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IN THE MATTER OF AN APPEAL
UNDER THE LICENSING ACT 2003

IN THE HIGHBURY CORNER MAGISTRATES COURT

BETWEEN

FABRIC LIFE LIMITED

Appellant

-and-

LONDON BOROUGH OF ISLINGTON

RESPONDENT

WITNESS STATEMENT
OF FIONA MEASHAM

I FIONA MEASHAM OF Durham University, Durham, DH1 3HN, will say as follows:

Experience

1. I have been Professor of Criminology at Durham University since January 2013. Before that I was Lecturer then Senior Lecturer in Criminology at Lancaster University from 2000-2012, and before that I was a researcher at Manchester University from 1991 to 1999. At Durham I am also Director of the MSc Criminology and Criminal Justice postgraduate programme and Director of the Inside-Out prison exchange programme.

2. I have been an academic since 1989, specialising in recreational drug use and particularly dance drug use in dance clubs. Two of my co-authored monographs are Illegal Leisure[1] and Dancing on Drugs[2], for both of which I was the lead researcher on research council-

[1] Parker, H., Aldridge, J. and Measham, F. (1998), Illegal leisure: The normalization of adolescent recreational drug use, London: Routledge.
[2] Measham, F., Aldridge, J. and Parker, H. (2001). Dancing on Drugs: Risk, health and hedonism in the British club scene, London: Free Association Books.

funded projects. Illegal Leisure is an internationally renowned text on trends in recreational drug use (723 citations). Dancing on Drugs was the first academic study of dance drug use in UK dance clubs (228 citations).

3. I am a recognised international expert on dance drugs and dance clubs, evident in my regular invitations to be keynote speaker at international conferences such as the Club Health conference (most recently in Lisbon this year). I conduct a rolling programme of research on dance drug use including six years of annual surveys at South London nightclubs assessing changing patterns of drug and alcohol use and their impact on a range of health indicators, in partnership with Guy's and St Thomas' NHS Trust.[3] I am also conducting the only longitudinal study of changing trends in festival drug use in the UK, from 2010 onwards. I have visited scores of nightclubs, bars and other leisure venues around the world and worked with their management, both in my capacity as a university researcher and before that working in nightclubs and attending them from the late 1970s.

4. In terms of public appointments I am a policy advisor to criminal justice and public health services, at local, national and international level. At national level, I have been a government drugs advisor since 2009, appointed to the statutory scientific advisory committee the Advisory Council on the Misuse of Drugs. Other recent public appointments include to the Home Office Ministerial Expert Panel on New Psychoactive Substances (2014) by Norman Baker MP, Minister for Crime Prevention (as the only social scientist),[4] to Public Health England's Drug Treatment Expert Reference Group (2015) and to the Liberal Democrat expert panel on cannabis regulation (2015). At local level my research helps shape future service provision through a rolling programme of research with Lancashire County Council and Public Health England. At international level I am a

[3] Measham, F., Wood, D., Dargan, P. and Moore, K. (2011), The Rise in Legal Highs: Prevalence and patterns in the use of illegal drugs and first and second generation 'legal highs' in south London gay dance clubs, *Journal of Substance Use*, 16 (4): 263-272.

[4] NPS Review Expert Panel (2014). New Psychoactive Substances Review: Report of the Expert Panel. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/368583/NPSexpertReviewPanelReport.pdf

regular contributor at the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

5. Alongside my academic and policy advisory work, I am co-founder and Director of The Loop, a not-for-profit community interest company that provides drugs, alcohol and sexual health services at nightclubs, festivals and other night time economy settings to reduce harm and promote health and well being at events. Since starting in 2013 we have grown to a team of over 70 volunteers. The Loop's service includes a festival welfare service, nightclub outreach/advice stalls, brief interventions and counselling services at a range of venues including the Warehouse Project and Albert Hall events in Manchester every week, Fabric in London every month and approximately four UK festivals and two in continental Europe. The Loop also runs a unique forensic testing programme to identify substances of concern at nightclubs and festivals with results fed back to emergency services on site and other stakeholders include as part of the Home Office Centre for Applied Science and Technology's national testing programme. We also promote harm reduction through an active media and social media presence and through partner social media channels, reaching a combined audience of several 100,000.

