WORKSTREAM 2 – SURVEY

CROSS-NATIONAL FINAL REPORT

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INDEX

1. AIMS AND RATIONALE

The present research, made of different studies, is part of a larger project, BAONPS (Be Aware On Night Pleasure Safety), the aim of which was to increase knowledge about NPS (New Psychoactive Substances) among professionals and institutions, by implementing and improving drug checking, especially in recreational contexts.

NPS is an umbrella concept that indicates new substances as well as substances discovered from decades but recently spread or consumed in renewed ways, or substances used for different purposes from those for which they have been created. In 2015 the UNODC Early Warning Advisory on NPS reported more than 600 substances (UNODC 2015), to which we refer in the present study. However, the spread and the legal status of NPS can differ from country to country, and from time to time, as a legal substance becomes illegal when detected by the authorities and recorded. Indeed traditional and new drugs markets are gradually overlapping (Soussan and Kjellgren 2016).

The research project was designed to integrate the knowledge about substances and technical procedures necessary for prevention and harm reduction interventions with knowledge about consumption patterns, both inside and outside recreational contexts, by analysing drug users' points of view, perceptions and attitudes. Indeed studies on NPS users are scarce and consist mainly in prevalence-of-use rates, while motivations for consumption are little known. Above all, there is a lack of understanding about different consumers' profiles (ibidem 2016).

Furthermore, the research aimed at providing insights about cultural meanings related to NPS use by comparing data collected in three different European countries, i.e. Italy, Portugal and Slovenia. Indeed, cultural differences can represent specific protective/risk factors that should be taken into consideration when planning interventions.

To reach the mentioned aims, a mixed-method research design was adopted, including a web-based research.

The present survey was addressed to partygoers in different contexts, such as clubs, free parties, discos… but also streets and squares where there is an active nightlife. The specific aim was to better analyse NPS consumption patterns within the wider framework of consumptions of psychoactive substances in three different countries, thereby pointing out cross-cultural differences to be taken into account when designing prevention and harm-reduction interventions.

Considering the data-collection setting, the study is relevant since most of the researches about drug use are based on high school students or household populations samples and, consequently, underrepresent people with more active drug using lifestyles (Andrews et al. 1991; Fergusson and Horwood 2000; Golub, Johnson, and Labouvie 2000, ESPAD 2016). This data therefore offers the opportunity to know what people who use drugs in party settings think about traditional and new psychoactive substances.

Nowadays party settings are privileged space-times for youth and young adults in search for fun, liberation, overcoming the limits, escape social control and routine and for socialization (Hollands 1995). There are scientific evidences about the fact that drug use is higher among partygoers than among the general population (Halkitis & Palamar JJ., 2006; Measham & Moore 2009; EMCDDA 2016). However, studies report that drug users in recreational settings are economically stable and socially integrated people, 'who see drug taking as part of their repertoire of life' (Parker 1997, p.25). This means that their profiles do not fit the problematic drug user stereotype and, because of this, they can be mainly described as non-problematic drug users (Carvalho 2007; Cruz 2014). These non-problematic drug using patterns integrate self-control and strategies to avoid the social and health damages, by regulating type of drug, quantity, frequency, context of consumption, etc. (Cruz & Machado 2010; Cruz 2014; Moore et al. 2011). In fact, for most people, living a rich and meaningful

life presents a key motivation for avoiding loss of control over drug and alcohol use (Decorte and Muys, 2010).

Parker (2009) and Aldridge, Measham and Williams (2011) have suggested the concept of normalization as a framework for understanding the overall trend towards acceptance of recreational drug use as a socially integrated and normative behaviour pattern. The normalization process challenge the traditional conception of drug use as deviant and claims new understanding of illicit drug use. This study may provide contributions to this conceptualization.

2. METHODS

The draft of the questionnaire was drafted by the WP leader and then reviewed and integrated by partners until to reach a shared version. It was created taking into account different needs:

- To get data comparable to previous data collected by partners with other research tools
- To get data comparable to other existing validated surveys (e.g. ESPAD, Eurobarometer)
- To investigate different aspects of consumptions, while keeping the length of the questionnaire enough brief to be fillable even in a party/nightlife context

The final version of the questionnaire was made of 24 items, of which 9 developed as multiple questions. Most of questions required closed-answers (multiple choices), but there were also 9 open items where respondents could write free "other" answers. The total number of variable was 255 (see Appendix 1).

Guidelines for the questionnaire administration have been provided by the work stream leader during the kick-off meeting. Later on, they have been both discussed and finalized together with partners.

The questionnaire was distributed for self-administrations by the operators of APDES (Portugal), Cooperativa Alice (Italy) and DrogArt (Slovenia) from March 2016 to July 2017, reaching partygoers in different cities and places characterised by an active nightlife, as clubs (48.1%), streets/squares (18.2%), raves/free parties (9.9%), and other places (17.9%), mainly open areas (parks, beaches…).

953 questionnaires were validated. With this sample dimension, the maximum statistical error is +/- 3.2% with 95% as confidence coefficient.

A data base was created through Google Form for the data input. Then, data have been statistically analysed using S.P.S.S. version 20.

For all the examined variables missing data have been kept, in order to avoid distortion errors possibly caused by missing-data imputation. Crossing variables (age, gender, educational level and country) have been reclassified excluding missing values.

Significance of phenomena based on considered crossing variables – gender, age, educational level, country – has been verified through the Pearson's chi square test, and assuming as reference value of probability 0.95 ($p<0.05$).

Significantly variations from the average of the total sample will be highlighted when presenting the results.

3. SAMPLE

The sample is equally distributed for the three countries.

Tab. and Fig. 1 Respondents' country

	No.	%
Italy	311	32.6
Portugal	327	34.3
Slovenia	315	33.1
Total	953	100.0
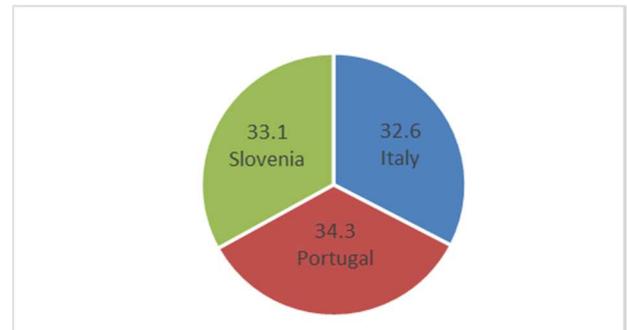
The sample is rather balanced also concerning gender, with only a slightly prevalence of male respondents (54.4% vs. 45.6%), which makes the sample more gender balanced compared to those of researches on "traditional" drug users such as heroin injecting users.

Tab. and Fig. 2 Respondents' gender

	No.	%	valid % (crossing variable)
male	506	53.1	54.4
female	424	44.5	45.6
other	4	0.4	
missing	19	2.0	
Total	953	100.0	100.0
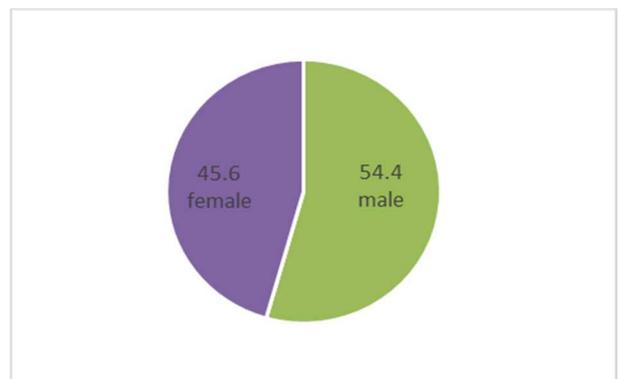
The respondents' age is comprised between 16 and 57 years, though about 90% of the sample is under 35. The mean is 25.3, the median 23, and the standard deviation 6.7. Most of respondents (39.9%) are aged between 21-25 years (the modal value is 22), 1/4 are under 20, and less than 1/5 are either 26-30 years-old or over 30. Most of the partygoers are indeed young people and young adults, which makes parties important settings for experimentation and for the transition to the adulthood which has been prolonged into the early 20's.

Tab. and Fig. 3 Respondents' age

	No.	%	valid % (crossing variable)
Up to 20	203	21.3	24.3
21-25	334	35.0	39.9
26-30	147	15.4	17.6
Over 30	153	16.1	18.3
Total	837	87.8	100.0
missing	116	12.2	
Total	953	100.0	
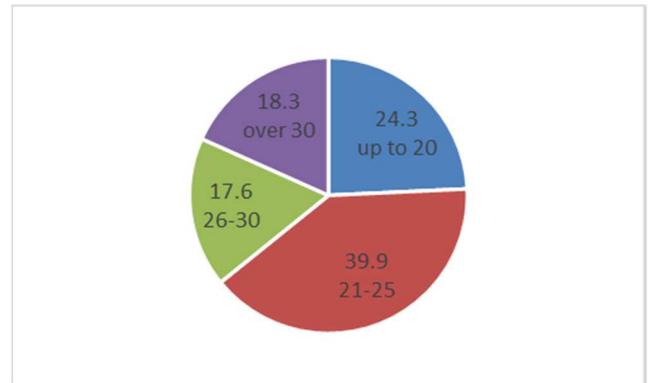
Most of respondents are either students (41.8%) or employed (40.4%), while only a minority (11.8%) is unemployed.

Tab. and Fig. 4 Respondents' occupation

	No.	%
student	398	41.8
employed	385	40.4
unemployed	112	11.8
missing	58	6.1
Total	953	100.0
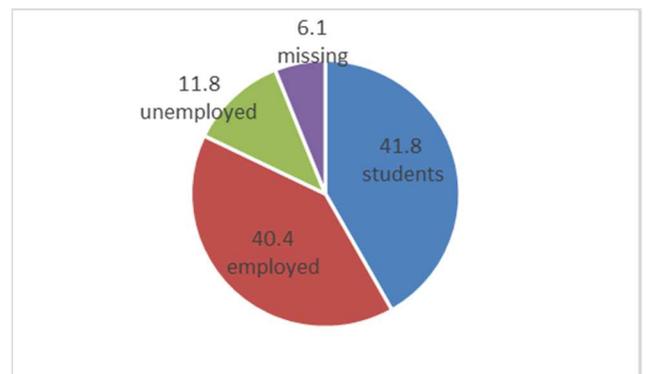
Half of respondents have a high school diploma (got after 5 years of secondary school), while 34.5 has either a bachelor's or a specialised degree. Only a minority (15.5%) has a lower educational lever. This data suggests that the partygoers are medium or high income populations, in this sense, they do not fit in the traditional and stigmatizing definition of drug user.

