No Good Time Without Drugs: Qualitative Study Among Nightlife Attendees in Tbilisi, Georgia

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INTRODUCTION: Individuals who visit nightclubs and electronic dance music (EDM) festivals tend to use psychoactive substances, often multiple substances, in this setting and are at risk of serious negative health effects. This paper aims to explore respondents' experiences and perceptions in order to have a better understanding of patterns and motives related to psychoactive substance use and high-risk behaviours in EDM event attendees. **METHODS:** In-depth and focus group interviews with 30 EDM event attendees who reported psychoactive substance use at nightlife events. The data was analysed using the Nvivo-v.10 software. **RESULTS:** Mixing multiple substances to get the desired effects was common. Ecstasy was often combined with Jager (alcohol). Drug use in nightlife settings occurred in a group of friends and was perceived as an essential part of having a good time. Most participants reported that they did not use drugs outside nightlife settings. The dangerous synthetic hallucinogen NBOMe was still on the scene. The respondents had a very low level of knowledge about, and perception of, the risks associated with drug consumption. Knowledge about risk minimisation strategies was very low or non-existent. **CONCLUSIONS:** Polydrug use and a lack of perceived harmful effects put drug-using nightlife attendees at increased risk of negative health consequences. Future research should focus on identifying strategies to raise the awareness of people who use drugs in nightlife settings and encourage them to employ health protection strategies. Using the social network infrastructure can be thought of as one potentially beneficial approach.

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1 BACKGROUND

Attendance at nightclubs and electronic dance music (EDM) events is associated with increased risk of psychoactive substance use and resulting adverse effects. Attendees of nightlife events report higher prevalence and higher frequency of psychoactive substance use compared to non-attendees (Palamar et al., 2016a; Palamar et al., 2016b; Palamar et al., 2015). In the Australian nightlife setting, among club-going adults who completed saliva drug swabs, 20% had a positive result, with stimulants the most frequently detected drugs (Miller et al., 2015). Amphetamine-type substance use in this group was four times higher than in the general population. Another research study showed that a quarter of club-goers tested positive for at least one illicit psychoactive substance upon exiting the venue (Byrnes et al., 2019); so-called "club drugs" (or "party drugs") traditionally include methylenedioxymethamphetamine (MDMA, also called "ecstasy" or "Molly"), methamphetamine (crystal meth), cocaine, ketamine ("Special K"), d-lysergic acid diethylamide (LSD), and gamma-hydroxybutyrate (GHB) (Halkitis et al., 2007; Kelly et al., 2006). However, recent research suggests the proliferation of a broader range of substances, including new psychoactive substances (NPS; e.g. synthetic cannabinoids and cathinones, etc.) in the club/festival drug scene (Moore et al., 2013; Palamar et al., 2016a; Zawilska & Andrzejczak, 2015). Given the fact that the term "club drugs" has been used variously in the literature, to minimise imprecision we define the term as the use of any psychoactive substance other than alcohol that occurs at EDM events and/or clubs. Club drugs may lead to a range of adverse effects, such as cognitive impairment, hyperthermia, depression, coma, or death (Kelly, 2005; Maxwell, 2005). Many users of club drugs use multiple illicit substances, which increases the risk of more severe acute and long-term negative effects. Importantly, females are more likely to report negative health consequences related to the use of club drugs such as ketamine (Chen et al., 2014).

The use of psychoactive substances in nightlife settings has not been well studied in Georgia, but the rapid expansion of the country's nightlife and dynamic development of electronic music scenes have turned the capital city into the centre of EDM events (Janney, 2017; Ravens, 2019; Wilson, 2018). Available Georgian studies, two online surveys and one qualitative, suggest a high prevalence of psychoactive substance use among EDM event attendees, polydrug use and mixing of psychoactive substances, and a lack of knowledge and awareness of the health-related risks of their behaviours (Beselia et al., 2019; Subeliani et al., 2019; Otiashvili et al., 2020).

