Over the past 10 to 15 years, a worldwide community of people has come together to share art, music, dance, and drugs in a new context: the rave party. At their best, raves are elaborate private parties, decorated and thrown with a reverence for free creative expression in any form—art, dance, spirituality, and most importantly, music. For many people attending these parties, the experience is enhanced by the use of drugs. And because chemicals are involved, raves can pose risks to some individuals.

In response to these risks, the rave community has fostered collectives of individuals working to distribute information about harm reduction. Employing an unbiased and nonjudgmental approach, groups such as DanceSafe in the San Francisco Bay Area, Crew 2000 in Amsterdam, and the Toronto Raver Information Project (TRIP) in Toronto, are taking harm reduction to raves and other underground parties throughout the world. This article defines the rave “scene” and what attracts people to it, describes the development of a harm reduction approach in the rave community, and explores how this approach might be applied to HIV-related risk.

**An Introduction to Raving**

The rave scene grew out of several shifting elements over the past two decades. Significant growth in art, technology, music, and drug chemistry have all helped to create a thriving underground community. And, it is important to acknowledge that it is a community. Most underground parties and raves started out being thrown by groups of individuals working with very small budgets. While some of these have developed into huge parties called “massives” with attendance at more than 10,000, the best raves are still thrown by small, dedicated collectives. Admittance usually requires a ticket sold in advance, at any price between $10.00 and $150.00, and the venue is sometimes unknown until the day of the party. People usually arrive at around 10:00 pm and stay all night.

Because the rave scene encourages creative expression, a good party often includes ravers in bright day-glow outfits, glow sticks, and glitter make-up, and venues with elaborate decorations and complex lighting. There are layers of techno music penetrating the space: any space will do, the only necessary element is excellent sound equipment. This techno music can take endless forms, and depending on the form of the music, so can the crowds. Young suburban kids are drawn to a much different party than middle-aged tripping hippies. Inner-city kids are likely to be drawn to a very different type of gathering than the well-oiled circuit party boys. The movement has grown to include people from every background, age, and economic status.

Most of the creative energy of a rave is sensory, and often the goal is to create a positive sensory response, which can be heightened by drug use. Ravers seek environments conducive to the use of a particular classification of drugs recently labeled by the National Institute on Drug Abuse (NIDA) as “Club Drugs.” These drugs include, but are not limited to, crystal methamphetamine (speed, crystal meth, crystal), gamma hydroxybutyrate (GHB, G, Liquid X), ketamine (K, Special K), and most commonly, methylenedioxymethamphetamine (MDMA, ecstasy, E, X, XTC). While some people do come to parties having already bought their drugs, most ravers...
Editorial: Wonder and Caution
Robert Marks, Editor

My history is almost devoid of experience with controlled substances: the bottom line is that my body just does not react well to drugs and alcohol. I’ve also been socialized to believe that while taking drugs is not a moral failing—and society should continue along the path to decriminalization—it is not the healthiest way of living. Despite an ever-growing embrace of harm reduction as an HIV prevention strategy, this perception of drug use seems to be shared by many HIV providers.

So, it was a challenge to edit Kirsten Henricksen’s review of the rave scene. A little voice in my head kept wondering: is the scene really as fabulous as Henricksen suggests? The answer I came to is that crossing cultures requires a certain suspension of disbelief. Whether it is the youth culture or the drug culture or different racial or ethnic cultures, I am bound by my own limited experience, and when faced with an experience so different from my own, I should seek to dilute my skepticism with wonder.

The great thing about Henricksen’s approach is that she has achieved the converse, if not embracing a skepticism of her own, at least acknowledging the risks of raves and party drugs, mixing her wonder with caution. People like Henricksen and organizations like DanceSafe—or, for that matter, STOP AIDS or the needle exchange advocacy group Prevention Point—take on the crucial societal role of not only identifying risk but also mediating caution, making it comprehensible and acceptable to people who would otherwise throw it completely to the wind.