Tab. and Fig. 5 Respondents' educational level

	No.	%	valid % (crossing variable)
less than diploma	142	14.9	15.5
diploma	457	48.0	49.9
degree	316	33.2	34.5
Total	915	96.0	100.0
missing	38	4.0	
Total	953	100.0	
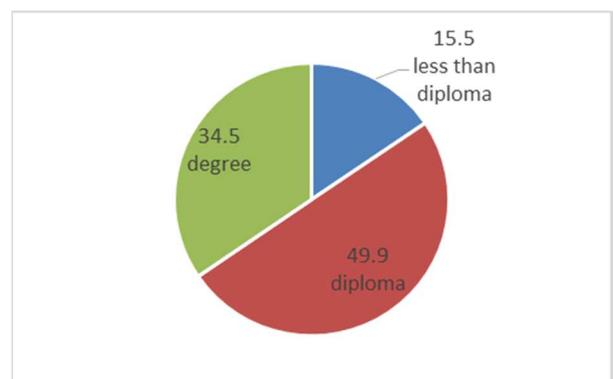
4. LAST MONTH CONSUMPTIONS

With 29.2% of respondents who used it everyday and 19.9% more times a week in the last 30 days, cannabis is the most frequently used psychoactive substance, even more than alcohol, which is used everyday by only 8.3% of respondents. Although alcohol – with the least number of responses "never" - is the most used substance by respondents in general terms[1]. Other substances show a lower use frequency, mostly once a month. Among these, the most used by partygoers included in our sample is MDMA, followed by cocaine and amphetamine. This is consistent with other research showing that cannabis and stimulants are popular choices among partygoers (Sande, 2016; Sande & Šabić, 2017). Among the NPS listed in the table, 3-MMC seems to be the most consumed – especially in Slovenia - even though only 5.5% of respondents declare any frequency of use, mostly once a month. Follow GHB/GBL, 2C-B and methamphetamine, with respectively 5%, 3%, and 2.9% of positive answers, most of them indicating the lowest frequency of use. Although in the recent years there has been an increase in variety of NPS, for the high majority of partygoers in the sample they are not the popular drugs of choice.

Tab. 6 Psychoactive substances used in the last 30 days

Substance	Frequency of use in the last 30 days (%)						
	Everyday	*More times a week*	*Once a week*	*2-3 times in the last month*	*Once in the last month*	*Never*	*Missing*
Alcohol	8.3	41.3	21.1	15.1	9.9	3.1	*1.2*
Cannabis/THC	29.2	19.9	7.1	8.2	10.2	14.4	*11.0*
MDMA/Ecstasy	0.3	1.8	6.2	9.9	27.1	32.4	*22.4*
Speed/amphetamine	0.4	3.1	4.6	8.5	16.5	41.9	*25.0*
LSD	0.2	0.4	0.6	2.4	10.4	58.6	*27.4*
Mushrooms	0.3	0.1	0.4	2.3	12.0	57.5	*27.4*
Ketamine	0.2	0.8	1.4	3.3	7.6	57.9	*28.9*
Cocaine	0.9	5.0	5.0	8.0	16.9	39.9	*24.2*
Opium	0.2	0.4	0.4	1.3	3.1	64.2	*30.3*
Heroin	0.2	0.8	0.3	0.5	0.5	67.7	*29.9*
GHB/GBL	0.3	0.3	0.7	0.8	2.8	65.4	*29.6*
2C-B 3	0.1	0.1	0.1	0.4	2.2	66.9	*30.1*
Methamphetamine (METH)	0.1	0.0	0.2	0.3	2.3	67.2	*29.9*
3-MMC	0.2	0.8	0.7	0.5	3.1	62.1	*32.4*
Other NPS	0.6	0.3	0.3	0.6	1.8	40.0	*46.3*
Other substances	0.3	0.2	0.0	0.1	0.5	26.9	*72.1*

Other NPS have been (freely) indicated by only the 3.7% of respondents, that is 35. Many of substances quoted are not even NPS – even though the question included a brief explanation and examples, based on the most spread NPS in each country – which suggests that this term is not fully known by partygoers. Most quoted NPS is DMT, also contained in ayahuasca and salvia divinorum (10 quotations), synthetic cannabinoids (9), and NBOME (6). Also quoted, only once, are mephedrone (4-MMC), methoxetamine (MXE), methylone (bk-MDMA), methylphenidate (MPH), ethylphenidate (EPH), nitrous oxide (N2O), and 4-Fluoromethylphenidate (4F-MPH). Finally are

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[1] Missing data, reported in the last column, are proportional to "never" answers and might be mostly interpreted as the latter. Indeed, it seems likely that many respondents crossed only voices related to the substances they use and missed the others instead of choose the answer "never".

quoted other plants (kratom, san pedro), prescription drugs (Valium, Xanax, codeine) and substitutive drugs (methadone, subuxone). Also quoted are substances the name of which are unknown to the project partnership (KFR, pullone) which can be either mistakes or street names not very well known.

Tab. 7 Other quoted NPS as defined by respondents

	No. of quotations
Ayahuasca/DMT/salvia divinorum	11
Synthetic cannabinoids	9
NBOME	6
Codeine	1
Ethylphenidate	1
Flamingo	1
IPPD/4FMPH	1
Kratom	1
Marijuana	1
Mephedrone	1
Metaxetamine	1
Methadone	1
Metylphenidate	1
Nitrous oxide	1
PCP	1
Peyote	1
San pedro	1
Suboxone	1
Synthetic mescaline	1
Valium	1
Xanax	1

Even less respondents have added other psychoactive substances, only three, indicating crack, methadone, and kolo (unknown substance name, it could be a joke).

Looking at differences between different sample subgroups, for each investigated substance, we can notice the following statistical significant relations calculated with the Pearson's chi-square-test.

- Alcohol

Men/boys drink more frequently than women/girls. ($p < 0.01$)
More educated respondents drink more frequently than less-educated. ($p < 0.01$)
Italian respondents drink more frequently than Portuguese ones, who in turn drink more frequently than Slovenians. ($p < 0.01$)

- Cannabis/THC

Men/boys use cannabis more frequently than women/girls. ($p < 0.01$)
Respondents under 20 and over 30 use cannabis more frequently than in-between age cohorts. ($p < 0.01$)
Less educated respondents use cannabis more frequently than more-educated. ($p < 0.01$)

Italian respondents use cannabis more frequently than Slovenian ones, who in turn use it more frequently than Portuguese. (p<0.01)

- MDMA

Men/boys use MDMA more frequently than women/girls. (p<0.05)
Slovenian respondents use MDMA more frequently than Portuguese ones, who in turn use it more frequently than Italians. (p<0.01)

- Amphetamine/ speed

Men/boys use amphetamine more frequently than women/girls. (p<0.05)
Slovenian respondents use amphetamine more frequently than Portuguese ones, who in turn use it more frequently than Italians. (p<0.01)

- Cocaine

Men/boys use cocaine more frequently than women/girls. (p<0.05)
Respondents over 30 use cocaine more frequently than younger cohorts. (p<0.01)
Less educated respondents use cocaine more frequently than more-educated. (p<0.05)
Slovenian respondents use cocaine more frequently than Italian ones, who in turn use it more frequently than Portuguese ones. (p<0.01)

None significant differences resulted for hallucinogens, dissociative substances, and opioids, however, we can notice that respondents who use heroin are almost all Italians (20/23), as well as those who use opium (43/52). Also ketamine seems to be consumed by more Italian respondents than Slovenian and Portuguese ones (respectively 75, 32 and 19).

Slightly differences are retrievable about LSD, while the use of mushrooms resulted more spread in Slovenia, followed by Italy and Portugal (respectively 73, 48, and 23 respondents who indicated any frequency of use).

About NPS, even though frequencies are low and statistical correlations do not result, we can notice that GHB/GBL users are almost all Slovenian (42/48), as well as respondents who use 3-MMC (48/52).

5. ROUTES OF DRUG ADMINISTRATION

In table 8 are shown routes administration for each drug, calculated on the base of responses. Obviously, most of substances have one/two preferred consumption modes, however less known modes are also quoted, for instance inhaled ketamine, or eaten cocaine. Some answers sound actually quite weird (e.g. smoking alcohol, snorting cannabis…). This could be due to mistakes done by respondents when filling in the questionnaire – e.g. confusion between inhaling and smoking - or they could really represent new experiment with substances. Traditional consumption ways anyway prevail. It is worth noticing that heroin is consumed by partygoers mainly by smoking or snorting, while only a minority use it by injecting, which could indicate that new heroin users are more aware about risks and prefer less dangerous consumption modalities.

Tab. 8 Consumption modalities (lifetime) (% of responses)

	oral	*inhaled*	*smoked*	*snorted*	*injected*	*other*	*Total responses (No.)*
Alcohol	98.8	0.3	0.9				*938*
Cannabis/THC	18.0	12.7	67.8	0.9	0.2	0.4	*1081*
MDMA/Ecstasy	65.0	4.8	1.8	27.7	0.8	0.1	*799*
Speed/amphetamine	24.5	7.6	1.3	64.9	0.2	0.6	*524*
LSD	95.5	1.6	0.3	0.6	1.0	1.0	*314*
Mushrooms	94.9	2.2	1.9	0.3		0.8	*372*
Ketamine	8.3	12.8	4.1	70.7	2.9	1.2	*242*
Cocaine	5.8	10.1	17.7	64.3	1.4	0.7	*586*
Opium	28.0	7.5	55.5	5.5	1.5	2.0	*200*
Heroin	7.3	6.4	46.8	21.1	15.6	2.8	*109*
GHB/GBL	88.6	1.3	3.8	1.3	1.3	3.8	*79*
2C-B	66.7	4.2	1.0	24.0	1.0	3.1	*96*
Methamphetamine (METH)	31.4	4.7	11.6	47.7	3.5	1.2	*86*
3-MMC	23.1	0.9	3.7	68.5	1.9	1.9	*108*
Other NPS	20.7	1.2	20.1	11.0		47.0	*164*

Among other NPS freely added by respondents there are synthetic cannabinoids (26 quotes), NBOME (13), DMT/salvia divinorum (10), 3-MEO-PCP (2), 4-FA (2), 4-FMPH, 4-MEC (4-Methylethcathinone), methylone (4), mephedrone (2), 4-MMC, 4-FA, DMA, DOC (dimethoxy-4-chloroamphetamine), flamingo, shaboo (methamphetamine), methoxetamine (2). Also quoted are plants (kanna, khat, kratom, pejote/mescaline, san pedro), prescription drugs, substitutive drugs (methadone) and poppers (2). In addition, two drugs have been indicated with their street names, 'bonzai' and 'flamingo', probably respectively a kind of synthetic cannabinoid and Ethylphenidate (not confirmed).

