Introduction

High energy, all-night dance parties and clubs known as “raves,” which feature dance music with a fast, pounding beat and choreographed laser programs, have become increasingly popular over the last decade, particularly among teenagers and young adults. Beginning as an underground movement in Europe, raves have evolved into a highly organized, commercialized, worldwide party culture. Rave parties and clubs are now found throughout the United States and in countries around the world. Raves are held either in permanent dance clubs or at temporary venues set up for a single weekend event in abandoned warehouses, open fields, or empty buildings.

Attendance can range from 30 “ravers” in a small club to tens of thousands in a sports stadium or open field. While techno music and light shows are essential to raves, drugs such as MDMA (3,4-methylenedioxymethamphetamine), ketamine, GHB (gamma-hydroxybutyrate), Rohypnol, and LSD (lysergic acid diethylamide), have become an integral component of the rave culture.

History

Raves evolved from 1980s dance parties, aided by the emergence of European techno music and American house music. (See Rave Music text box.) European clubs that sponsored raves in the 1980s tried to limit the exposure of attendees to the public and to law enforcement. Raves were secretive, after-hours, private dance parties and were often held in gay clubs where attendance was restricted to invitees or friends of invitees. The site of the party was often kept confidential, and invitees usually were not told the location of the host club until the night of the party. Because of the restricted access and the secrecy surrounding the locations, the growing rave culture was often described as an “underground” movement.

By the mid-1980s, rave parties overseas had developed such a following among youths and young adults that by 1987, London raves had outgrown most dance clubs. It then became common to hold all-night raves—which drew thousands of people—in large, open fields on the outskirts of the city. As the movement continued to grow in the late 1980s, the first rave parties emerged in U.S. cities such as San Francisco and Los Angeles.

Rave parties and clubs were present in most metropolitan areas of the United States by the early 1990s. Teenagers overtook the traditional young adult ravers and a new rave culture emerged; events became highly promoted, heavily commercialized, and less secretive. Many new U.S. rave promoters were
career criminals who recognized the profitability of organizing events tailored to teens. Capitalizing on the growing popularity of raves, specialized industries were developed to market clothes, toys, drugs, and music. Private clubs and secret locations were replaced by stadium venues with off-duty police security.

By the late 1990s, raves in the United States had become so commercialized that events were little more than an exploitation of American youth. Today’s raves are characterized by high entrance fees, extensive drug use, exorbitantly priced bottled water, very dark and often dangerously overcrowded dance floors, and “chill rooms,” where teenage ravers go to cool down and often engage in open sexual activity. Moreover, many club owners and promoters appear to promote the use of drugs—especially MDMA. They provide bottled water and sports drinks to manage hyperthermia and dehydration; pacifiers to prevent involuntary teeth clenching; and menthol nasal inhalers, chemical lights, and neon glow sticks to enhance the effects of MDMA. In addition, rave promoters often print flyers featuring prominent and repeated use of the letters “E” and “X” (E and X are MDMA monikers) or the word “rollin’” (refers to an MDMA high), surreptitiously promoting MDMA use along with the rave.

The increasing notoriety of raves has caused the rave culture to spread from major metropolitan areas to more rural or conservative locations. Rave parties are emerging in areas of Colorado, Iowa, Louisiana, Michigan, Minnesota, and Wisconsin that are not always prepared to manage unexpected crowds of teenagers.

**Rave Promotion**

Despite the commercialization of raves through the 1990s, many promoters have preserved the tradition of rave location secrecy, more as a novelty than as a necessity. In this tradition, raves are rarely promoted in open media but are advertised on flyers found only at record stores and clothing shops, at other rave parties and clubs, and on rave Internet sites. The flyers or Internet advertisements typically provide only the name of the city where the rave will be held and a phone number for additional information.

**Rave Music**

Rave music evolved from 1980s techno, house, and New York garage music. The mix of these different styles of dance music helped mold the modern version of electronic rave music. Today, rave music falls into several categories: ambient, techno, trance, progressive trance, cybertrance, house, jungle, drum ‘n’ bass, techstep, garage, and big beat.

Although a casual listener may not be able to distinguish between techno and trance, ravers know the music well, and several DJs and bands—unfamiliar to most people—are internationally famous within the rave community. Today's rave DJs are skilled stage performers and are considered artists much like musicians. They mix electronic sounds, beats, and rhythms, often synchronizing the music to a laser program. Popular DJs sell their music and perform live at the largest rave parties and clubs around the world. Rave organizers announce the appearance of famous DJs on their flyers and on the Internet to promote upcoming raves.
The location of the rave often is given to the caller over the telephone, but many promoters further maintain secrecy by providing only a location, called a “map point,” where ravers go the night of the rave. At the map point, ravers are told the actual location of the rave. The map point is usually a record or clothing store within a 20-minute drive of the rave.