The absence of harm reduction services (HRS) focused on nightlife settings, intertwined with a harsh drug policy and limited knowledge about the hard-to-reach sub-group of Georgian club-goers, makes them more vulnerable to the drug threat in comparison to their counterparts elsewhere in Europe. In 2018, the Georgian Ministry of Health reported 2,277 admissions to emergency departments because of psychoactive substance intoxication during EDM events (Amiranashvili, 2019). While several measures have been reported by most European countries as taking place in nightlife settings to reduce drug use-related harms (Exass Network, 2009), the Georgian HRS is still unable to ensure safer nightlife in the country.

The present qualitative study aimed to describe the drug use experience of party-goers, motivations for use, the perception of risks associated with psychoactive substance use in the nightlife setting, and knowledge and practice to reduce those risks and adverse effects. We believe that our study will provide a deeper understanding of the EDM event/club-goers' behaviour and will serve as a guide for planning and implementing nightlife harm reduction services.

2 METHODS

Nineteen in-depth and three focus group interviews were conducted with 30 partygoers in Tbilisi. The respondents were recruited via targeted snowball sampling with four seeds to make the sampling heterogeneous. The initial seeds were not selected within the festival context but identified through the research team's previous contacts and network of service providers and grassroots community groups. All the participants were informed about the study and had time to read an informed consent and decide whether they wanted to be involved. The interviews and focus groups were conducted on the premises of the addiction research centre Alternative Georgia, which offers a comfortable, confidential, and safe setting for such interviews. The focus groups were conducted with those respondents who were familiar with each other, represented peer networks, and felt comfortable and confident talking about psychoactive substance use. The focus groups helped us to achieve a safer and stigma-free environment where peers motivated each other to open up and speak without fear. Two experienced interviewers created an ethical and non-judgmental environment which allowed them to build trust and get honest responses. The study eligibility criteria included willingness to participate, an age of 18 years and older, attending nightclubs and/or EDM festivals at least once a month in the past 12 months, and reporting club drug use at least once a month in the past 12 months.

All the potential respondents who showed up at the research site were screened; consent was obtained and the eligible candidates were invited to participate. The semi-structured interview guides consisted of questions about socio-demographic characteristics, the experience of attendance at EDM events, drug use history and patterns of use, motivation for drug use, knowledge and information about drugs, drug use-related risk perception and prevention strategies, and first aid during intoxication.

The in-depth interviews lasted on average 30 minutes, while the group interviews lasted about 60 minutes. All the interviews were conducted in the Georgian language and recorded on a digital voice recorder. All the respondents provided written consent to participation in the study and to allow audio recording. The Bioethics Committee of the Health Research Union approved the study protocol and informed consent. We provided compensation of 25 GEL (EUR 8) to the respondents for the time and effort spent on participation. The initial seeds were compensated for the recruitment with 15 GEL (EUR 5).

2.1 Participants

Out of the 34 potential respondents who were screened 30 were eligible and all of them participated in the study. Almost half of the respondents were students and 23 were employed at the time of the interviews. The earliest age on the occasion of their first visit to a nightclub or EDM festival was 14 and the oldest was 21 years. *Table 1* provides the basic socio-demographic characteristics of the study participants.

Table 1 | Sociodemographic characteristics

Variable	N	Mean (SD)	Min-max
Age		23.4 (3.1)	18–29
Sex			
Female	8		
Male	22		
Employment			
Employed	11		
Self-employed	3		
Both	1		
Unemployed	2		
Student/unemployed	5		
Student/employed	8		
Education			
Complete school	6		
Incomplete university	3		
Student	13		
BA degree	6		
MA degree or above	2		
Marital status			
Single	23		
Married	3		
Partner	4		
Age at time of first drug use		17.9 (3)	13–24
Income (GEL)		1103 (812)	50–3000