When looking at variation among different sample sub-groups, we can notice the following statistical significant differences.

- Alcohol

The Portuguese respondents are more engaged in patterns of consumption different from traditional (p<0.01), e.g. smoking alcohol.

- Cannabis/THC

Men/boys are more engaged in patterns of consumption different from smoking than women/girls (p<0.01).

Respondents under 20 and over 30 who use cannabis show more various consumption modes than in-between age cohorts (p<0.01).

Slovenian respondents consume cannabis in more different ways than Italian and Portuguese respondents, which means that they smoke it less (p<0.01), but inhale (p<0.01), snort (p<0.01), and eat it more (p<0.05).

- MDMA

Men/boys use MDMA orally and by inhalation more frequently than women/girls (p<0.01), why the latter smoke it more frequently than men/boys (p<0.01).

Over 30 are those who most take ecstasy orally (p<0.01) while the two in-between age (over 20 and under 30) are those who inhale it more (p<0.01).

Slovenian respondents take ecstasy orally (p<0.01) more than respondents from Italy and Portugal, while compared to the other countries a major rate of Portuguese inhale it (p<0.01).

- Amphetamine/ speed

Compared to other age cohorts, over 30 use oral (p<0.05) and inhaled (p<0.01) amphetamine more.

Respondents with a higher educational level tend to use amphetamine/speed orally (p<0.05), by inhalation (p<0.05), and by smoking (p<0.01) more than less educated respondents, while less educated respondents use it by snorting (p<0.01).

Slovenian respondents take amphetamine by eating (p<0.01) or snorting (p<0.05) more than respondents from Italy and Portugal, while compared to the other countries a major rate of Portuguese inhale it (p<0.01).

- Mushrooms

Slovenian respondents use mushroom by eating them more frequently than Italian and Portuguese ones. (p<0.01)

- Ketamine

Women/girls use ketamine by snorting it more than men/boys (p<0.05).

Over 30 respondents are those who use ketamine by inhaling the more, under 20 the less (p<0.01). Vice versa about snorting ketamine (p<0.01).

Compared to other countries' respondents, oral use of ketamine is more frequent among Slovenians (p<0.01), ketamine inhalation among Portuguese respondents (p<0.01) and ketamine snorting among Italians (p<0.01).

- Cocaine

More aged respondents (over 30) show a more various use of cocaine, with higher rates of eaten (p<0.01), inhaled (p<0.05), and smoked cocaine (p<0.01). On the contrary the youngest cohort (under 20) is the group who seems to be more traditional with reference to cocaine consumption ways, showing the higher rate of snorted cocaine (p<0.01).

More educated respondents show the higher rate of smoked cocaine (p<0.05).

Higher percentages of Slovenian respondents use cocaine orally or snorting it (p<0.01), while the other two countries show higher rates of cocaine inhalation and smoking (p<0.01).

- Opium

While the youngest cohort is that showing the highest rate of inhaled opium (p<0.01), the oldest cohort overcomes the others about opium smoking (p<0.01). 21-25 years-old respondents are those with higher rates of eaten opium (p<0.01).

Respondents with the highest educational level of consumption by eating and smoking (p<0.01).

While Italians are those with the highest rate of eaten opium (p<0.01), Portuguese respondents are those who smoke it more (p<0.01).

- Heroin

More aged respondents (over 30), as well as those with the highest educational level, show the highest rate of smoking heroin (p<0.01).

Portugal is the country with the highest rate of heroin smoking (p<0.01), while Slovenia is the country with the highest rate of snorted heroin (p<0.01) and the lowest rate of injected heroin (p<0.05).

- GHB/GBL

Italy is the country where GHB/GBL consumption includes more ways of consumption different from oral (p<0.01), that is, smoked and snorted.

- 2-CB

Slovenia is the country with the highest rate of 2-CB oral consumption (p<0.05), while Portugal of snorting (p<0.01).

- Methamphetamine

Rates of oral consumption on methamphetamine increase with age (p<0.05), while the more aged group (over 30) show the lowest rate of snorting.

Portugal is the country with the highest rate of smoking methamphetamine (p<0.01), while having the lowest rate of snorting.

- 3-MMC

Snorting is a way of consumption more spread among respondents with lower educational levels (p<0.01).

Italy shows more differentiated ways of consumptions compared to Slovenia, the latter having higher rates of eating and snorting (p<0.01).

6. TONIGHT CONSUMPTIONS

The most consumed substances by partygoers during the evening in which they have filled the questionnaires are the legal ones, that is, alcohol (76.5%) and tobacco (66.4%). Cannabis is the most used drug among the illegal substances (50.2%), followed by MDMA (21.9%), amphetamine (17.2), cocaine (14.9). Other substances have been reported by less than 5% of respondent (ketamine, LSD, mushrooms) or by less than 1% (opium, heroin). One respondent has also indicated methadone, while the name of "other substances" are missing. Even NPS (3-MMC, GHB/GBL, methamphetamine) show very low values – respectively 1.3, 1.2, and 0.2%. Other freely added NPS, covering together the 0.8%, are synthetic cannabinoids (2 quotes), ethylphenidate, 4-Fluoromethylphenidate (4F-MPH), NBOME. Three names of "other NPS" are missing.

The data suggests that, in what concerns illicit drugs, in recreational settings users prefer stimulants. This may be related with the type of effects these users are searching for in these specific contexts such as energy, socialization, disinhibition. It also shows that alcohol is still the most popular and widespread drug, so it shouldn't be forgotten when addressing the partygoers with harm reduction messages.

Fig. 6 Substance consumed tonight (%)
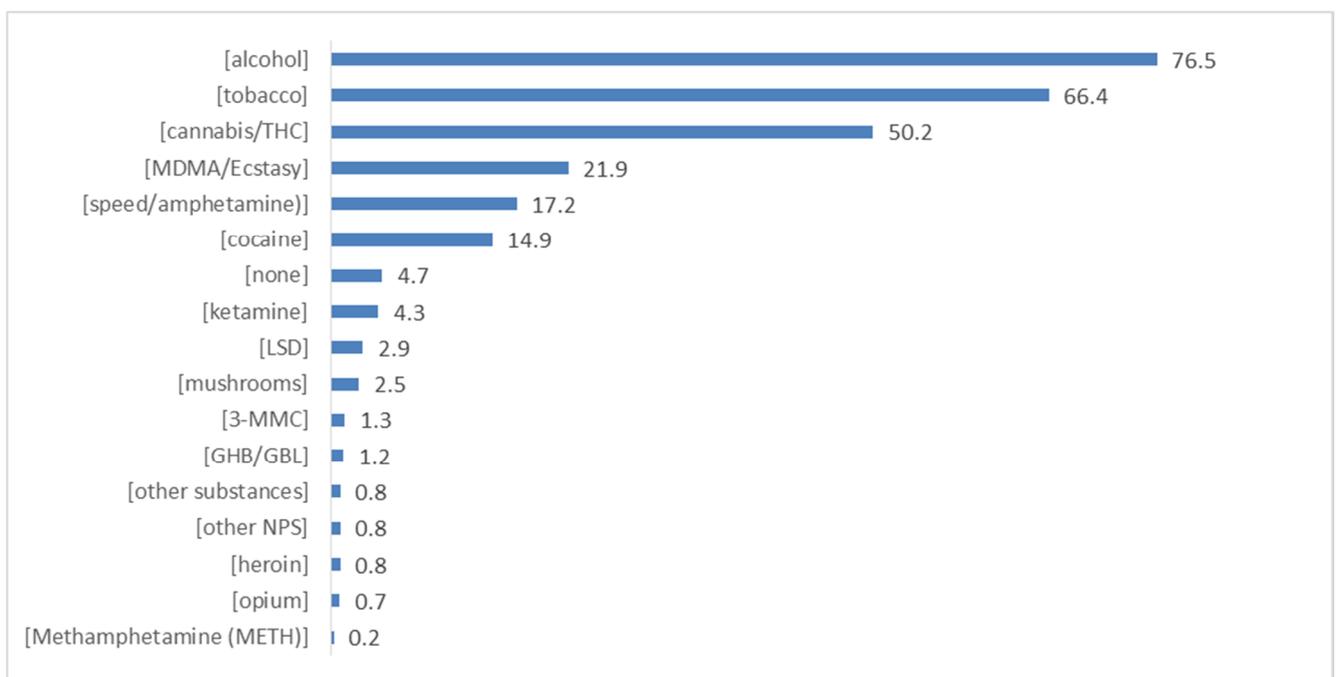
Looking at **gender** differences, we can notice that the use of cannabis, amphetamine, and cocaine is more spread among men/boys, with a probability of 99% (p<0.01) in the case of the first two substances and with a probability of 95% (p<0.05) in the case of the cocaine.

While differences across age cohort do not result to be significant, alcohol has been mostly used by people with a higher **education** (p<0.01). On the contrary cannabis and amphetamine have been mostly used by people with a lower educational level (p<0.01).

The **country** variable results to be significant for all the most consumed substances. Tobacco and alcohol have been more used by Portuguese respondents (p<0.05; p<0.01). Cannabis, LSD, and

ketamine by Italians (p<0.01), MDMA, amphetamine, mushrooms and cocaine by Slovenian partygoers (p<0.01). These differences are not representative of all consumptions, but can indicate differences related with specific party settings in the three countries.