**Raves and Club Drugs**

Drugs like MDMA, ketamine, GHB, Rohypnol, and LSD—known collectively as “club drugs”—are an integral part of the rave culture. Many ravers use club drugs and advocate their use, wrongly believing that they are not harmful if they are used “responsibly” and their effects are managed properly. Many of the commercially designed rave clothes display pro-drug messages, and rave posters and flyers often promote drug use.

Members of private drug education and drug testing organizations, called “harm reduction organizations,” have appeared at raves over the past 10 years. They attend rave events to test samples of illegal drugs so they can inform ravers of purity levels. Members of these organizations believe that they help reduce the number of overdoses by educating users on the physical effects of specific drugs. Conversely, many law enforcement agencies believe that the practices of harm reduction organizations encourage drug use, and they support their position with national statistics that show an increase in club drug overdoses as harm reduction organizations have become more active.

Club drug use accounts for increasing numbers of drug overdoses and emergency room visits. According to the Drug Abuse Warning Network (DAWN), the number of emergency department (ED) mentions for MDMA and GHB, often associated with the crime of drug-facilitated rape, more than doubled between 1998 and 1999. (See DAWN chart.) DAWN data for 1999 further indicate that young people are the primary users of MDMA and GHB. For instance, whereas 29 percent of all DAWN ED cases involved patients aged 25 and under, at least 80 percent of ketamine, LSD, MDMA, and Rohypnol ED mentions and 59 percent of GHB ED mentions were aged 25 and under.

MDMA is unquestionably the most popular of the club drugs, and evidence of MDMA use by teenagers can be seen at most rave parties. Ketamine and GHB also are used at raves, as is Rohypnol, although to a lesser extent. A recent resurgence in the availability and use of some hallucinogens—LSD, PCP (phencyclidine), psilocybin, and peyote or mescaline—has also been noted at raves and dance clubs and may necessitate their inclusion in the club drug category. Inhalants like nitrous oxide are sometimes found at rave events; nitrous oxide is sold in gas-filled balloons called “whippets” for $5–$10.

Rampant use of club drugs at raves may be leading to the use of other and highly addictive drugs by youths. There have been widespread reports of increasing availability and use of Asian methamphetamine tablets (frequently referred to as “yaba”) at California raves and nightclubs. Heroin is being encountered more frequently at raves and clubs in large metropolitan areas, especially in the eastern United States. A wider variety of visually appealing and easy-to-administer forms of MDMA, LSD, heroin, and combination tablets are also found at raves and on college campuses.
Many young ravers wear distinctive clothing and carry paraphernalia commonly associated with club drug use and the rave culture. Ravers dress for comfort. They usually wear lightweight, loose-fitting clothes and dress in layers, allowing them to remove clothing as they become overheated from dancing for hours. Many wear loose shorts or very wide-legged or baggy pants. Ravers wear T-shirts, bikini tops, tank tops, tube tops, and open-back halter tops to help keep cool. After hours of dancing and often after using MDMA—which elevates body temperature—many ravers have removed most of their clothing. Some ravers, especially females, wear costumes to rave events, dressing as princesses, cartoon characters, or other fantasy figures that match the theme of the rave (e.g., futuristic, space, mystic).

Ravers often wear bright accessories like bracelets, necklaces, and earrings made of either plastic beads or pill-shaped sugar candies. MDMA users sometimes use these accessories to disguise their drugs, stringing MDMA tablets mixed with the candies. Many ravers chew on baby pacifiers or lollipops to offset the effects of involuntary teeth grinding caused by MDMA. Pacifiers are worn around the user’s neck, often on plastic beaded necklaces.

Many people bring various items to rave events to enhance the effects of MDMA. Ravers use bright chemical lights and flashing lights to heighten the hallucinogenic properties of MDMA and the visual distortions brought on by its use. Chemical glow sticks, bracelets, and necklaces are commonly worn at raves and waved in the eyes of MDMA users for visual stimulus. Ravers often insert flashing red lights in their belly buttons (held in place with a mild adhesive) and pin blinking lights in the shape of hearts, stars, and animals to their clothing to provide additional visual stimulation to MDMA users. Ravers that use MDMA often wear painter’s masks with menthol vapor rub applied to the inside of the mask. MDMA users believe that by inhaling the menthol fumes, they are enhancing the effects of the drug. They may be adding to their risk of hyperthermia, however, because the fumes cause eyes and nasal passages to dry out.
Anti-Rave Initiatives

In the late 1990s, many communities began attempts to reduce the number of raves in their areas and to curb the use of club drugs. Several cities passed new ordinances designed to regulate rave activity, while others began enforcing existing laws that helped authorities monitor raves more closely.