Society's changing use of drugs

6. The Crime Survey for England and Wales (CSEW), an annual national survey conducted by the Home Office, is the best estimate of illegal drug use in the UK,[5] although academics suggest it is an underestimate of drug use for a variety of reasons.[6] The 2014/15 CSEW shows that:

    - In relation to adults, just over one third (34.7%) of 16 to 59 year olds reported having taken drugs at some point during their lifetime and about 1 in 12 (8.6%) had taken an illicit drug in the last year, approximately 2.8 million people.

[5] Home Office (2015). *Drug Misuse: Findings from the 2014/15 Crime Survey for England and Wales*, Second Edition, Statistical Bulletin 03/15, London: Home Office. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/462885/drug-misuse-1415.pdf

[6] Newcombe R (2007). Trends in the prevalence of illicit drug use in Britain, in M. Simpson *et al.* (eds), *Drugs in Britain: Supply, Consumption and Control*. Basingstoke: Palgrave-MacMillan. Measham, F. (2005), Drug and Alcohol

- In relation to young adults, about 1 in 5 (19.4%) of 16 to 24 year olds reported having taken an illicit drug in the last year. This proportion was more than double that of the wider age group and is estimated to equate to approximately 1.2 million people.

- Use of ecstasy in the last year increased among 16 to 24 year olds between the 2013/14 and 2014/15 surveys, from 3.9% to 5.4%. This is a statistically significant increase and equates to increase of approximately 95,000 young adults using ecstasy at least once a year.

- The wider trend in ecstasy and other Class A recreational drugs has been of increased use across the 1990s to a millennial peak, then a dip in the early 2000s and increasing again in the last two years.

7. Dance drug use is a subset of recreational drug use. Dance drugs (otherwise known as club drugs) are associated with nights out that include attendance at dance clubs, raves, warehouse parties, or other such events playing electronic dance music.[7] This will include consumption both before entering any bars or clubs ('pre-loading' with alcohol and drugs) and after leaving a dance club at the end of the night out (at 'chill-out' parties, 'afterparties' or at home with friends). Such chill out and afterparty consumption can continue well into the next day and even across the whole weekend. In my research I have characterised this pattern of behaviour as weekend recreational repertoires of consumption (Measham and Moore 2009).[8]

8. Ecstasy is particularly favoured as a dance drug because it has both stimulant and empathogenic properties (It releases serotonin which induces empathy towards others).

Studies: Key debates in the field, in Peelo, M. & Soothill, K. (eds), *Questioning Crime and Criminology*, Cullompton: Willan, pp.83-101.

[7] Coomber, R., McElrath, K., Measham, F. and Moore, K. (2013), *Dictionary of Key Concepts in Drugs and Society*, London: Sage.

These combined properties mean that ecstasy users are likely to want to engage in physical activity when under the influence of the drug (rather than be sedentary) and also to seek out social situations rather than be alone. Not surprisingly therefore, nightclubs where young adults can both dance and socialise are particularly favoured by ecstasy users over and above more sedentary leisure venues such as pubs or cinemas, or staying at home all evening.

9. Whilst raves and warehouse parties in the early 1990s did not have drinks licenses and customers did not favour alcohol consumption, a feature of dance clubs since the mid 1990s has been increased alcohol premises licenses and also increased consumption of alcohol along with dance drugs. Drinking alcohol, combined with prolonged dancing when under the influence of stimulant drugs, is likely to increase risks associated with such drug use including dehydration, overheating and cardiac problems. Therefore it is the drug taking context, as well as the cocktail of drugs consumed, that significantly increases the risks from dance drug use.
10. As regards prevalence of dance drug use within dance clubs, from my research across many clubs across three decades I estimate that approximately 50-70% of customers report illegal drug use within a club on any given night, although this will vary by region, music genre and venue (Measham et al 2001; Measham and Moore, 2009; unpublished data). This includes at dance clubs of similar size and music policy to Fabric that also have drug detection dogs in operation.