The second article in this issue—by Robert Guzman—looks at another manifestation of the dance party, the circuit party. Both Guzman and Henricksen offer perspectives from the inside, ethnographic snapshots of a world that has not received much attention in the United States. (You might notice that the Recent Reports section of this issue includes articles only from Europe and Australia; it was very difficult to find published studies of the U.S. situation.)

There is no doubt that some people prefer the clarity of abstinence to the complexity of harm reduction, but human behavior is usually messier than that. Henricksen and Guzman offer at least the first step toward significant harm reduction in this area: a catalog of behavior, motivation, and risk at these increasingly popular gatherings.

Because this environment is not risk-free, that is, because it relies on illegal substances that have physical and psychological effects, the rave community faces challenges of suppression by establishments that are pre-programmed against them. In response, rave collectives—such as DanceSafe—have begun to self-policing the underground economy within the community, monitor the behaviors and mores of the community, and fight external stereotyping about the community.

The Attraction of User-Friendly Environments

The chemical composition of MDMA causes the brain to release large amounts of serotonin, and this release creates an euphoric, multi-sensory experience for the user. The impact of MDMA on the user is both validating and potentially life-changing. For the first time the user, there is a new understanding of individuality and interconnection, a level of self-awareness that is often called “spiritual.”

Users of MDMA will often dance for long periods of time without stopping (sometimes referred to as “trance-dancing” or “trancing out”). The drug allows the user to hear the music more completely, to feel the purchase drugs at the event. The most popular drug is ecstasy, and it was the rediscovery of ecstasy and its derivatives in the late 1970s and early 1980s that helped to propel forward the rave movement.

Raves are meant to be safe, drug-friendly environments. While the concept of “safety” is relative, the rave scene has sought to create a sense of safety by perpetuating an internal code of ethics exemplified by the acronym PLUR, which stands for Peace, Love, Unity, Respect. The scene also seeks to evoke a certain hedonistic rapture, the end result of which may be 15 or 20 sweaty people lying together on a floor that is covered in mattresses, entwined in a peaceful, drug-induced euphoria. The environment creates a level field, on which anyone can play and be accepted. The impact of the decorations, the music, the lighting, the people, and the drugs create a container around the party where responsibilities and commitments fall aside.

For the experienced raver, it is easy to find a balance between the party and real life, to remember that everyone will have to get back to life in the real world in the morning. The inexperienced raver, however, may lose track of concrete details over the course of the party and take more drugs or different drugs simply because they have been offered.

Recent Reports section of this issue—by Robert Guzman—looks at another manifestation of the dance party, the circuit party.
music. MDMA heightens and enhances the experiences of touch and physical reaction. In addition, MDMA leads to some hallucinogenic effects through the increased ocular nerve stimulation that accompanies pupil dilation. Ecstasy is also sometimes referred to as an “empathogen”—meaning that it allows the user to feel empathy for his or her environment. As such, the MDMA high leads to a loss of ego and to a greater likelihood than with other drugs of bonding deeply with other people.

Heightened sensory awareness, combined with the internal peace created when using ecstasy, is also the foundation from which risk-taking behaviors arise. There is rarely an MDMA user who does not have a story about how touching with friends rapidly progressed to deeper intimacy, a result that was completely comfortable. Most ecstasy users do not “wake up” the next day with regrets about their behavior or their interactions. In general, the “wake up” happens during the MDMA experience: the days that follow have more to do with comprehending the growth that occurred during the high. However, behaviors that are emotionally comfortable can still be risky; and risk increases with the number of substances ingested by the user.

Frequent MDMA use leads to tolerance, which means that it takes more drug to get the same high. Instead of regulating the amount of ecstasy ingested (and giving the body time to recoup), a poorly informed raver might take up to five or six hits of ecstasy in a night, combining it with GHB, possibly some speed or crystal meth, or any number of other drug combinations. This irresponsible behavior translates primarily to the risk of overdose, and secondarily, to risky sexual behavior. Other potential risks emerge as well: as a result of the immense energy rush experienced by the user, it is possible for the person on ecstasy to go for long periods of time dancing without recognizing the body’s basic needs. This manifests most often in users who fail to rehydrate their bodies. In addition, there is little information about long-term use of MDMA and other club drugs in humans. Recent studies have suggested the potential for ecstasy to cause damage to the neurotransmitters of regular users.2