2.2 Analysis

The interviews were transcribed verbatim, and Word documents were imported into Nvivo v.10. On the basis of Strauss and Corbin (1998), open coding was the initial step of developing codes from the data, followed by axial coding, where open codes were grouped into categories, which allowed for the building of a hierarchical coding system (Mills et al., 2006). A hybrid combination of inductive and deductive approaches was used. We deductively started with a set of codes, and then inductively came up with new codes. The hierarchical codes were combined into large themes; interpretation and inference of coded data were performed using thematic and content analysis. The queries of word and coding frequency, generation of a word tree, clustering, and other techniques were used to compare and visualise the coded data. All queries were performed in the original Georgian language in which the data was collected. Data codification was performed by two independent coders and the first author assessed the theoretical saturation and reliability of the results. The informational saturation was measured with the Jaccard similarity index (called the Jaccard similarity coefficient) (QSR International Pty Ltd, 2017). Nvivo10 provides a tool to measure this coefficient through cluster analysis of sources (interview transcript) by coding similarity. The Jaccard coefficient (0 = least similar, 1 = most similar) was higher than 0.6 on average; in 10% of cases it was higher than 0.9. The first themes that attained theoretical saturation were: motivation for taking drugs; polydrug use and the use of combinations of different substances, and knowledge and perception of the risks associated with substance use and risk reduction strategies.

3 RESULTS

3.1 Drug use experience, polydrug use, drug combinations

The first drugs tried were marijuana (43.3%), MDMA (33.3%), and LSD (13.3%). Currently, the drugs used most often were MDMA (70%), cannabis (40%), LSD (30%), amphetamine (20%), ketamine (10%), NBOMe (13%), myorelaxants with a psychotropic effect (Lyrica, Baclosan, 7%), and synthetic cannabinoids (3.3%) – (the sum exceeds 100% because of the use of multiple substances by individual participants). More than half of the respondents (53.3%) reported that they did not use drugs outside nightlife settings. When going clubbing, the respondents reported that they procure the drug in advance and consume it inside the venue or while waiting in an entry queue. The drug was consumed about half an hour prior to the start of the performance, so that they would feel the effects by the time the music started.

In-depth interview (IND), Male, 23: *"I usually use prior to entry, half an hour in advance, in a line for example."*

Focus group (FG), Male, 27: *"I use inside the club. There was a case when I was not permitted to enter, so that would be nonsense."*

FG, Female, 27: *"I never used outside. There is such a long queue; I do not want to get the drug coming on while waiting in a line."*

All the respondents reported consuming several substances while having a night out in a club. In many cases there was a clear explanation behind using specific combinations of various substances. The most popular combination was MDMA and Jager (Jägermeister, an alcoholic drink). The respondents believed that Jager enhanced and articulated the effect of the stimulant (MDMA in this case). Jager was also used to soften the exit from the drug.

FG, Male, 25: *"Jager has replaced Baclosan (a myorelaxant with a painkilling effect) in Georgia. It helps to take the edge off the drug."*

IND, Male, 21: *"I do alcohol in the morning, when I am finished. It feels very different, I cannot explain, but very different. And everyone*

knows that Jager is good to deal with MDMA's atkhadniak (a.k.a. coming down). But I think that in general any alcohol will work."

The respondents frequently reported adding cannabis to other drugs. Like alcohol, cannabis was used to facilitate the effect of the (main) drug, but also to soften the exit.

FG, Male, 27: *"NBOMe and marijuana, hallucinogen and marijuana, MDMA and marijuana. It (marijuana) makes the effect (of the drug) stronger, gives a different feeling, adds content to any drug. Makes it stronger is probably not the exact term, it makes it richer, more diverse."*

IND, Male, 21: *"I will never stop mixing them; I can mix ketamine with anything else, because it doubles the effect, triples…"*

IND, Female, 22: *"Grass after LSD, and so on. Because everyone says it calms you down and all folks do that, smoke after the drug to calm the organism down."*

Painkilling myorelaxants were used to deal with hangovers.

FG, Male, 25: *"I use Lyrica after every event because it helps with atkhadniak. You don't feel bad, not dying, and there is no pain."*

According to the respondents' accounts, there is a clear explanation for using specific combinations: first, to increase and prolong the effect of the "main" drug, and to make it richer, and second, to soften the comedown from the "main" drug. Some respondents named their favourite combinations and, again, provided sensible reasoning for their preferences.