11. The Home Office has noted the role of globalisation in increasing availability of illegal drugs in the UK: "Our shrinking world, in which people, goods and ideas travel with increasing ease, is one in which unlawful drug taking seems to be increasing everywhere" (Ramsay & Percy, 1996: vii). The UK has amongst the highest rates of prevalence of use of illegal drugs and also of binge drinking in Europe, with drugs much cheaper and more easily available than in many other developed countries.[9]

[8] Measham, F. and Moore, K. (2009), Repertoires of Distinction: Exploring patterns of weekend polydrug use within local leisure scenes across the English night time economy, *Criminology and Criminal Justice*, 9 (4): 437-464.
[9] EMCDDA (2015), *European Drug Report 2015: Trends and Developments*, Lisbon: EMCDDA. http://www.emcdda.europa.eu/publications/edr/trends-developments/2015

12. Distinctions remain between dance clubs and nightclubs, however. In a covert observational study of 600 licensed premises by the author for a Home Office study (KPMG 2008), variations in levels of intoxication, crime and disorder were identified depending on the type of premises involved. Late night high volume vertical drinking establishments and 'mainstream' nightclubs playing popular music tended to have more drunkenness and drink-related anti social behaviour compared with dance venues with higher levels of apparent dance drug use,[10] where the main motivation for attendance was to dance to specific genres of dance music played by celebrity DJs appearing that night. A study by Forsyth and colleagues compared eight Glasgow nightclubs and concluded something similar in relation to lower levels of alcohol-related violence and aggression at the venue where dance music was played and where dance drug use was more overt.[11]

13. From my research on changing trends in recreational drug use over 25 years I would suggest that key current trends include: an increased quantity of drugs consumed on a night out; an increased willingness to experiment with new drugs (including NPS or legal highs); an increased range of drugs consumed (polydrug use); increased use of alcohol with illegal drugs; a shift from ecstasy pills to MDMA powder or crystal and the problems with doseage associated with MDMA crystal[12]; and notable in summer 2015, the reappearance of LSD (odourless blotters of paper smaller than an fingernail impregnated with lysergic acid) after many years' absence in drug taking repertoires.

Quality of Fabric operation

14. Having attended scores of nightclubs, pubs and clubs across the world from Birmingham to Bogota across nearly 40 years and having scrutinised Fabric's security operation, entry

[10] Home Office/KPMG LLP with Lancaster University (2008), *Review of the Social Responsibility Standards for the production and sale of alcoholic drinks*, Birmingham: KPMG LLP. Volumes 1-3.
[11] Forsyth, A. et al (2005), Factors associated with alcohol-related problems within licensed premises: Report to the Greater Glasgow NHS Board, http://www.nhsggc.org.uk/media/230512/nhsgg_pilp_main_report_2005-02.pdf
[12] Smith, Z., Moore, K. and Measham, F. (2009), MDMA Powder, Pills and Crystal: The persistence of ecstasy and the poverty of policy, *Drugs and Alcohol Today*, 9 (1): 13-19.

practices and searches, as well as discussed the operations in detail with management and security staff, I can confidently say that Fabric operates the strictest security operation and admission policy that I have ever seen. In particular the fact that customers are obliged to enter through a metal detector gate one by one eliminates the most obvious weakness in many entry policies of groups of customers being able to slip past security staff in the shadow of other customers. Another notable feature of Fabric, brought to my attention by the Loop's volunteers in the summer of 2015, was the zero tolerance approach to sexual harassment at the venue. Loop volunteers saw male customers ejected from the club for sexual harassment of female customers and they commented on how rare it was to see such proactive management of licensed premises in relation to this issue. (Indeed I have never seen a customer ejected from a nightclub for sexual harassment.)

Unpacking drug-related deaths

15. Les King and David Nutt,[13] in a critique of the official statistics on deaths attributed to New Psychoactive Substances (NPS), have noted how mortality rates themselves can be contentious, highly publicised and highly politicised. There are difficulties in identifying a causal relationship between a specific drug and a drug-related death when there are often multiple drugs consumed and there may be partial or inadequate toxicology reports in relation to the different drugs, increasingly so with cuts to forensic budgets. The challenges and complications of recording a drug related death, as well as the preponderance of multiple drug use in the lives as well as deaths of the deceased, are illustrated in Wilson's work on Lancashire drug related deaths in 2008/9.[14] Also alcohol often plays a significant but largely hidden role in what is recorded as a drug related death.