7. UNWANTED EFFECTS

The majority of respondents reported to have experienced at least once in their life unwanted effects after using drugs, e.g. bad trip, health complications, overdose…

Fig. 7 Experienced unwanted effects (%)
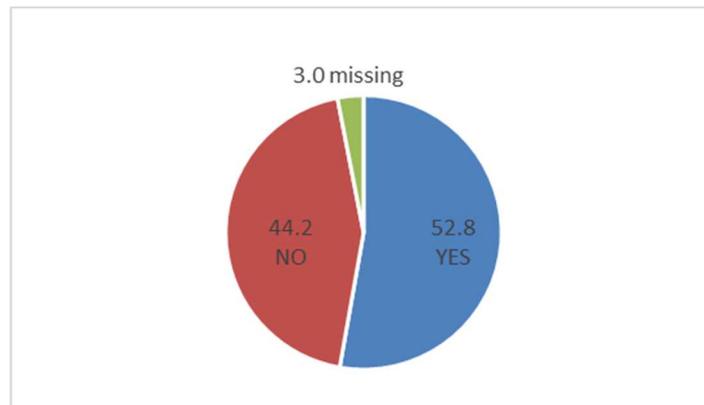
As shown in the following table, substances associated to unwanted effects by respondents are mostly traditional drugs, cannabis being at first place with 134 quotations, corresponding to more than 1/4 respondents to this question (26.6%) but to only 14.1% of the whole sample. MDMA is quoted by 22.5% of respondents, LSD by 16.9%, and alcohol by 15.9% (8.4% of sample). Other substances have been quoted by less than 10% of respondents and then 5% of the sample.

Among NPS, are reported particularly synthetic cannabinoids (by 1.6% of respondents), phenethylamines (2C-B, 2C-P, 4-FA, DOC), quoted by 2.6% of respondents and cathinones (3-MMC, 4-MEC, methylone), quoted by 1.8% of respondents.

Unwanted consequences have been reported mostly by Slovenian respondents, followed by Italians and Portuguese respondents (p<0.01), while variations across age, gender and educational level seem not to be relevant.

Tab. 9 Substances related to unwanted effects quoted by respondents (no. 503)

	No. of quotations	% of respondents (N=503)	% of sample (No. = 953)
cannabis	134	26.6	14.1
MDMA	113	22.5	11.9
LSD	85	16.9	8.9

|			
alcohol	80	15.9	8.4
mushrooms	38	7.6	4.0
speed	31	6.2	3.3
ketamine	29	5.8	3.0
cocaine	28	5.6	2.9
GHB	8	1.6	0.8
synthetic cannabinoids	8	1.6	0.8
alcohol & cannabis	8	1.6	0.8
heroin	7	1.4	0.7
2C-B	6	1.2	0.6
3-MMC	6	1.2	0.6
all drugs	6	1.2	0.6
drug mix	6	1.2	0.6
opium	6	1.2	0.6
NBOME	5	1.0	0.5
DOC	4	0.8	0.4
cookies	3	0.6	0.3
metamphetamine	3	0.6	0.3
4-FA	2	0.4	0.2
amphetamine	2	0.4	0.2
methylone	2	0.4	0.2
psychedelics	2	0.4	0.2
2-CP	1	0.2	0.1
4-MEC	1	0.2	0.1
alcohol & ketamine	1	0.2	0.1
BK	1	0.2	0.1
cannabis & MDMA	1	0.2	0.1
GBL	1	0.2	0.1
MD-ketamine	1	0.2	0.1
MD-speed	1	0.2	0.1
microprints	1	0.2	0.1
psylocin	1	0.2	0.1
RCs	1	0.2	0.1
salvia divinorum	1	0.2	0.1
missing	**58**	11.5	6.1
Total	**692**	137.6	72.6

In almost 60% of cases, unwanted effects have been faced by people without any professional intervention, that is, just waiting for them to pass and/or with the help of friends, which could indicate that side effects were not too severe, or also that services were not available or people didn't want to look for professional help for various reasons (stigma, fear, distrust…). Also data suggest that peer-to-peer interventions should be strategic in this field.

Indeed, a medical intervention has been reported by only 5.2% of respondents, and the help provided by social operators has been indicated by 4.0%. Furthermore, the role of the event staff seems to be almost irrelevant (0.6%).

In some cases (6%) partygoers have actually taken other substances to counteract unwanted effects. Other freely mentioned ways to face them are deeply breathing, eating, drinking water, walking, sleeping, vomiting. Two respondents, maybe referring to long lasting effects, have also indicated psychotherapy.

Ways to face unwanted effects show no relations with crossing variables.

Fig. 8 How unwanted effects have been managed (% of respondents, no. 503 – more answers possible)
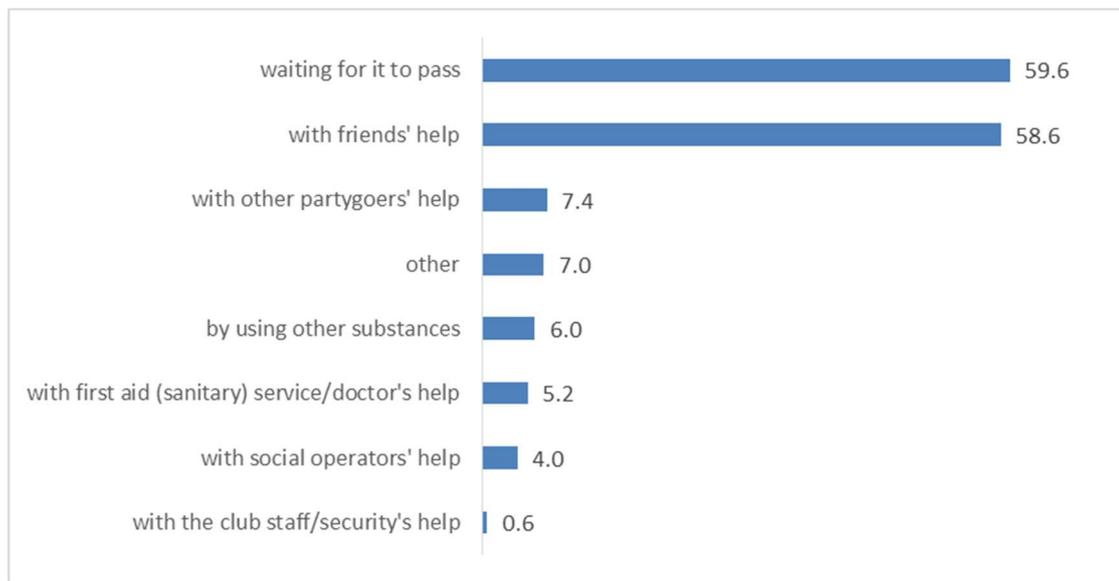

8. CONSUMPTION PATTERNS

Motives to attend parties

"To meet friends" is the main reason to attend parties, indicated by almost 3/4 of the sample (74.2%), followed by "to have fun". Other frequent answers, indicated by more than 60% of respondents, are related to listen to the music and dance. Otherwise, taking drugs does not seem to be among the main reasons, having being indicated by less than 1/5 respondents (19.4%). Other freely indicated reasons are "by chance", "to have an experience", "to relax", "to break with everyday life", "to feel free", "to drink", and "to work" - which indicates that also staff of clubs and events has been eventually involved in the research (no=9).

Motivations to attend parties seem to be somehow **gender**-related. Indeed female respondents are more interested that male ones in dancing ($p<0.01$) while the latter are more interested than girls/women in meeting new people ($p<0.01$). Meeting new people seems also to be a reason more common among partygoers with a lower **educational level** ($p<0.01$).

Looking at **country** differences, we can see that the Portuguese respondents are those who have chosen "to take drugs" less, while the Slovenians ones have indicated this reason more and Italians are in the middle (p<0.01). However, this feature could also indicate a more liberal attitude towards drugs among the Slovenian respondents or may be related to the settings where the questionnaire was distributed.

Fig. 9 Motivation to attend parties (% of sample, No=953 – more answers possible)
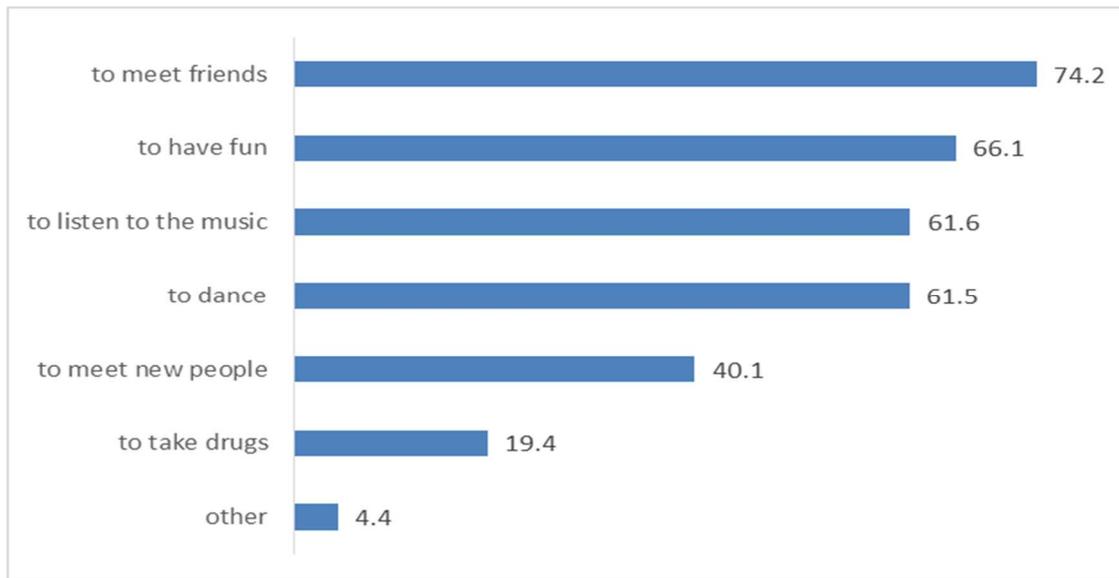
Motives to take drugs

The first motivation to use psychoactive substances is "to have more fun", chosen by more than half of respondents (56.5%). To "loosen up" or relaxing is at second place, with 32.5% of quotes, followed by "curiosity" (31.1%). To "feel emotions" and to "vent stress" have been indicated by about 1/4 respondents (respectively 26.7% and 24.4%). To "escape from reality" is placed at 7th place (18.5%) followed by "forget problems" (13.7%) and "feeling better with others" (10.8%). To "sooth anxiety" has been indicated by less than 1/10 respondents, and "loosing control", "feeling part of a group" and "solitude" do not seem to be important reason among respondents.

Other motives, freely indicated by respondents, are: I like it (23 quotations), self/spiritual development (12), get out of the routine (3), addiction (3), feeling good/better (2), being cool (2), researching (2), feeling free, increasing perceptions, sleeping, socialising, for habit, for pain, for boredom, because it's fine occasionally, many reasons.