Cities such as Chicago, Denver, Gainesville, Hartford, Milwaukee, and New York took deliberate steps to combat raves. These cities reduced rave activity through enforcement of juvenile curfews, fire codes, health and safety ordinances, liquor laws, and licensing requirements for large public gatherings. Many communities also began requiring rave promoters to retain, at the promoters’ expense, onsite ambulance and emergency medical services and uniformed police security for large rave events. Because of these measures, many rave promoters and organizers moved their operations to other areas.

Perhaps the most successful anti-rave initiative was “Operation Rave Review,” which was initiated in January 2000 in New Orleans. Following the overdose death of a 17-year-old girl at a rave party in 1998, the Drug Enforcement Administration (DEA) assessed the extent of rave activity in the New Orleans area. The assessment indicated an apparent correlation between rave activity and club drug overdoses resulting in emergency room visits. For example, in a 2-year period, 52 raves were held at the New Orleans State Palace Theater, during which time approximately 400 teenagers overdosed and were transported to local emergency rooms.

Following this assessment, the DEA, New Orleans Police Department, and U.S. Attorney’s Office developed a methodology for the potential prosecution of rave promoters who allowed open, unabated drug use at the events. They used 21 U.S.C. § 856 as a basis to investigate rave promoters and to gather evidence that the promoters knowingly and intentionally allowed the distribution and use of numerous controlled substances during rave events. (See statute box.) As a result of this investigation, several rave promoters were arrested and the largest rave operation in New Orleans was closed.

Since the completion of Operation Rave Review, the number of overdoses and emergency room visits caused by club drug use has dropped 90 percent, and MDMA overdoses have been eliminated, according to the DEA and New Orleans hospital officials. The law enforcement agencies that participated in Operation Rave Review developed a five-step process that might be employed effectively in other areas experiencing high levels of rave activity, club drug overdoses, and related emergency room visits. The process employed consisted of the following steps:

1. Identify rave promoters. Potential subjects for investigation included all parties responsible for managing the production and promotion of the raves, including the owners of the property where the event was held.
2. **Compile emergency medical service (EMS) records.** Records of medical transports from the rave venue to local emergency rooms were collected. Retrieval of medical records sometimes required grand jury or administrative subpoenas or court orders.

3. **Conduct undercover operations inside the venue during rave events.** Undercover investigators purchased paraphernalia (chemical light sticks, pacifiers, and drug test kits) at the venue and filmed ravers using drugs and using the paraphernalia to enhance or manage the effects of the drugs. Undercover investigators filmed drug purchases by undercover officers who purchased drugs from as many different people as possible and as quickly as possible to clearly demonstrate the availability of drugs at the venue. Undercover investigators filmed the actions or inaction of security personnel hired by the rave promoter, and they also filmed patrons being treated or transported to local emergency rooms.

4. **Place an undercover officer.** Undercover agents or officers posed as job applicants for security positions and obtained interviews with the rave promoter. The undercover officers asked for the promoter’s general expectations of security personnel and specific expectations of security personnel observing drug use or distribution.

5. **Execute search warrants.** Search warrants were executed at the rave venue, at offsite offices, and at the home of the rave promoter. Officers and agents seized all documents and items relating to the ownership, advertisement, promotion, and operation of the rave venue, including but not limited to purchase orders for rave paraphernalia, water, and other stock. Officers and agents also seized employment records identifying security personnel and any memoranda detailing their responsibilities, correspondence or contracts with EMS services, and financial records that detailed costs and profits associated with raves.

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**Conclusion**

Raves have developed over the past decade from a small subculture to the highly commercialized and widespread exploitation of young people by large-scale rave promoters. The growing awareness of the nature of rave activity and the effects of club drug use have moved many communities to action. In order to curtail rave activity, communities and law enforcement agencies are enforcing existing fire codes, health and safety ordinances, and liquor laws, and are establishing juvenile curfews and licensing requirements for large public gatherings. They are requiring rave promoters and club owners to pay for building or liquor licenses, medical services, and security for their events, all in an effort to force rave promoters to move or cease their operations.

**Sources**

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