[13] King, L. & Nutt, D. (2014), Deaths from "legal highs": a problem of definitions, *The Lancet*, 383: 952 (letter, 15th March).
[14] Wilson, A. Confidential Inquiry into Drug-Related Deaths in Lancashire 2008/09, Lancaster: Lancaster University. http://s3.amazonaws.com/zanran_storage/www.lancashire.gov.uk/ContentPages/996218437.pdf

16. Furthermore, there is disproportionate coverage of different drug-related deaths and the public scrutiny related to them. For example, Forsyth's research illustrates how the public's perception of drug related risk is distorted by selective reporting, with the highest frequency of media coverage reserved for ecstasy related deaths. He published a 10 year review of drug deaths in Scotland which showed that the chances of newspapers reporting a death from an overdose of paracetamol (acetaminophen) was 1 in 250, a death from amphetamine was 1 in 3 and that every death from ecstasy was reported by the press.[15] Murji has noted that press attention is further focused on "newsworthy victims" such as pretty, white teenage girls who had taken ecstasy rather than a homeless heroin addict, for example.[16]

17. Obviously each drug-related death is an enormous tragedy and casts a dark shadow over a leisure event and the management and staff employed there, as well as emergency services involved. However, it is relatively rare in statistical terms. There are approximately 25-30 ecstasy-related deaths in the UK each year compared with estimates of up to a million ecstasy pills consumed each weekend. Therefore the estimated risk of death has been calculated as approximately one in seven million (quoted in Murji).

Impact, efficacy and unintended consequences of drug detection dogs

18. There is a very limited evidence base on passive detection or drug detection dogs and on deterrence more broadly, with minimal research conducted in this area so what evidence does exist is tentative.

19. The National Association of Security Dog Users provides dog training for the security dog sector in relation to the detection of drugs, explosives and other target scents, recognised by the Home Office, Association of Chief Police Officers (ACPO) and the

[15] Forsyth, A. (2001), Distorted? a quantitative exploration of drug fatality reports in the popular press, International Journal of Drug Policy, 12 (5-6): 435–453.
[16] Murji, K. (1998), The Agony and the Ecstasy: Drugs, media and morality, In Coomber, R. (ed), *The Control of Drugs and Drug Users: Reason or Reaction?* Amsterdam: Harwood Academic Publishers. http://www.psychedelic-library.org/murji.htm

Security Industry Authority (SIA).[17] NASDU has a Code of Practice for the Use of Detection Dogs and NASDU-approved trainers provide Level 3 Passive and Proactive Drugs Detection Courses for dogs and their handlers. Whilst there is some criticism of these standards, some firms within the security dog sector operate at what they consider to be standards higher than the NASDU threshold.

20. The only police guidance in relation to the use of drug detection dogs is in the ACPO Police Dog Training and Care Manual (ACPO, 2002)[18]. The ACPO Dog Training Manual states that "people may not be funnelled or individuals requested to change their direction in order to facilitate the dog's deployment as this may constitute a search."

21. I propose that there are three key indicators for evaluation of drug detection dogs:

- Successful indications by a dog (drugs were found on the person).
- False positives (indication given by a dog but no drugs were found on the person for whatever reason).
- False negatives (no indication given by a dog but drugs subsequently found on the person by security staff or police, either at the entrance or later in the leisure venue).

22. Successful indications – where a dog successfully indicates drugs being carried on the person, this is predominantly for more pungent drugs. For example, the New South Wales Ombudsman's review[19] details how during the first year of the Drug Dogs Act from 22nd February 2002 to 21st February 2003 drug detection dogs made an indication of the presence of an illegal substance on 4078 occasions. Police located drugs in 1110 (27%) of the 4078 searches conducted after drug dog indications. No drugs were found in the

[17] http://www.nasdu.co.uk/
[18] ACPO Police Dog Working Group (2002), Police Dog Training and Care Manual. http://www.acpo.police.uk/asp/policies/policieslist.asp

remaining 2968 searches (73%). On the occasions when a drug was located after a search it was predominately a small amount of cannabis (83.8%) that was found, followed by ecstasy (8.5%).