IND, Male, 20: *"I do "seeker" (a.k.a. "CK blend" but the respondents pronounce it incorrectly) – cocaine and ketamine. They suppress each other. Ketamine helps with euphoria and cocaine increases your self-confidence. And they balance each other. If not cocaine, then speed, if not speed then I do amphetamine."*

IND, Male, 19: *"When you combine LSD and MDMA it is called "brilliant". You get a better effect and a better trip."*

For some participants, drug use takes more of an unstructured form. They consume what is available without knowing much about the drugs they take.

IND, Male, 22: *"As I say, I depend on others. I use something, then I want more; I will ask someone, and he has something and gives it to me. So, I do not have specific preferences that something is good with that particular drug. On the level of information, I always hear that it's not good to mix things but on the basis of my personal experience I have never heard that ecstasy, MDMA, ketamine, or cocaine ever led to serious consequences."*

3.2 Motivation behind drug use in clubs

EDM was perceived by the respondents as the best environment for relaxing and having a good time. The kind of music and the DJ who was performing, the venue, and the people (i.e.

the clientele) were important factors when deciding to visit a specific event/venue.

The participants' accounts suggest that drugs were seen as a necessary element of having a good time, as well as enjoying the music and company of friends. They all indicated that they consume drugs to feel good, to increase energy and stay awake, and to have a good time with friends.

FG, Male, 21: *"I can enjoy the music without it (a drug), but it gives me the opportunity to enjoy the whole night."*

IND, Female, 18: *"Drugs, music, and friends – all I need … the first time I tried the drug my best friend was there and my favourite DJ was performing, and this was an ideal first try. Music, friends, I had everything I needed."*

Peer networks appear to be the most important factors for using drugs in a club. The participants stressed that drugs help to bring their feelings into correspondence with others and increase the feeling of relating to people, to facilitate a stronger connection with the venue and music.

IND, Male, 27: *"It is about the people around… and then the music. You share common interests with the group. We wanted to use together; this was the first. Music comes next, but the group of friends is the most important for me."*

IND, Female, 25: *"It is always people with whom I hang out that night. If I go alone, I don't use anything. Because in those moments I need, not only need, but it is an essential part of leisure, that someone is around, someone who you love and whom you hug and share all your feelings with."*

FG, Male, 21: *"Music and the surroundings play a huge role in your decision whether to use or not. Sometimes I had something in my pocket but did not use."*

The DJ was an important part of the scene. Often the decision about which drug to consume and when was made on the basis of who was performing and what kind of music was played.

IND, Female, 25: *"Yes, it depends on the kind of music; the music should be appropriate. It should not be pop, definitely not. You need electronic music for that."*

In addition, for some respondents drug use helped in suppressing stress and negative emotions and facilitated relaxation after a hard day or week at work.

IND, Male, 20: *"My emotions are important. When I think that I need to suppress in my mind all the stresses I have, to let my mind forget everything, I have those moments…"*

Only one respondent indicated that the effect of the drug itself was the most important motivator for drug use.

FG, Male, 27: *"It depends on myself first; I like any drug and I use it regardless of anything. Then I enjoy music and the company of friends."*

3.3 Knowledge, perception of risks and harm reduction practice

There was a varying perception of the risks associated with the use of illicit drugs. The respondents agree that the quality and purity of street drugs may vary significantly. However, this did not prevent them from using.

IND, Male, 21: *"I can say that someone whom I trust gave me this drug and I know this person would not give me anything bad. But I realise he can be unaware himself because, you know, people add something to it…"*

The dosage was determined on the basis of some advice from a dealer or a friend and in accordance with one's personal experience. Some respondents looked on the internet for information on drugs they intended to consume, including for the relevant information on dosing. However, now that it might be of use, this information was often ignored.

IND, Female, 18: *"By the way, I read on the internet about MDMA and estimated my dose and it was 70 mg. But I do not really believe it; they calculate the dosage on the basis of your height and weight. But my friends are so tall and skinny, and they consume much more than this formula suggests."*

The dosing rules were often based on popular beliefs and included steps to prevent possible risks. For MDMA, in most cases the respondents took half of a pill, waited for the effect, and took the rest if they felt okay. In the case of powdered MDMA, the most prevalent way of dosing was to fill in the tip of the filter of a Parliament® cigarette. This was considered as a single dose: 70–75 mg (as suggested by participants). Dose determination sometimes also depended on who was present at the scene. If there was a sober person or someone with good knowledge of signs of intoxication and helping strategies, then others could try higher doses of the drug.