DanceSafe and Harm Reduction

While there are potential drawbacks to club drugs and the research is unclear about long-term use, public concern about club drugs is rarely rooted in fact-based information. It is instead the result of the propaganda of a highly political drug war. The rise of collectives such as DanceSafe demonstrates that people within the rave community are themselves concerned about safety. But they are also concerned about the effects of this anti-drug campaign: the adulteration of substances that results from a black market and the barrage of fear-based misinformation. In response to all of these factors, rave collectives throughout the world have adopted harm reduction as their goal and information as their strategy. For example, DanceSafe seeks: “To distribute non-biased, fact-based information to the rave and nightclub community.” Collectives are usually composed of MDMA users themselves.

DanceSafe began in 1998 in response to a number of documented incidents of adulterated MDMA being sold at raves. Unknowing users, upon finding the adulterated MDMA inadequate, would ingest an additional but unadulterated pill. In some cases, the chemical reaction caused by the combination of the authentic drug and the adulterated pill caused extreme adverse reactions. For example, the introduction of dextramethorphin (DXM, DMX, Robo) into the scene in recent years has dramatically increased the numbers of “ecstasy-related” deaths. Misinformed users, thinking they were taking ecstasy, were given DXM. Since DXM has different effects than ecstasy, users would often purchase another dose of ecstasy. If the second pill were, in fact, ecstasy, the result could lead to a potentially lethal drug combination.

DanceSafe’s response is based on a fundamental harm reduction philosophy. It assumes that people will purchase and use drugs regardless of any propaganda-based or actual threats to safety. It also asserts that the best way to protect ravers from making irresponsible decisions begins with education from within the community. Better-informed users are more responsible for their own well-being and for that of those around them.

DanceSafe, with chapters in Vancouver, Seattle, and Portland, Oregon, reaches out to the community by creating a presence at raves. It coordinates with party promoters to set up booths from which staff and volunteers distribute fact-based fliers—
Since 1997, DanceSafe Bay Area has been dedicated to harm reduction and has been distributing thousands of condoms from its booths every month and is planning to develop fliers on sexual appropriateness.

The DanceSafe booth also functions as a focal point at raves: when people experience negative drug effects, and are intimidated about approaching an “authority” such as a security officer or an emergency medical technician (who usually attend rave events), DanceSafe offers an alternative. DanceSafe volunteers are most often users, but they are sober while at the booth. Volunteers are trained to identify troubling symptoms and take appropriate action. DanceSafe encourages a potential volunteer to attend several parties as an observer. Volunteers also attend at least two training meetings where they learn peer counseling and crisis intervention techniques, and may attend a DanceSafe-sponsored American Red Cross First Responder training.

Most of the one-on-one peer counseling at a rave entails spending time with ravers and giving them the opportunity to integrate their feelings. This requires establishing a non-biased dialogue with them, maintaining contact with them throughout the party to ensure that everything is going well and that they are taking care of their basic bodily needs (water and fresh air), and seeking out the necessary authorities if help is required. Some harm reduction collectives in the rave scene call this the “karma patrol” or “vibe monitors,” ensuring that everybody has the supplies and information they need to have a good time.

Finally, for some people, the first ecstasy experience may evoke emotions that they have never before experienced, and this may continue in the hours and days following the party. In response, DanceSafe is developing “peer-incorporation sessions,” which will give first-time MDMA users a safe venue for asking questions, voicing concerns, and integrating into the rave community that exists outside of the party.

Conclusion

Crucial to the type of grassroots harm reduction model implemented by rave collectives is the involvement of peers and the concept of acknowledgment. The volunteer acknowledges that the user would be using drugs regardless of the external input of his or her peers. In this acknowledgment, the volunteer communicates that the user has nothing to lose by becoming more informed, and that the volunteer does not threaten the user’s intention to use. Likewise, the user acknowledges that the volunteer is providing fact-based and nonjudgmental information.