23. False positives – studies suggest that the majority of indications by drug detection dogs do not result in the identification of drugs on the person. In 2011 the Chicago Tribune reported that "a Tribune analysis of three years of data for suburban departments found that only 44 per cent of those alerts by the dogs led to the discovery of drugs or paraphernalia."[20] Furthermore, the Chicago Tribune raised concerns about the disproportionate number of false positive indications given to members of the public of Latino origin, raising concerns that dog handlers may play a role in the detection and indication process resulting in human bias and even the possibility of facilitating racial profiling. One particular issue is that a positive indication could be caused by the residual scent of drugs, for example if customers have been in close proximity to drug use, particularly cannabis, given its pungent aroma. In the New South Wales review, on approximately 61% of occasions on which police found no drugs, the person searched made some kind of admission that they had personally smoked cannabis or had been around people smoking cannabis. Whilst this can be interpreted as an indication of the sensitivity and accuracy of drug detection dogs and can alert the police to apparent membership of a friendship group that includes cannabis users; this is less helpful in the case of entry into nightclubs where concerns relate to Class A rather than Class B drugs, and to current/future use rather than past use. Furthermore, the police are unlikely to take further action due to information based on residual scent and possible recent contact with illegal drugs.

24. False negatives – where drug detection dogs do not indicate and drugs are subsequently found on the person by security staff or police either upon entry or later in the venue this can be due to a number of reasons. Dogs may vary in the quality of training they have received and the appropriateness of the training to the working environment as well as in

[19] New South Wales Ombudsman (2006), *Review of the Police Powers (Drug Detection Dogs) Act 2001*, Sydney: NSW Ombudsman.

[20] *The Chicago Tribute* (2011), Tribune analysis: Drug-sniffing dogs in traffic stops often wrong: High number of fruitless searches of Hispanics' vehicles cited as evidence of bias, http://articles.chicagotribune.com/2011-01-06/news/ct-met-canine-officers-20110105_1_drug-sniffing-dogs-alex-rothacker-drug-dog

the length of time on duty, the competence of the handler, handler bias (discussed above) and the layout of the entry area. Dance drugs, mostly synthetic chemicals that are less pungent than plant matter such as cannabis, are less likely to be detected as noted by the New South Wales Ombudsman. Furthermore there are up to two new NPS identified every week in Europe by EMCDDA making it impossible for dog training to stay head of the latest developments in the drug trade with dogs best trained to accurately identify traditional drugs of abuse. This is one of the reasons why 'Spice' (synthetic cannabinoids) are now the most widely used drugs of abuse within prison.[21] The best police and prison drug detection dogs go on regular 'awaydays' to refresh their scent identification. This is resource intensive and does not happen with such regularity in the private security dog sector. Furthermore, the dance drug scene tends to evolve much more rapidly than some other drug scenes so detection dog training is likely to become particularly outdated if working within a dance club environment. By contrast with police and prison detection dogs, the private security dog sector may sometimes struggle to access the latest dance drugs or NPS with which to update their scent training.

25. In terms of the overall ability of drug detection dogs to either deter customers from taking drugs or successfully identifying drugs when carried on the person, given that it is estimated that approximately half of customers at UK dance clubs are likely to be taking illegal drugs on the night and many of these clubs have drug detection dogs in operation; this suggests that many thousands of customers walk past drug detection dogs every weekend in the UK without being indicated.

26. The flaws in drug detection dog identification have been particularly apparent to me in my own work. When conducting forensic testing on site at a considerable number of nightclubs and festivals over the last two years I have frequently walked past drug detection dogs in operation throughout my shift. On many occasions I have been holding or accompanying police holding large bags of seized drugs and I have been coated in the residue that inevitably results from forensic testing. I have never had a positive

[21] HM Chief Inspector of Prisons for England and Wales (2015), Annual Report 2014–15, HMIP: London, https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2015/07/HMIP-AR_2014-15_TSO_Final1.pdf

identification from a drug detection dog for these bags of seized drugs, some containing £1,000s worth of illegal drugs, both synthetic and plant matter.

27. Other concerns in relation to the presence of drug detection dogs relate to their impact on patterns of drug use, including potential displacement. For example, there may be temporal displacement (an increase in consumption just before entry), geographical displacement (a change in location where drugs are consumed, such as to other nightclubs in the vicinity), and pharmacological displacement (from drugs to alcohol, from bulky and pungent to odourless and less bulky drugs). The latter is a particular concern given the notable rise in prevalence of LSD use reported in the most recent CSEW, whereby tiny impregnated blotters of paper with no odour can be smuggled easily into venues.

28. Such displacement due to the introduction of drug detection dogs at premises can have unwanted consequences. The two most likely consequences are that customers will more careful conceal drugs before entry, to consume after entry, or that they will consume all or most of their night's planned intake of drugs before entry. Whilst the former does not significantly increase security or medical risks, the latter could result in increased risk of harm to users from complications relating to overdose, depending on the drug consumed and the quantities involved (noted by the New South Wales Ombudsman).