IND, Male, 22: *"I only ask which drug that is, nothing else."*

IND, Male, 25: *"I never look for any additional information. I have a kind of intuition and can detect which drug is good and which is bad."*

The respondents' accounts indicate that they distinguished themselves from other groups of people **who use drugs (PWUDs)** and did not perceive their drug-related behaviour as problematic. For most participants, there were specific drug-related behaviours that were considered risky and unacceptable. The respondents perceived injecting drug use as too risky and drugs that are injected were seen as dangerous. NPS and the powdered form of ecstasy/MDMA were also perceived as dangerous. The respondents reported a few risk minimisation strategies to prevent and/or deal with the potentially negative effects of drugs, although they had never received any professional consultation from harm reduction services or social workers. They could not identify any harm reduction services that operate in nightlife settings and provide support to PWUDs. These included having a period of a few weeks of abstinence from drugs; not going to several events in a row to give the body some rest; having a sober friend around when using

drugs, and drinking a lot of water following the use of stimulants. When asked about the drug checking service at nightlife events, only a few respondents knew about this type of service, and only one had any experience with drug checking.

3.4 Needs for risk reduction information

The major sources of drug-related information were friends and then the internet. The web searches for information were not very targeted, but rather were limited to simple Googling and getting visualised information from the first sites that popped up. Some respondents mentioned use of the website http://ecstasy.org/, which gathers ecstasy samples (principally MDMA) to test and then makes accessible objective, authoritative, and up-to-date information about this drug.

We asked the respondents what the most useful information would be to help them to reduce the risks associated with psychoactive drug consumption in clubs. Various topics and interventions were proposed. These included qualified and trained staff at nightlife events, ambulances/paramedics stationed outside the venue, the provision of free drug testing kits, and condoms and water, including through vending machines. Many suggested that an online information resource in the Georgian language would be useful. When asked about the content of the information, the participants suggested the following: the effects and side-effects of different drugs; rules for dosing; dangerous/harmful combinations; signs and management of overdoses; drug checking services, and risk reduction strategies. The respondents further elaborated that this information should not be marginalised and needs to be delivered in plain and neutral, non-judgmental language and by a trusted source. The information provided should be non-textual and mostly visual, in the form of photos, pictures, and video clips that can be understood quickly, easily, clearly, and without much effort. The proposed means for information delivery were a website or mobile application, but also possibly posters at clubs and festivals. The participants also mentioned chats on online platforms where it would be possible to post questions and to receive consultations about different issues.

4 DISCUSSION

This study described the experience of nightclub and EDM event attendees who use psychoactive substances in Tbilisi, Georgia. Our sample was young Georgians, educated, employed, socio-economically stable individuals (mostly males) who attended nightlife venues on a weekly basis. The average income of the sample was higher compared to the per-person average incomes of Georgian households, 1103 GEL and 364 GEL, respectively (GEOstat, 2021). International research has identified groups with a diverse socio-economic background among nightlife attendees who engage in psychoactive drug consumption. Similar to our findings, research from the United States and Australia indicated that people who use club drugs tend to be young, educated, and employed (Parks & Kennedy, 2011). In contrast, in an Italian study, the majority of those who

use club drugs had a low level of education and only one in ten had a full-time job (Biolcati & Mancini, 2018).

Drug use in clubs largely occurred within a group of friends and peers and was preconditioned by the collective desire to have a good time and enjoy the night together. The participants had low levels of knowledge and perception of the negative effects associated with drug use. Biolcati and Mancini (2018) suggest that polydrug use was more prevalent among disadvantaged populations in Italy and that consuming psychoactive substances was intended to address the dissatisfaction with one's current living situation. Our sample was composed of individuals who used multiple substances in clubs and the majority did not report consuming drugs outside the nightlife context. Previous research suggests similar trends in polydrug use and in mixing alcohol and cannabis with MDMA and other club drugs (Biolcati & Mancini, 2018; Fernández-Calderón et al., 2018; Fernández-Calderón et al., 2014; Sañudo et al., 2015). However, some authors have described people who use club drugs and reported the use of traditional/conventional illicit drugs as well (Parks & Kennedy, 2011).