Significant variations are retrievable between **genders** about "having more fun", "feeling emotions" (p<0.05), "venting stress" and "escaping from reality" (p<0.01) – which are more important among women/girls - and about "feeling better with others", "feeling part of the group", and "solitude", more important to men/boys (p<0.05).

Compared to other **age** groups, for the youngest cohort seem to be more important reasons related to inexperience (curiosity), "loosening up", and "negative" motives, meaning: "feeling better with others", "forgetting problems" (p<0.01) and "escaping from reality" (p<0.05). Otherwise, the oldest cohort shows the highest rate for "feeling emotions" (p<0.05) and the lowest rates for "curiosity" and

negative or pharmaceutical motive, such as "loosening up" ($p<0.01$), "forgetting problems" ($p<0.01$) and "escaping from reality" ($p<0.05$).

The desire to "loosen-up" and to "forget problems" show increasing rates with the increase of the **educational level** ($p<0.05$), while "venting stress" is more indicated both by the most and the less educated respondents ($p<0.01$).

Looking at **country**, Italian respondents show the highest rates for "curiosity", "feeling better with other", "forgetting problems", and "soothing anxiety" ($p<0.01$); Portuguese ones for "feeling emotions" and "venting stress"; compared to others, Slovenians seem to take drugs for more positive motives - "having more fun" and "loosening up" ($p<0.01$) - and less for negative ones – "venting stress" and "soothing anxiety" ($p<0.01$).

*Fig. 10 Motivation to take drugs (% of sample, No=953 – more answers possible)*
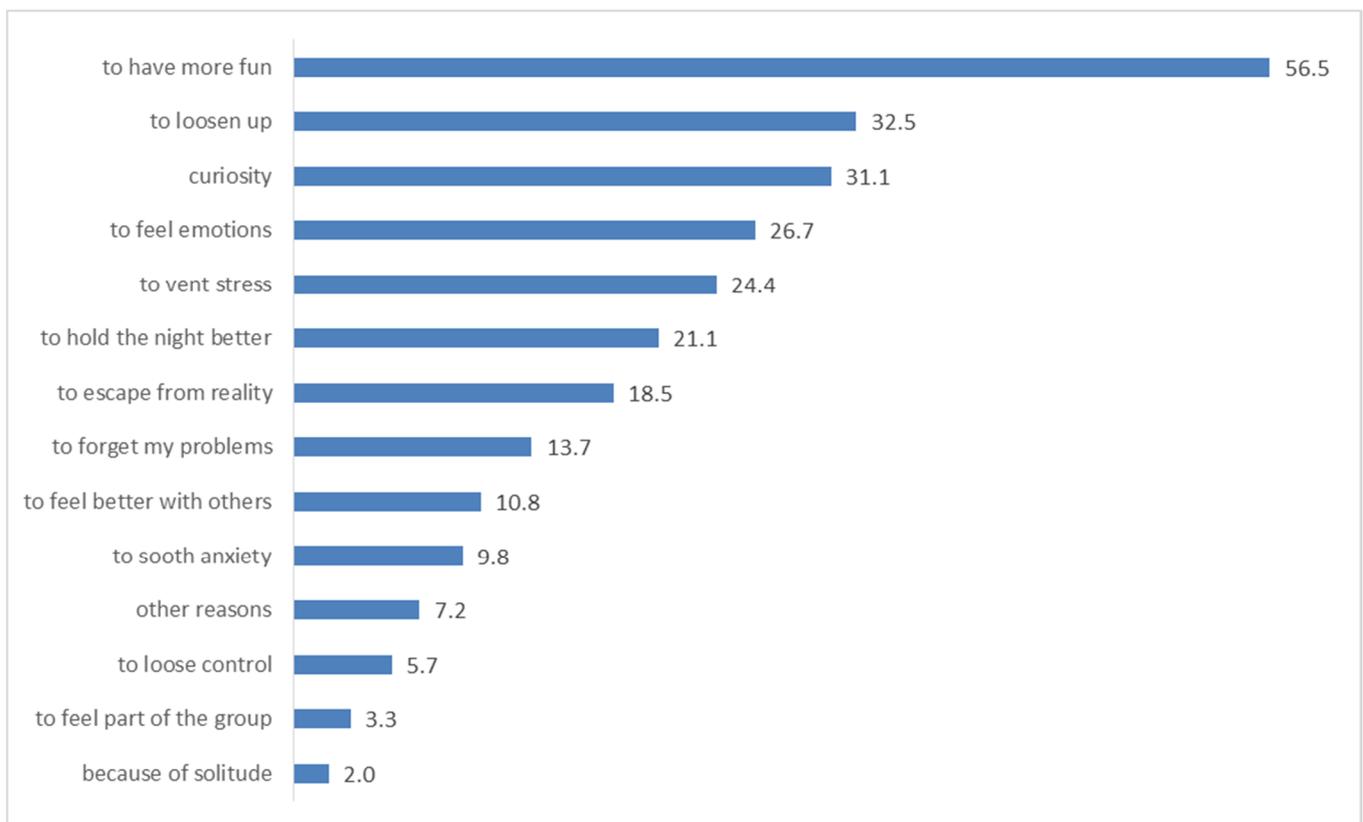
Company

Only a minority of respondents (about 5%) use psychoactive substances alone, while about 80% of the sample do it exclusively or mainly with other people, thereby shaping this behaviour as social activity, at least for our target.

Significant variations can be observed with references to **gender** ($p<0.01$) and **educational level** ($p<0.01$). In particular women/girls less than men/boys use drugs mainly or exclusively alone (3.7 vs 6.9), and the most educated respondents are those who use substances "always alone" (0.3%) less and do it "always with other people" more (47.2%).

Fig. 11With whom do you usually use psychoactive substances (% of sample, No=953)
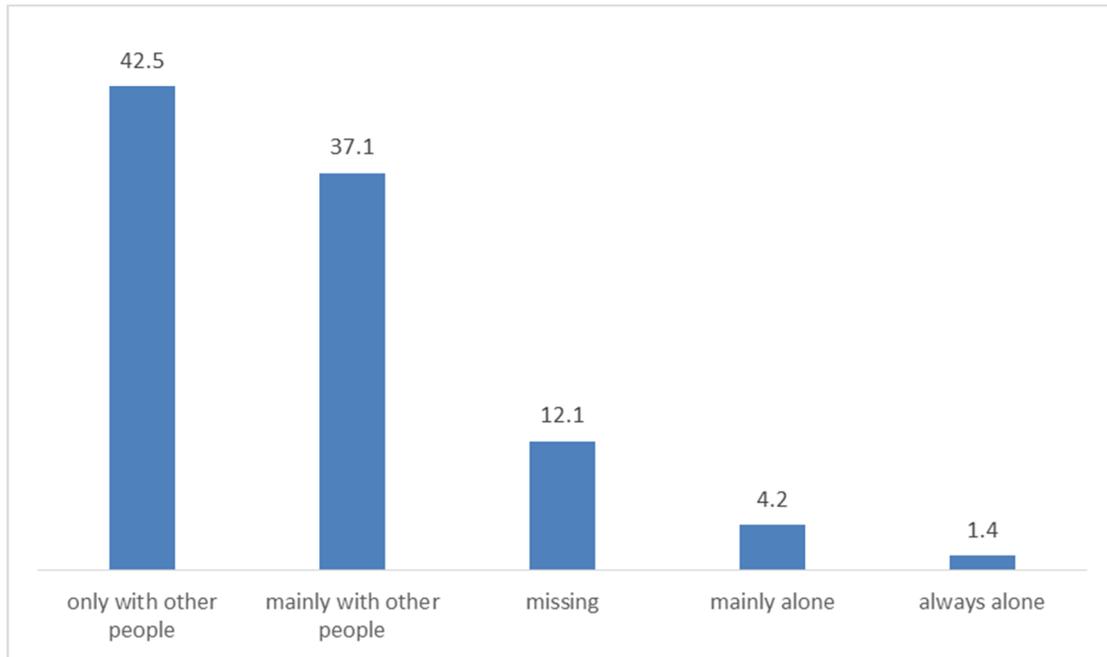
Places

Overall respondents seem to consume in many different places, as they have provided on average more than 3 answers. Discos and clubs together with free parties/raves are the most quoted places where people declare to use substances, indicated respectively by 60.3% and 51% of the sample. Private houses, either others' (47.2%) or own (44.8%), have been indicated by more than 90% of respondents. Public open places such as streets, parks and beaches have been chosen by half of respondents, while concerts and other events by 42.2% and bars or pubs by 37.9%.

Other places indicated freely by respondents include "everywhere" (12 quotations), at school/university (6), at work (3), private parties (3), abandoned houses, airports.

Gender seems to relate with the choice of place (p<0.05). Particularly, female respondents have less rated at home consumptions, which seems to indicate more occasional and social consumption patterns.

There are significant differences also among **cohorts** (p<0.01[2]). The over 30 respondents are those who show the highest rates concerning private houses, which seem to be their favourite places (57.5% at home and 51.6% at someone's else house). Furthermore, they show the lowest rate for disco/clubs (53.6%), which are the other cohorts' favourite place of consumption.

Looking at differences related to the **educational level**, at home consumptions (p<0.05) seem to be more spread among respondents who have the highest title of study, while those with the lowest educational level (diploma/less than diploma) show the highest values about open public places, both parks, streets… and raves (p<0.01).

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[2] P<0.01 was found for all the modalities, except than for "someone's else house", with p<0.05

Lastly, places of consumption vary significantly in different **countries** (p<0.01). Slovenia shows rates under the average for all places except than for clubs and free parties/raves, for which they rate higher than the mean (respectively 76.8% and 64.8%). Rates of Portugal exceed the average mostly for what open areas (57.4%), pubs (52%) and concerts (54.1%) are concerned, while are under the average about clubs and raves. Italy shows significantly higher rates with respect to at home consumption (51.8%) and open areas, while it is under the average about clubs.

