes towards **GHB** are changing. Its popularity appears to be fading. Following a string of incidents, the club owners, rave

organisers, and increasingly the nightlifers and GHB users themselves feel the bounds have been reached. In some clubs, tougher checks have put a curb on GHB use. Awareness of the health risks is spreading. **Ketamine** has so far flown beneath the radar of most media, though it is taken in similar settings to GHB. Its mild psychedelic effects make it more suited to afterparties than to club nights.

**Laughing gas** is commonly used outside the mainstream club circuit at parties and dance events or in private settings. Inhaled by partygoers using whipped cream canisters, chargers or balloons, laughing gas has taken some scenes by storm. The larger nitrous oxide canisters have even reappeared at raves.

Interestingly, young people in the youth services reported more experience with laughing gas than with ecstasy. This is a clear case of a vertical trend, whereby a drug spreads to new groups of users. GHB was little used by youth services clients.

#### **Psychedelics remain marginal**

Psychedelic drugs like **LSD**, **magic mushrooms**, **magic truffles**, **DMT** and **ayahuasca** play but a marginal role in Amsterdam nightlife. A slight increase in LSD use is observable, in particular at outdoor festivals and raves.

#### **Polydrug use often on impulse**

The combined use of recreational substances (either simultaneously or in short succession) is seen mostly in the panel networks closest to the dance music scene. Besides popular combinations like alcohol-cannabis, alcohol-cocaine, GHB-amphetamine, ecstasy-GHB and ecstasy-amphetamine, drugs are often combined impulsively on the spur of the moment.

#### **Trendsetters experiment with designer drugs; interest mephedrone ebbs**

New psychoactive drugs, although much less widely used than the classical recreational substances, are now increasingly spreading in circles of like-minded users (horizontal trends). We now observe small clusters of users, dispersed over about half of our panel networks, who try out these 'designer drugs', 'legal highs' or 'research chemicals'. Such users have similar profiles: largely well educated, white, and associated with one of the trendsetting nightlife niches (alternatives, creatives, psychonauts, sensualists). Many of the new drugs qualify as synthetic cathinones (including **mephedrone**, **4-FMP** and **methylone**) or as phenylethylamines (including **6-APB** and **4-fluoramphetamine**). Such compounds, especially in the latter category, have also been detected in modest quantities by the Jellinek testing service. According to the panel study, interest is ebbing for mephedrone, which was launched as an ecstasy substitute during the ecstasy market slump of 2008-2009.<sup>6</sup> It was not even seen a single time by the test service in 2012.

#### **Partying madness outside the mainstream club scenes**

One trend that is recognisable as a common strand in the panel study is that the current early-20s nightlife generation seems ready to shift to a higher gear in terms of drug use. An important factor here is the setting. In the urban music scene, the group of pioneering ecstasy users is still limited, although the drug does turn up more often. More stringent door checks in urban clubs have inhibited open and excessive drug use there. At the same time, the tougher rule enforcement prompts groups of drug users to pick and choose beforehand the events where they should or should not take stimulants and/or anaesthetics. Although drug use plays a part in some settings, but hardly at all in others, a growing number of panel members have discerned an increasing 'partying madness' in Amsterdam nightlife scenes. At events where drugs are taken, getting spaced out is not much to be ashamed of any more.

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