This model of harm reduction integrates HIV-related risk, and is being broadened. For example, DanceSafe is distributing information about the sexual risk related to club drug use and about unprotected sex. In response to the misconception that a person on ecstasy always wants to be touched, DanceSafe is creating a flyer aimed at reminding the community to respect the personal space of fellow ravers. The ecstasy experience is not always sexual, and DanceSafe aims to create a dialogue within the community about this issue.

The main tool of harm reduction is information, both for club drugs and HIV. The hope is that information will lead to responsible, fact-based decision making. As the rave community continues to inform, and police itself, perhaps it can also heal itself.

Clearinghouse: Raves/Circuit Parties

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References


Circuit Parties
Robert Guzman

Across the United States, but increasingly around the world, a subpopulation of gay men gather at “circuit parties,” large-scale dance events with fast-paced, high-energy music, and a proliferation of “club” drugs other than alcohol. So named because these annual events initially seemed to follow a circuit from one city to another every few weeks, circuit parties seem to have evolved out of the large AIDS benefit parties of the 1980s and a reemergence of the gay dance party culture of the 1970s. Whatever their origin, these events present specific opportunities for HIV risk behavior.

The Circuit Party Defined

Circuit parties typically run from one day to one week or longer. Although dance parties are typically the main events of circuit party celebrations, parties may also involve activities such as “gay day” at amusement parks, pool parties, and in one case a river rafting trip. These events may draw up to 20,000 or more gay men from around the world. Some weekends there are circuit parties in more than one city, and even competing events within a city. Currently, there is little published data on these events. The stereotypical circuit party goer is the muscular, upper-middle class, gay white man in his mid-thirties—the image seen on promotional fliers and web sites and in magazines—but party goers range in age, ethnicity, or socioeconomic class. While some participants may focus much of their lives on their party going, other party goers may only attend occasionally.

Circuit parties are similar to “raves,” dance parties with prevalent club drug use, but differ from raves in several ways. Circuit parties are attended overwhelmingly by gay and bisexual men, whereas raves attract primarily, but not exclusively, heterosexuals. While circuit parties have evolved from an annual set path from city to city, raves are often less planned and follow no path; and there may be any number of raves going on simultaneously in a given metropolitan area. Raves attract a much younger crowd, including many under 21 years old, while circuit parties attract a broader range of ages with more men in their thirties and forties.

Circuit parties recently gained national attention through the Gay Men’s Health Crisis (GMHC) Morning Party, which was held annually since 1983 on Fire Island. In 1996, two men had to be airlifted from the party after overdosing on drugs; in 1998, another man overdosed on GHB and died during the party weekend. Critics of the party said that holding an AIDS fundraiser where drug use was so prevalent was counter to GMHC’s overall goal, particularly in light of research that suggests that self-reported drug use predicts high risk sex, condom breakage, and seroconversion. While some within the gay community have criticized parties and their attendees, others have cautioned against scapegoating and have emphasized the positive aspects of circuit parties, that is, the ways in which these events fulfill emotional, recreational, and spiritual needs for attendees.

The reasons men attend circuit parties are probably as diverse as the men who attend them. They range from dancing to a certain type of music or hearing a famous disc jockey, to hanging out with friends and meeting new ones, experiencing a sense of community, using drugs, and seeking new sex partners. It is these last

References


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See also references cited in articles in this issue.
HIV Prevention and Circuit Parties

Circuit parties present specific potential HIV-related risks, but since there is little data on the parties, prevention providers currently rely on hunches and anecdotal reports. Chief among these risks is the use of drugs such as methylenedioxymethamphetamine (MDMA, ecstasy), gamma-hydroxybutyrate (GHB), methamphetamine (crystal, speed), and ketamine (K). But while drug use may have an impact on risk for some, engaging in unsafe sex may simply be a conscious decision ahead of time.

Circuit party weekends, because they are celebrations and, in some cases, out-of-town vacations, may be times when men allow themselves to let go in terms of drug and sexual safety as a reward for having been so responsible at other times. For others, sexual and drug risk taking during circuit parties weekends may be part of their regular behavior patterns. The impact of new HIV treatment advances may also play a role in risk taking, reducing fears about the consequences of HIV infection. However, even if a small proportion of circuit party goers engage in risky behaviors during these events, the potential for large numbers of sexual partners increases the potential for HIV transmission.