Fig. 12 Where do you usually use psychoactive substances (% of sample, No=953 – more answers possible)
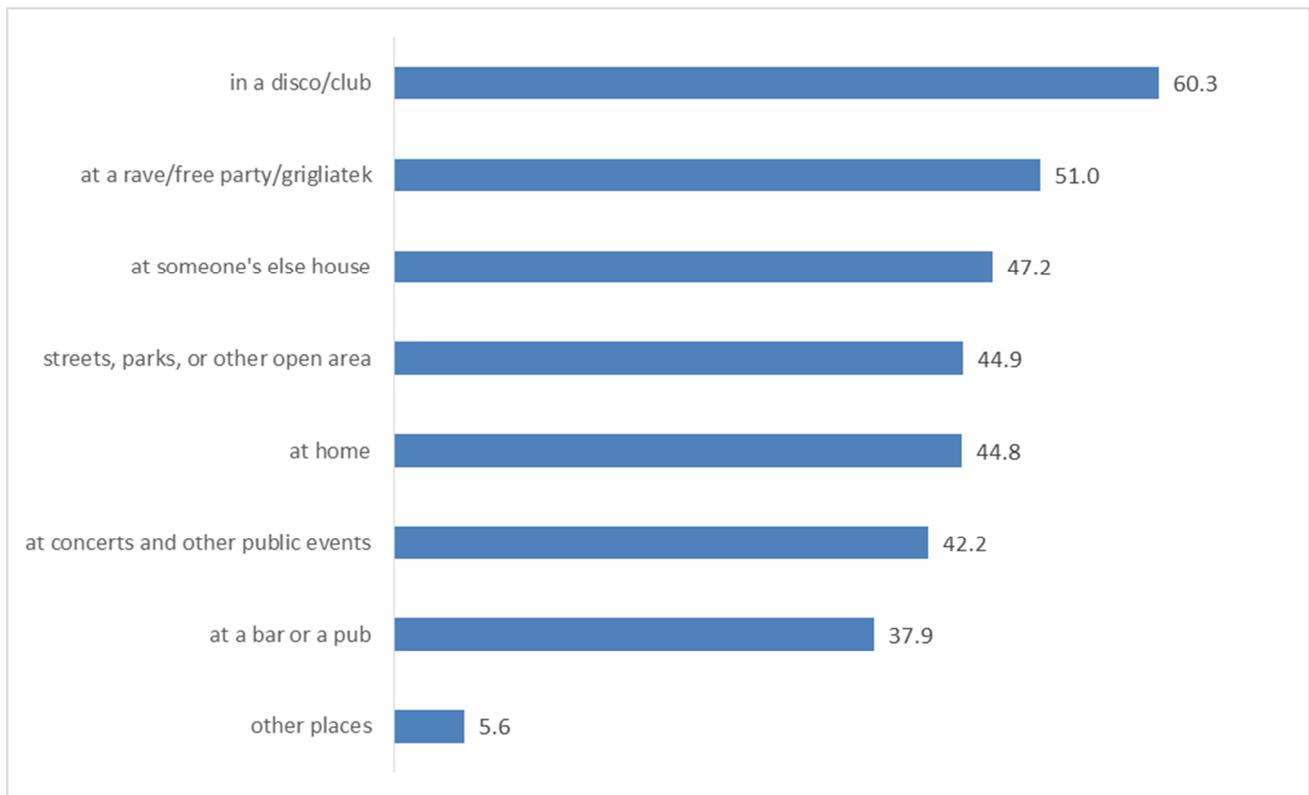
9. OPINIONS ABOUT NPS

Availability

Most of respondents (about 64%) think that getting New Psychoactive Substances[3] is to some extension easy, while only 9% maintains that it is somehow difficult. **Gender** differences are observable (p<0.01) indicating that women/girls consider NPS less difficult to get compared to male respondents.

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[3] Different examples of NPS have been provided in each country, indicating the three substances most spread at national level.

The two extreme **age cohorts** (under 20 and over 30) are those who less frequently perceive that NPS are easy to find, while those who perceive more frequently that NPS are easily to find (p<0.01) are in the middle cohorts (aged 21-30).

Looking at variation among **countries** (p<0.01), Italian respondents are those who find it less easy (46.3% of positive answers) and more difficult (10% of negative opinions). While Slovenia is the country with the highest rate of "very easy" answers (39%), when adding "very" and "fairly" answers Portugal shows the highest rate (78.0% vs 66.7%). Portugal is also the country with the lowest rate of "very difficult" answers (0.9%).

Fig. 14 Perceived availability of NPS (% of sample, No=953)
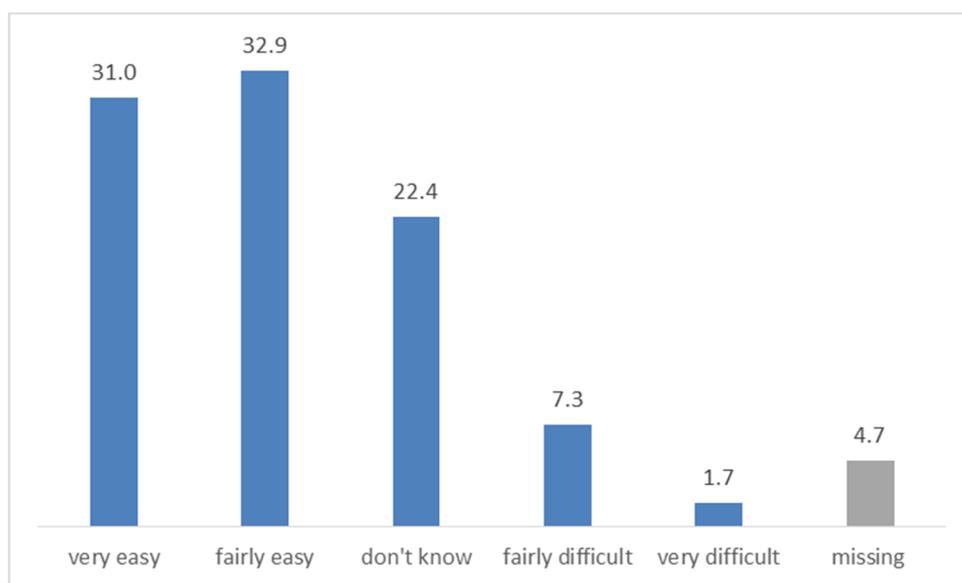
Dangerousness

A list of NPS has been provided to respondents asking them to rate their dangerousness. Substances have been choices including the 2-3 most spread in each country according to previous projects (NPS in Europe). In addition to synthetic cannabinoids, have been listed stimulants/cathinones (methylenedioxypyrovalerone or MDPV, mephedrone or 4-MMC, methylone or bk-MDMA, and methylmethcathinone or 3-MMC) hallucinogens (NBOMe) and phenethylamines (4-FA).

Looking at the following table we can notice that most of respondents do not know NPS very well, indeed "don't know" answers are prevalent for almost all the listed substances, except for synthetic cannabinoids, which are the most known and also the less perceived as dangerous. This is the only substance with percentages of respondents rating it dangerous similar to those of respondents who think it is not dangerous, while in all other cases percentages of respondents who indicated not-dangerousness are far lower.

Adding "very" and "fairly dangerous" answers, mephedrone is the substance overall considered more dangerous (36.5%), followed by NBOMe (33.1%), 3-MMC (32.3%), methylone (31.7%), MDPV (30.2%). The substance considered less dangerous is 4-FA (29.2%).

Tab. 9 Levels of perceived dangerousness (% of sample, No=953)

	very dangerous	fairly dangerous	not very dangerous	not at all dangerous	*don't know*	*missing*
Synthetic cannabinoids (e.g. JWH 018 , JWH 081)	15.5	17.6	15.7	15.0	28.3	7.8
Mephedrone (4-MMC)	20.0	16.5	4.0	0.5	48.8	10.2
Methylenedioxypyrovalerone (MDPV)	16.8	13.4	2.6	0.2	56.0	10.9
Methylmethcathinone (3-MMC)	19.0	13.3	3.5	0.8	52.5	10.9
Methylone (bk-MDMA)	18.6	13.1	3.7	0.4	53.6	10.6
NBOMe (e.g. 25I-NBOMe)	20.7	12.4	4.0	0.5	51.1	11.3
4-fluoroamphetamine (4-FA)	18.3	10.9	2.3	0.3	56.3	11.9

Looking at crossing variables, we can noticed for each NPS the following significant variations.

- Synthetic cannabinoids

Gender ($p<0.05$). Among those who perceive them dangerous, male respondents most frequently than female ones indicated "very dangerous" (18.2% vs 12.7%), while female respondents more frequently indicated "fairly dangerous" (22.4% vs 13.6%).

Educational level ($p<0.01$). Perceived not-dangerousness increases sensibly with decreased educational study.

Country $p<0.01$. Italian is the country where more respondent considered them not dangerous, opposite to Slovenia (44.1% vs 16.6%).

- Mephedrone

Age ($p<0.01$). Respondents aged 21-25 are those who more frequently consider it dangerous, while aged 26-30 those who more frequently consider it not dangerous. The oldest cohort shows the highest rate of "don't know".

Educational level ($p<0.05$). The less educated group shows the lowest rate of respondents who think that it is not dangerous.

Country ($p<0.05$). Italy is the country with the lowest rate of respondents considering it dangerous, while Slovenia is the country with the highest rate of both positive and negative answers, besides the lowest rate of "don't know" answers.

- MDPV

Age ($p<0.01$). Respondents aged 21-25 are those who more frequently consider it dangerous, while the oldest cohort shows the lowest rate of positive answers (fairly + very), but also the highest percentage of "don't know".

Country (p<0.01). Slovenia is the country with highest rates of both positive (fairly + very) and negative (not very + not at all) answers. It also the country with the lowest percentage of "don't know" answers.

- 3-MMC

Country (p<0.01). Slovenia is the country with highest rates of both positive (fairly + very) and negative (not very + not at all) opinions. It is the only country where the "fairly dangerous" answers prevail on "very dangerous".

- Methylone

Age (p<0.01). Respondents aged 26-30 more frequently answered it is not dangerous, while the oldest cohort shows the highest rate of "don't know".

Country (p<0.01). Slovenia is the country with highest prevalence of both positive (fairly + very) and negative (not very + not at all) answers. It is also the only country where the "fairly dangerous" answers prevail on "very dangerous". Portugal is the country with the highest rate of "don't know" answers.

- NBOMe

Age (p<0.01). 25-30-year-olds show the highest prevalence of both positive (fairly + very) and negative (not very + not at all) answers, while the youngest cohort (under 20) shows the highest prevalence of respondents considering it not dangerous. Respondents who "do not know" increasing with age.