Purposely using combinations and following a specific sequence of drug use seem to be a common phenomenon in a club drug use setting elsewhere. Cannabis appears to be the most frequently consumed substance among club-goers and is used in both the nightlife context (often as an addition to the main substance) and in conventional settings (Ravn, 2012). Concurrent use of cannabis and alcohol with club drugs has been widely reported (Fernández-Calderón et al., 2018; Parks & Kennedy, 2011). As with our sample, a study in the Netherlands found that cannabis was used in combination with MDMA (and other club drugs) to enhance and to smooth its effect, but it was also consumed closer to bedtime to calm down and help with sleep (van der Poel et al., 2005). In Hong Kong, Joe-Laidler and Hunt (2013) reported that ketamine was added to ecstasy in order to speed up and heighten its effects.

Our respondents reported mixing ketamine and stimulants, LSD and MDMA, and other substances, suggesting that information on these and other specific combinations has emerged and spread widely within the world of club drug use. Consumption of alcohol together with ecstasy/MDMA was a common and the most prevalent pattern of mixing substances, and was not perceived as a dangerous combination by the study participants. Alcohol can be a main driver of MDMA-induced hyperthermia and dehydration, in interaction with other factors such as high ambient temperatures, heavy exercise (vigorous dancing), vasoconstriction, and delayed initiation of sweating and diuresis (van Amsterdam et al., 2021). There was no awareness about the risks posed by the combination of alcohol and ecstasy/MDMA in our sample.

There are various drug use strategies utilised by nightlife attendees in terms of their timing of their drug use. Some of our respondents preferred consuming drugs inside the venue. Similar preferences were suggested in studies from the Netherlands and Denmark (Ravn, 2012; van der Poel et al., 2005). The participants in these cases stressed the desire to feel the atmosphere of the venue before they consumed the

drug. However, other participants reported taking a pill prior to leaving their homes or right before entering the club, so they would not wait for the effect too long and would enjoy the atmosphere and dancing right away. For some club-goers bringing drugs into the club was associated with certain risks of being caught, so that added to the reasons for consuming the drug prior to entry into the venue (Ravn, 2012).

Drug use in our sample was closely linked with the club environment and drugs were rarely consumed outside this setting. Drug consumption was generally planned, and the goal was to enhance the experience of having a good time with friends and peers and to enjoy the music and venue, rather than for the purpose of intoxication and just feeling the effect of the drug. The link with the context and the network of friends was strong. Drug use was centred around the social context and aimed at enhancing a positive experience, but also escaping from the negative consequences of a daily routine (Parks & Kennedy, 2011). Importantly, drug use constituted a normalised aspect of socialisation and the participants appreciated the experiences organised around it (Järvinen & Ravn, 2011). Previous research has highlighted that, for some club-goers, the crowded context was a vital part of the environment that enhanced the motivation for use compared to others who reported that the pleasure of enjoying the music and the venue were the main factors for consuming (Bøhling, 2014). When the atmosphere was not appropriate or good enough, some club-goers would not have used drugs even if they had the substance in their possession (van der Poel et al., 2005). Researchers have reported on diverse groups of substance-using nightlife attendees and various drivers behind use. Some used drugs to take breaks from the routines of everyday life, some used them to get away from their problems, anger, and frustration, and others used because they were "hooked" on drugs (Joe-Laidler & Hunt, 2013; Parks & Kennedy, 2011). Other studies reported on temporary networks in which the participants' relationships were centred around drug consumption processes and they did not have much in common apart from that (Järvinen & Ravn, 2011). Research on club drug use has also articulated the links between the use of specific substances and the kind of music and the venue. Stimulants with hallucinogenic effects (MDMA), hallucinogens (LSD), and dissociative drugs (ketamine) are associated with EDM since they enhance the rave experience, articulate the interconnectedness and perception of music, and allow club-goers to dance all night (Parks & Kennedy, 2011). In contrast, because of the ability to increase self-confidence and thanks to their compatibility with alcohol, cocaine and amphetamine are largely associated with mixed music clubs where dancing and flirting often go together (Ravn, 2012). Cannabis in this music scene is often used in combination with alcohol, and sometimes with cocaine (van der Poel et al., 2005). Notably, our sample included EDM clubbers with a "normal" social background, whose drug use was shaped by the shared intention to have a good time out in the company of friends. Here we agree with Järvinen and Ravn (2011), who suggested that there is a need to *"focus on the diverse social networks that drug users are part of and on their varying drug use practices, some of which gradually develop into more problematic use forms".*