Until current research results in a clearer understanding of risk at circuit parties, HIV prevention workers should collaborate with party producers to implement traditional HIV educational approaches, including condom, lubricant, and information distribution. At the same time, counselors can assist their clients by encouraging them to explore the meaning of circuit parties in their lives and of risky behaviors during circuit party and non-party weekends.

Since much of the press attention towards circuit parties has been strongly critical, those for whom circuit parties are important may be wary of any outside intervention. Health promotion strategies for circuit party attendees should capitalize on the positive and community-centered aspects of circuit parties. Motivations for healthy behavior can be to take care of “the tribe” or one’s friends, to party safely in order to keep the party going, to avoid drug overuse so one does not miss one of the parties, or to make obtaining condoms part of preparing for the party events.

What may be less productive as interventions are punitive or abstinence-based measures. Many party attendees are likely to be well-informed about the substances they use, how much they can take, and in what order to use different drugs to diminish the risk of overdose. Many attendees may also be knowledgeable about their own sexual choices in a variety of settings and while on different substances. Since strongly negative information may run counter to the experiences of individuals and their friends, these messages may be rejected out of hand as ill-informed or biased. Further, they may contribute to the stigma around drug use and lead to silence at crucial times. For instance, there is anecdotal evidence that the man who died during the 1998 GMHC Morning Party weekend did not disclose his use of GHB to someone who tried to take care of him because the man was too embarrassed to admit he had used the drug.

Conclusion

As with all HIV prevention efforts, it is important for providers to include circuit party attendees as active participants in the process of designing and implementing effective interventions. It is also important to gather and rely on quantitative and qualitative scientific information about circuit parties as it becomes available.

Comments and Submissions

We invite readers to send letters responding to articles published in FOCUS or dealing with current AIDS research and counseling issues. We also encourage readers to submit article proposals, including a summary of the idea and a detailed outline of the article. Send correspondence to:

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Drug Use at Raves

An Australian study investigating drug use among people attending raves found that those with less drug-using experience may have less drug-related knowledge and may therefore be at increased risk of harm.

The study included 83 participants who had been to a rave in the last six months, and who had been recruited through flyers in cafes, clothing and music stores, and word of mouth. The average age of the participants was 19 years, and 53 percent were male. Interviews consisted of questions about drug use history, risk behavior, knowledge of drug-related harm, and side-effects of drug use.

Ninety percent of participants had used LSD at least once in their lives, 76 percent had used ecstasy, and 69 percent had used amphetamines. The last time they had attended a rave, 52 percent of participants had used marijuana, 35 percent had used amphetamines or LSD, and 28 percent had used ecstasy. Many participants began using “dance drugs” while they were in high school.

Sixty-five percent of participants who had ever used ecstasy did so for the first time at a rave. Participants who had used drugs only a few times were less knowledgeable about drug effects and laws, suggesting that people new to the rave “scene” may be at particular risk for harm because they often have inaccurate information about the drugs they use. During the 12 months prior to the study, ecstasy was the only drug that was used by more respondents in association with a rave (86 percent) than in settings not related to raves (67 percent).

Musical Preference and Drug Use

Fans of rave music are more likely to use substances than those who prefer other types of music, according to a large Scottish study of early adolescents. Further, rave music is significantly correlated with the use of all substances, both legal and illegal, and this correlation is not limited only to “dance drugs” such as amphetamines, LSD, and ecstasy.

Study participants were secondary school students between the ages of 12 and 15. Two separate groups from five schools were studied, including 758 students from the city of Dundee in 1994 and 765 students from the rural area of Perth and Kinross District in 1996. The study sample represented approximately 10 percent of all children in the areas surveyed, and questionnaires were randomly administered.