Educational level (p<0.01). Respondents who got a diploma (middle group) show the lowest rate of answers indicating dangerousness and the highest rate of answers indicating not-dangerousness. This is also the group with the lowest rate of "don't know" answers.

Country (p<0.01). Slovenia is the country with highest prevalence of both positive (fairly + very) and negative (not very + not at all) answers. It is also the country whit the lowest rate of "don't know" answers.

- 4-FA

Age (p<0.01). 25-30-years-old respondents show the highest percentage considering it dangerous, while the oldest cohort (over 30) is that with more respondents who "don't know".

Country (p<0.01). Slovenia is the country with highest prevalence of both positive (fairly + very) and negative (not very + not at all) answers. It is also the country with the lowest rate of "don't know" answers, while Portugal has the highest.

10. DRUG-CHECKING SERVICES

Opinion about usefulness

Overall more than 2/3 respondents (75.4%) consider drug-checking services very or fairly useful, while only 6.4% of the sample consider them either not very or not at all useful. More than 15% of respondents do not know what drug-checking services are.

Looking at crossing-variables, answers show significant variations based on **country** (p<0.01). In particular Slovenia shows the highest percentages of both positive and negative answers. It is also the country with the lowest percentage of respondents who do not know drug-checking services (6.3%), opposite to Portugal where this rate is the highest (27.5%), while Italy is in a middle position (12.5%).

Fig. 15 Perceived usefulness of drug-checking services (% of sample, No=953)
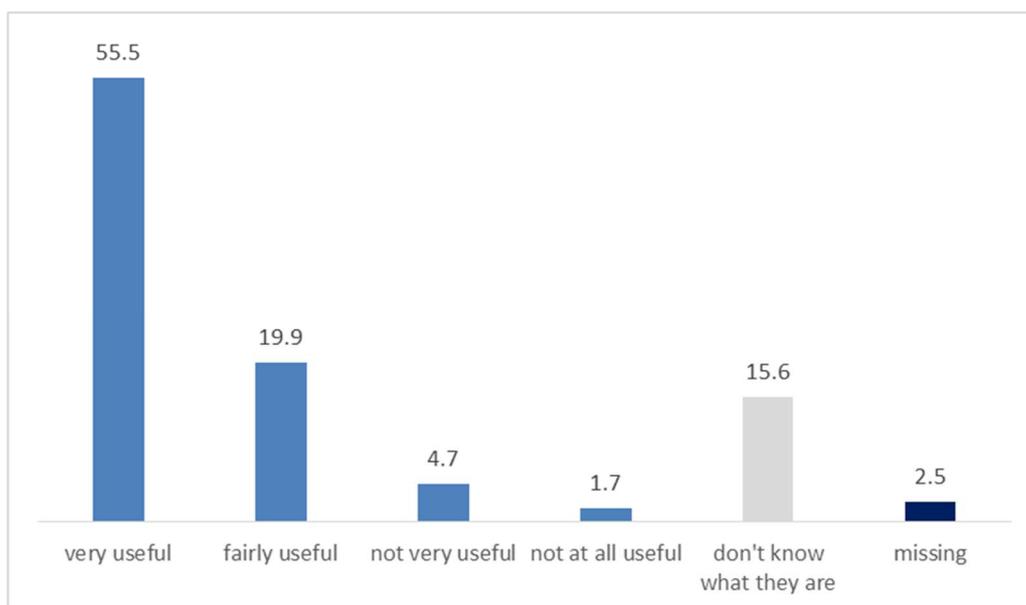

The main reason for which drug-checking services are useful, according to those who answered positively to the previous question, is "to have more information on the substances and potential health risk", chosen by the 84.1% of respondents. For half of them (50.5%) these services are useful "to know how pure the substance is and dose it better", while according to a little lower percentage (47.1%) "to know adulterant and cutting agents". "To know what to do if a friend feels sick" is a reason chosen by 43.9% of respondents, while "to avoid being ripped off" results to be the less important (42.3%).

Answers related to the will to get information and avoid risks increase with increasing educational level (p<0.01), while "to avoid being ripped off" and "dose better" do not show a linear trend but show highest percentages among the most educated respondents as well (p<0.05).

Looking at cross-national variations, the most chosen answer at general level ("being informed") seems to be less important among Portuguese respondents (p<0.05), while the less generally chosen answer ("avoiding to being ripped off") is even less important among Italians (p<0.01). Slovenia

shows the highest rates concerning avoiding being ripped-off, dosing better and knowing adulterants and cutting agents, opposite to Italy who, for the same reasons, show the lowest percentages (p<0.01).

Fig. 16 Why drug-checking services are useful (%) (No=719 – more answers possible)
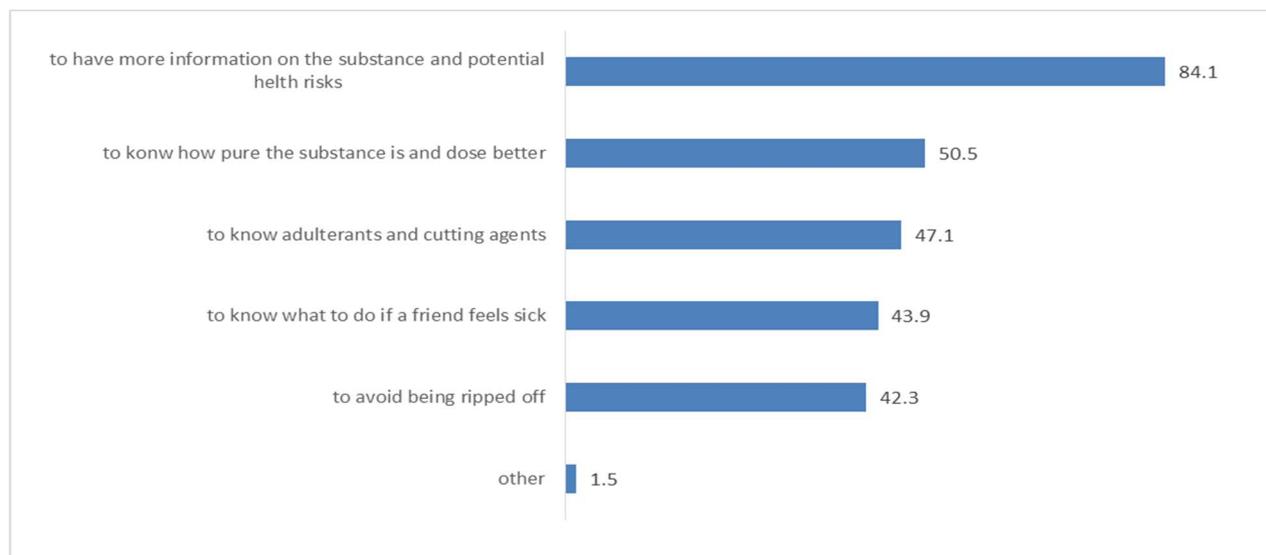
Use of services

Only 1/5 respondents (20.1%, No.=192) have ever used a drug-checking service, while more than 3/5 (75.1%, No.=716), never did.

*Fig. 17 Have you ever used a drug-checking service?*
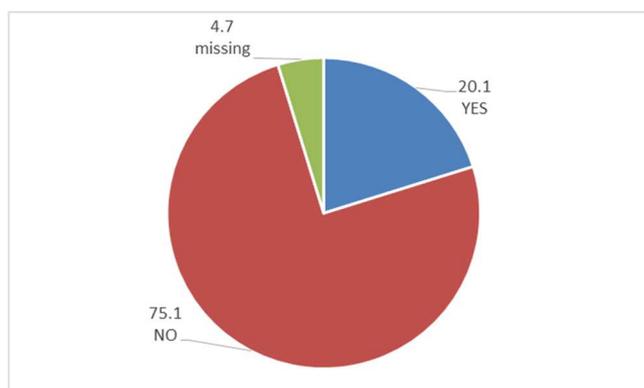
More than 1/3 of negative answers were justified by the fact that the respondent did not know this kind of services (34.2%). Altogether, answers related to the lack of knowledge and not availability of the drug check service (I don't know enough about, service too remote, service not available, I never had the chance) cover the 64.7% of responses. Otherwise, motivations related to lack of interest/need (I trust my source, I don't need, I don't care, I don't use drugs) are a minority (27.1%) and motives related to critical opinion towards the service (It takes too long to get the results, I'm worried that it won't be anonymous) are even less (4.9%).

The answer "I trust my source" are given more frequently by male respondents than female (19.5% vs 12.5%) (p<0.05), while answers "it was not available" prevail among the older group (9.8%)

(p<0.01). Variations based on the educational level show that the answers "I trust my source" and "I don't care what I consume" are more rated by the less educated group, respectively 24.3% (p<0.01) and 5.6% (p<0.05). On the contrary the same group show the lowest rates about "I don't know enough about" (p<0.01), "I'm worried that I won't be anonymous", "I don't need", "it was not available" (p<0.05).

Opposite to Slovenia, Italy shows the highest rate of responses "I don't know this kind of services" (42.4% vs 19.9%). Slovenian respondents in turn are those who most frequently quoted "The service is too remote" (8.1%) and "It takes too long to get the results" (6.3%). Portugal is the country where more respondents indicated "I don't know enough about drug-checking" (18.2%) "I don't care about what I consume" (4.2%), "I don't need" (6.3%). All these variations are significant with a probability of 99% (p<0.01).