We found a worrying lack of knowledge about the negative effects and risks associated with psychoactive drug use in our sample. Few of our respondents looked systematically for drug-related information beyond their friends, who were their main sources of information on psychoactive drugs. This low level of perception of harms among people who use club drugs has been reported by other authors as well (Palamar et al., 2018) and can be linked to the general acceptance and perceived normality of club drug use among young adults (Parks & Kennedy, 2011). These individuals do not see themselves as engaging in problem behaviour (drug use) and express specific opinions on which drug or what form of consumption is wrong. The use of heroin or "bath salts" or NPS and injecting use are generally disapproved of in these groups (Palamar et al., 2018; van der Poel et al., 2005). Alarmingly, similarly to our findings, in many locations users are often not aware of what they are using. For example, Palamar et al. (2016a) reported a high prevalence of the unintentional use of "bath salts" and NPS in a sample of club-goers who use drugs.

The extant scientific literature reports on several risk reduction strategies employed by club drug users. Similarly to the behaviour of our respondents, harm reduction practices include taking half a pill (for example, of ecstasy) to check the quality, and then taking the other half (Davis & Rosenberg, 2017). Some user groups decide that one friend will not use drugs, with that sober individual keeping an eye on the others, identifying when someone consumes too much, and responding to possible heavy intoxication situations. Other prevention strategies include avoiding mixing alcohol with other drugs, not mixing too many drugs, getting drugs from reliable sources and not using with strangers, drinking water or soft drinks, and resting after the party (Fernández-Calderón et al., 2014b).

Our findings suggest that there is a need to develop and implement novel risk reduction strategies for club goers who are engaged in psychoactive substance use. Importantly, those interventions will need to consider that these young people might not be interested and motivated to give up drug use completely or to focus on goals too far in the future. Interventions can instead focus on gradual immediate goals, such as employing risk reduction behaviours targeting polysubstance use in addition to the specific negative effects of particular drugs and harmful combinations (Fernández-Calderón et al., 2014). For example, many festival attendees believe that drug checking would be a useful intervention and express readiness to use this particular service (Barratt & Ezard, 2016; Day et al., 2018). Many claim that if drug checking identifies dangerous or undesirable adulterants, they will not consume those drugs (EMCDDA, 2019). Importantly, it would be critical to engage clubbers and

networks who use drugs in intervention development and goal setting, for example, allowing them to take part in *"defining what problematic and unproblematic drug use means"* (Järvinen & Ravn, 2011). Our current and previous research suggests that social networks and peers hold the potential to play a vital role in both defining the content of interventions and acting as delivery channels (Beselia et al., 2019).

Limitations

These results probably reflect the experience of a specific group of socio-economically stable nightlife attendees who reported non-dependent drug use. Drug use among these young adults reflected recreational use within their social networks with a clear purpose of enjoying a night out together. We acknowledge that there might be other groups of individuals who consume drugs in nightlife settings and who exercise behaviours different from those that we observed in our sample.

5 CONCLUSIONS

This study adds to our knowledge about psychoactive substance use in nightlife settings and the related health risks. Polydrug use practices and lack of knowledge and low perception of risks were major concerns. Identified risky behaviours can be addressed with the development of appropriate harm reduction services that are not currently available in Georgia. Our findings can guide future research endeavours and suggest that the focus should be on identifying strategies to raise the awareness of club drug users and to encourage them to employ risk reduction strategies. Using the peer network infrastructure for this purpose should be considered as a potentially useful approach.

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