29. Other unintended consequences include increased demand from customers to purchase their drugs from any drug dealers who do manage to get their supplies into the club, rather than bringing in drugs purchased from their usual dealer, also increasing the likelihood of misselling. Other less likely outcomes include displacement to other clubs in that customers continue taking drugs but go to alternative venues or stop taking drugs but continue attending the venue. Regarding the potential unintended consequences of drug detection dogs, the NSW Ombudsman (2006: 279) concluded that "numerous sources stated that attempts to avoid being caught carrying drugs had led some drug users to adopt risky practices such as consuming all their drugs at once, driving to venues

having consumed drugs at home, purchasing drugs 'on-site' rather than from known suppliers to avoid carrying drugs for any length of time, and changing drug type to potentially more harmful drugs".

30. Regarding the issue of the deterrent value of drug detection dogs being in operation, evidence suggests that the presence of dogs has little deterrent effect on customers planning to take drugs into an event, whether for personal use or sale. The New South Wales Ombudsman (2006) found that "[t]here is little or no evidence to support claims that drug detection dog operations deter drug use, reduce drug-related crime, or increase perceptions of public safety". Furthermore "there is only scant anecdotal evidence" that drug detection dogs disrupt the street level drug supply trade (2006: 282).

31. Research by Hughes and colleagues at the National Drug and Alcohol Research Centre in summer 2014 found that drug detection dogs had some deterrent effect in hypothetical scenarios with drug users. However they found that the deterrent effect was only significant for cannabis and cocaine, not for ecstasy, arguably because less pungent and easier to conceal and consume in small quantities. Hughes' study of 513 festival-goers aged over 18 with an average age of 24 found that 62% of respondents said they would take drugs whether or not police detection dogs were operating at the entrance. The presence of police drug detection dogs would prompt two key changes, however. There was a 13% increase in people who said they would take at least some of their drugs outside the venue before entry, rather than taking all their drugs inside the venue after entry. Also there was a 40% increase in the relative amount of consumption of ecstasy, methamphetamine and other drugs, as opposed to using cannabis. The biggest displacement was from cannabis to ecstasy, suggesting that drug detection dogs might actually have the unintended consequence of increasing ecstasy use at events, to reduce the potential risk of detection.

32. Concerns have been raised regarding the issue of informed consent in relation to a search by a drug detection dog and the extent to which consent is given voluntarily and without coercion. This is particularly pertinent if there are concerns that refusal to co-

operate or evident avoidance of the dog could be interpreted as guilt rather for example, a not unreasonable fear of an unknown dog.

How The Loop will continue to offer support to Fabric

33. The Loop currently provides a monthly outreach service and advice stall and an early warning alert system linked to The Loop and the European NEWIP forensic testing network, with Fabric management regularly informed of substances of concern. This allows Fabric to put out prompt warnings as and when necessary on Fabric's social media. The Loop held a training event at Fabric on 24th October to develop its London base of trained volunteers.

34. Future plans, subject to management and where necessary, police approval, include drugs awareness training for all staff; behaviour surveys to better understand customer risk taking and identify any areas of concern; a fully integrated welfare service to support the medical and security teams on site; and forensic testing of substances of concern to inform emergency services on site (as part of the Home Office CAST national testing programme).

Summary

- Drug detection dogs do not significantly reduce the overall consumption of illegal drugs;
- However the presence of drug detection dogs can lead some people to ingest more drugs then they are used to, before entering the premises. This can increase the risk of medical complications including overdose;
- A known presence of drug detection dogs can also lead to displacement from more pungent drugs based on plant matter such as cannabis (Class B); to less pungent synthetic drugs such as ecstasy and odourless drugs such as LSD (both Class A).

- There is no evidence that drug detection dogs would necessarily find significantly greater quantities of illegal drugs than already detected through Fabric's already stringent search policy;

- Drug detection dogs may have rapidly outdated scent training due to the changing nature of dance drug use and the rapid appearance of up to two new New Psychoactive Substances every week across Europe;

- In short there is a risk that drug detection dogs may increase risks to customers without resulting in a significant increase in benefits.

STATEMENT OF TRUTH

Signed: _____

Fiona Measham

Dated: _____