Thirty-one percent of Dundee students and 25 percent of Perth and Kinross students reported ever having used an illegal substance. Of these, 64 percent of Dundee students and 53 percent of Perth and Kinross students preferred rave music to all other styles. The level of use of “rave drugs”—including psilocybin, LSD, amphetamine, cocaine, and ecstasy—was 16 percent among Dundee students and 12 percent among Perth and Kinross students. Although it is widely considered to be the archetypal rave drug, ecstasy had been used by only 3 percent of Dundee students and 2 percent of Perth and Kinross students.

Rave music remained strongly associated with substance-using students despite the fact that “indie” music has replaced it as the most fashionable music among young people in Britain.
that a person will use ecstasy or other drugs, or that using a specific substance makes one prefer a certain style of music.

Social Functions of Substance Use


A British study exploring young people’s use of psychoactive substances found that current consumption patterns did not correlate with life-time experience of substance-related negative effects.

Researchers interviewed 100 participants between the ages of 16 and 21, who were recruited by word of mouth. Forty-five percent were female, and 74 percent described themselves as White European, 17 percent as African-Caribbean or Black British, 6 percent as Asian, and 3 percent as mixed race.

Ninety-three percent of participants had used alcohol in the previous 90 days, 67 percent had used marijuana, 23 percent had used amphetamines, and 22 percent had used ecstasy. Past negative experiences with substance use had little impact on current rates of use, suggesting that programs that emphasize negative effects may be less effective. Many participants cited both personal and social reasons for alcohol and marijuana use such as enhanced mood while alone, better social functioning, and increased peer involvement.

Understanding the “positive” functions of substance use could help to indicate future patterns of use. For example, in contrast to alcohol and marijuana, amphetamines and ecstasy are usually used in a social context, such as at a rave, and are less likely to be used alone or outside of a social “scene.”

The Effects of Ecstasy Use

Parrott AC, Lasky J. Ecstasy (MDMA) effects upon mood and cognition: Before, during and after a Saturday night dance. Psychopharmacology. 1998; 139(3): 261-268. (University of East London.)

Regular use of ecstasy significantly impairs cognitive functioning and memory and may lead to feelings of depression, unpleasantness, and unsociable behavior for several days after taking the drug, according to a small British study of the mood states and cognitive skills of recreational ecstasy users.

Study participants were between the ages of 19 and 30. The study sample was divided into three groups: 15 regular ecstasy users who had taken the drug on 10 or more occasions; 15 novice ecstasy users who had taken the drug on fewer than 10 occasions; and 15 control-group members who had never used the drug. Each participant took part in a cognitive test and mood assessment on four occasions: while not under the influence of any drugs; at a Saturday night dance club; two days after the club night; and finally, seven days after attending the dance club.

On the observed Saturday night at the dance club, regular ecstasy users took an average of 1.8 ecstasy tablets, novice users took an average of 1.45 tablets, and controls mostly drank alcohol. All three groups reported enthusiastic moods at the dance club. Cognitive performance on both the verbal recall and visual scanning tests was significantly reduced while participants were on ecstasy compared to the test when they were sober. A memory test at the Saturday night dance club revealed that regular ecstasy users recalled only 60 percent to 70 percent of the test words remembered by controls.

Two days later, ecstasy users reported feeling significantly more depressed, abnormal, unsociable, unpleasant, and bad tempered than the controls. Participants who used ecstasy had significantly impaired memory recall, with regular ecstasy users showing the worst memory scores at every test session. Memory deficits may be due to damage in various areas of the brain as a result of the toxicity of ecstasy.

Next Month

Over the past few years, both psychotherapists and "philosophical practitioners" have more consciously injected philosophy into the therapeutic context. In the April issue of FOCUS, Lou Marinoff, PhD, Associate Professor of Philosophy at the City University of New York, describes philosophical practice and its relevance to HIV-related therapy and therapeutic issues.

Also in the April issue, Eric Glassgold, MD, Assistant Clinical Professor of Psychiatry at the University of California San Francisco and James W. Dilley, MD, Clinical Professor of Psychiatry at UCSF, discuss some of the thornier issues therapists and their clients face and which may be most amenable to philosophical practice.
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