Fig. 18 Motives for not having used drug-checking services (%) (No.=716)
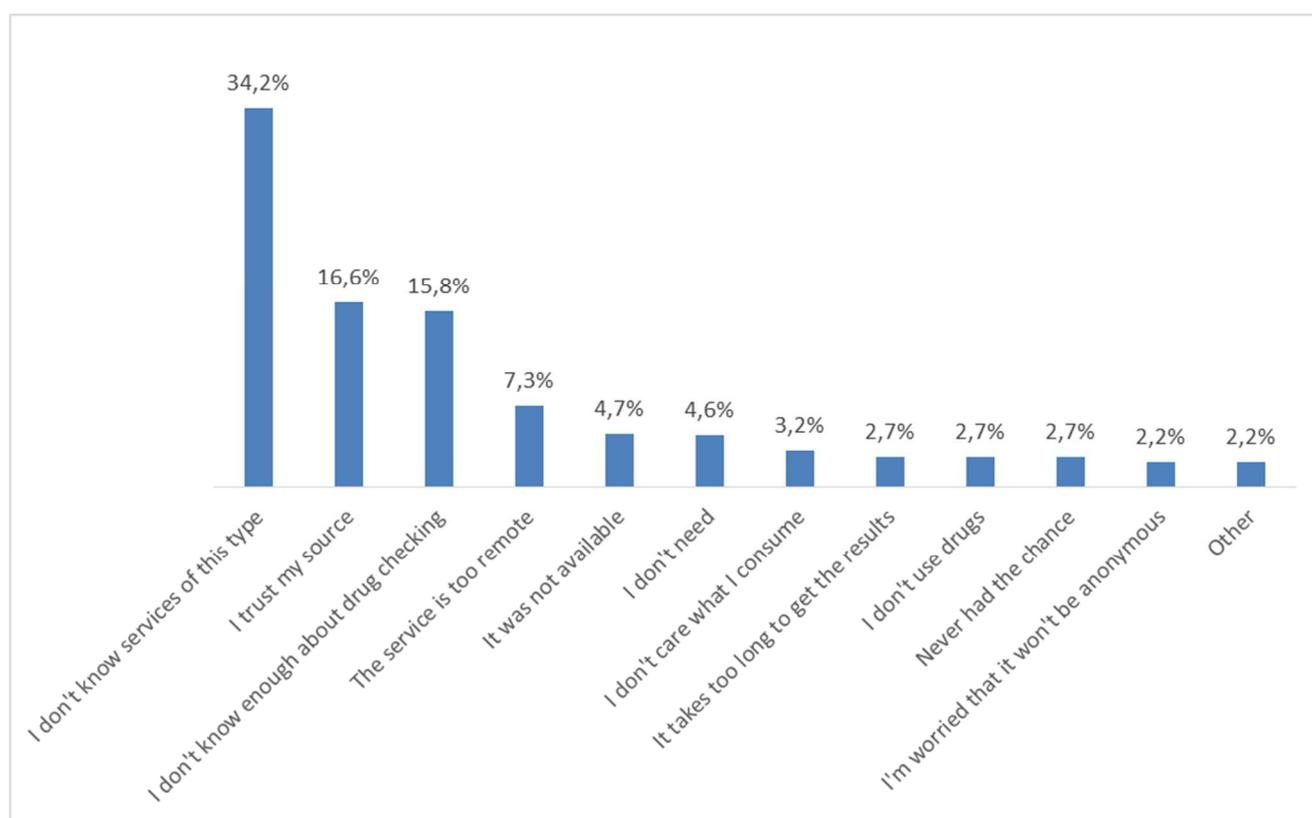
11. PERCEIVED QUALITY OF LIFE

Respondents show rather high level of perceived quality of life. Rates of satisfaction are particularly high with respect to perceived health, indeed overall 77.7% of respondents is to some extent either satisfied, while only 7.1% are not much or not at all satisfied. Even though the positive answers prevail also with respect to this item, with 23.4% of negative answers, respondents seem to be less satisfied about their financial situation.

Levels of satisfaction with the own financial situation show the following significant variations:

- Gender (p<0.01). Male respondents are more satisfied than female ones.

- Age (p<0.01). Over 30 show the lowest rate of negative answers (not so + not at all).

- Educational degree (p<0.01). Levels of satisfaction increase with increased education.

- Country (p<0.01). The Italians are the least satisfied while the Slovenians the most satisfied.

Levels of satisfaction with the own health show the following significant variations:

- Gender (p<0.01)-with male respondents more satisfied than female ones.

- Country (p<0.01). The Italians are the least satisfied while the Slovenians the most satisfied.

Levels of satisfaction with themselves, more generally, show the following significant variations:

- Country (p<0.01). The Italians are the least satisfied while the Slovenians the most satisfied.

Tab. 10 How satisfied are you usually with…

	VERY SATISFIED	SATISFIED	NEITHER SATISFIED OR NOT SATISFIED	NOT SO SATISFIED	NOT AT ALL SATISFIED	MISSING
Your financial situation	11.3	36.3	26.1	15.6	7.8	2.8
Your health	27.3	50.4	12.6	5.9	1.2	2.7
Yourself	29.6	47.0	13.7	5.5	1.5	2.7

12. SUMMARY AND CONCLUSIONS

This research was implemented with the purpose of analysing drug use patterns and traditional and new psychoactive substances that are used in recreational environments, specifically party settings, in Portugal, Italy and Slovenia.

This research confirmed that these contexts are mainly attended by young adults (90% of the sample is under 35) who attend party settings searching for pleasurable experiences, the main reasons being "to meet friends" (74.2%), "to have fun" (66.1%), "to listen to music and to dance" (61.6%). Besides this, most of the respondents are well-educated and engaged either in training or work, confirming that who use psychoactive substances in recreational settings are economically stable and socially integrated people (Parker 1997).

Regarding the use of drugs, the results of the survey showed how, indeed, among partygoers we can find a significant prevalence of people who use illicit drugs, mainly cannabis and stimulants, who use substances mainly for pleasurable effects, primarily "to have more fun" (56.5%), "to loosen up" (32.5%), "to feel emotions" (26.7%).

For all these reasons, the sample seems to correspond to the so called non-problematic drug users (Carvalho 2007; Cruz 2014). Indeed, unwanted consequences of drug use have been faced by people without any professional intervention in almost 60% of cases, simply by waiting them to pass or with the friends' help, which underline the importance of peer support in this kind of context.

As the project focus was mainly on new psychoactive substances, in the light of the results we may primarily state that **the use of NPS, even in the party population (where it is higher than in the general population), is significantly lower than the use of other drugs** – so despite their variety they are not so commonly used. Among NPS even the most quoted substance (3-MMC) has been used in the last month by only 5.5% of the sample and the last night by the 1.3%. On the contrary, traditional drugs - above all alcohol and cannabis – are the most consumed drugs also by partygoers. Furthermore, it has to be noticed that a lot of partygoers do not know NPS. Indeed, except for synthetic cannabinoids, most of respondents do not know the listed substances (4-MMC, NBOMe, 4-FA…), while they quote substances which are actually not new, confirming that this a blurred concept even among people who use drugs.

The relatively low use of NPS does not seem to depend on their availability, since most of respondents (about 64%) think that getting them is to some extension easy. The prevalence of respondents who think that they are dangerous (fairly/very) could be one explanation. Mephedrone is the substance overall considered more dangerous (36.5%), followed by synthetic cannabinoids (33.1%), NBOMe (33%), 3-MMC (32.3%), methylone (31.7%), MDPV (30.2%), and 4-FA (29.2%). Interestingly synthetic cannabinoids are the most known type of NPS and also the one less considered "very dangerous" (15.5%).

Alcohol and cannabis are confirmed to be the far most frequently used drugs also among partygoers, in general and even in the party contexts, while MDMA, speed/amphetamine and cocaine seem to be more like "party drugs", that is, mainly consumed in party settings. Nevertheless, the majority of respondents have never used a lot of traditional substances - such as LSD, mushrooms, ketamine, opium, heroin – besides NPS. Poly-drug use seems therefore to refer mainly to licit drugs and cannabis, the use of which seems to be normalised among partygoers (Parker 2009; Aldridge, Measham and Williams 2011).

It is worth noticing, however, that cannabis is also the most reported substance because of unwanted effects. This is relevant for harm reduction interventions, as it is important to remind people that unless – although cannabis is considered the most safe drug - it can anyway cause unwanted effects, especially when combined with alcohol.

By and large, half of the sample experienced, almost once in life, unwanted effects deriving from the use of drugs. This data clearly shows that there is the need to implement selective prevention and risk reduction strategies as well as it is already done for alcohol, covering a wide range of active principles. If we assume that side/bad effects can derive also and mostly from the use of a substance different from that expected - as shown by other data from the B.A.O.N.P.S. project - drug checking seems to be the most effective instrument to avoid this risk.

If we consider that 3/5 of the sample said they never used any **drug checking service** and that the 84% of respondents thinks that drug checking is useful to have information on drugs and potential risk, we can conclude that the majority of the respondents would use drug checking a lot if they would have the possibility. Drug checking could therefore become the way to get in touch with those that are defined "unreachable target", given them the opportunity to protect themselves from the harms that can derive from drug use.

About this, countries differences are evident. In Italy, the country where the D.C. is still an experimental service not ordinary provided to partygoers, we found an high rate of respondents who do not even know what is it, as well as in Portugal, as the DC is not available in all cities, while in Slovenia most of respondents know this kind of service. Anyhow, even Slovenians cannot use it as much as they would like, because the service is too remote or because it takes too long to get the results.

The data shows how **cultural differences** matter, as significant statistical variations have been found for almost all the topics. Some substances are clearly more spread in certain countries, like mushrooms in Slovenia or ketamine in Italy. Similarly, NPS seems to be more used and known – even though the numbers are always low – among Slovenian respondents. However, these findings – not confirmed by other surveys targeted to young people and adults (ESPAD 2016; EMCDDA 2017) - may relate to the specific party setting where the questionnaires have been administered, slightly different among countries. For instance, in Italy many data were collected during free parties, also called underground raves, with teckno[4] soundscapes while in Slovenia most data was gathered in clubs. All in all, however, the Italian consumptions seem to be more "old-fashioned" –respondents who use heroin are almost all Italians – while the Slovenian respondents, compared to the other countries - are the more engaged in NPS use, though being a small minority.

The differences could be also related to the availability of drugs in different countries but also in different settings. They could also depend on the fact that Slovenians are more informed, whether they use them or not. Anyway, these variations are now available to the harm reduction teams to be interpreted and addressed through prevention interventions.

Other differences that could be taken into consideration are those relating to the educational degree. For instance, it seems that NPS are perceived more dangerous from both people with a high education and those with a low education. This could suggest two different kinds of fear, related to lack of knowledge or on the opposite to awareness about the risks. If this would be true, different selective prevention strategies would be needed.

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[4] The word "tekno" refers to a kind of music harder and faster than techno one, that is self produced by djs and livesetters playing in underground raves.

Finally, also the gender issue should be reconsidered, also because, as the sample shown, when talking about partygoers, the gender gap is not comparable to those made of "traditional users". Therefore, this appears to be a proper population to investigate the so called gender convergence (Holmila & Raitasalo 2005), while avoiding the simplistic interpretations that look at this phenomenon as a mere imitation of the male model by young women. To this purpose the present study offers some cues – e.g. differences in motives to take drugs - that need further investigations.

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