

ECSTATIC EQUALITY, HAPPY HEALTH & RAVER RIGHTS

Michael Arnold

Australia

Hi everyone. Just a final thanks on behalf of the three of us consumers for coming and seeing the last session despite, I know, everyone probably being pretty keen to get over the road and see what is happening over there. But, I feel it is quite an important session and I think it is good that consumers have been given the opportunity to talk to the conference as a whole for the first time. This is the first conference that has had a consumer plenary and I think it is an important step in terms of the development of the Club Health conference, so thanks everyone for coming along.

The name of today's talk is: 'Ecstatic equality, happy health & raver rights', so I have just looked at various aspects of the development of groups like *Ravesafe*, of which there are many in this country and around the world. Also, the role of pill testing organisations, where this fits both in terms of clubland and also in terms of a broader human rights perspective. And then I will just look descriptively at the development of a number of those organisations and how they have come about, what they do and what they represent.

For me the most fundamental of all democratic human rights is the right of the individual to control our own bodies, our own minds, and our own consciousness; with the proviso that the exercise of this right by an individual should not cause physical, psychological or emotional damage to somebody else. The essence of control of our own beings is at the heart of many of the human rights campaigns that communities and social movements have struggled for and won, and which are now recognised as universal and unalienable. At the heart of freedom of expression beats the freedom to control ones own mind; within the freedom of religion a glowing light of freedom of consciousness and what some might describe as spirit; the right to choose a sexual partner is included in the freedom to control our own bodies.

However, prohibition of mind and mood altering substances, i.e. drug laws, is a systematic denial of this most fundamental of human rights for reasons of economic and social control. Drug laws prescribe the way in which the mind is permitted to work, the neurotransmitter production affecting mood and consciousness, and even the rate at which the body operates and metabolises. This is a denial of a fundamental human right all the way down to a cellular level. Drug user organisations, struggling against prohibition, are therefore organisations seeking to win our human rights. It is within this context that we must also view peer based raver health organisations and pill testing groups, even when they do not necessarily express an overall opposition to drug prohibition.

Humans, individually and in communities, chafe against unjust controls; and the level of use of illicit drugs within society clearly demonstrates that, on an individual level, we are unwilling to accept governmental control over our beings. Initially however, it may not be the controls themselves that galvanise people into action, but the corollary effects. That is, while drug laws are evil in essence, it is often the health and social impacts of these laws that people find distasteful or outrageous, and which galvanise people into action.

While groups may be focused on providing their services and not speak out ideologically against the war on drugs, providing users with the maintenance and support to exercise their human rights in the safest, least expensive ways possible, is a political act crucial to the long term health and well being of our communities, and the chances of ultimate success for struggling against prohibition.

The spread of HIV and later Hepatitis C, through drug injecting communities, was a major catalyst for the creation of drug user organisations, and was one factor in the creation of raver health groups, certainly in this country. Some of the other major social and health impacts that drug using party people here were responding to when creating pill testing and health promotion groups were inaccurate, non-existent or sensationalised information available through the commercial media, and even similar information through some of the major drug information councils about the drugs we were using. So that is, we were not getting the information that we wanted. People have spoken a little bit over the last few days about coverage of the GHB overdoses in Victoria a few weeks ago. Just as one example: the insistence by almost all the media outlets to call the drug GBH, and to say: “They call the drug Grievous Bodily Harm or GBH”, and it is not actually true, we do not, that is what the media insist that we call the drug. So creating new organisations was about getting access to information and spreading that information out through our communities.

A second important issue was that limited essential health services were available at parties, as well as the need to preserve the ability of small underground promoters to hold events without major expense, and the desire to maintain techno-community control at events. So again, looking at some of the fall out from some of those GHB overdoses over the last few weeks – for people who are not from Victoria or have not followed the story, there was one of the major dance parties held at a major venue at the tennis centre here, and around about a dozen people had GHB related overdoses and were taken to hospital or received treatment by paramedics on site. Now, as part of the fall out of that, some of the potential solutions that have been thrown up have included the mandatory attendance of paramedics at parties, the notification to police of all overdoses, and insistence of police being notified of events.

Unfortunately the government has failed to implement recommendations of a guide to safer dance parties, which was developed collaboratively between raver health services, notably Melbourne *RaveSafe*, and a number of important promoters in the city, paramedics and health partner representatives. Attempts to impose potentially expensive restrictions on promoters without community consultation and support is likely to result in smaller promoters in particular being driven underground, or falling out of contact with established viable and successful community controlled health services like *RaveSafe* and the pill testing network *Enlighten*; and potential hesitancy to involve emergency services if and when things do go wrong, like overdoses. So people will be scared to call in assistance if something does go wrong.

The next issue that helped to spark raver health and drug user organisations: a goal of minimising drug hierarchies within the rave scene, with a particular focus on eliminating irrational fear and opposition to injecting. We wanted ravers to feel comfortable about seeking out information about whatever drugs they were using, and whichever ways in which they were using them; and also to be able to obtain the

means to use those drugs safely, without fear of stigmatisation or discrimination. Strategically, we saw the crucial need for unity amongst users of many different drugs, and even users of the same drug utilising different methods of administration.

A major element of the ideological component of the war on drugs has been divide and rule amongst users. When users are put down fairly constantly by the media and by the education system, it can be very easy to be lured into thinking “oh well, I am smoking a gram of crystal a week, but at least I am not shooting it” or “I am shooting a gram of crystal a week, but at least I am not using heroin”. So when we are constantly put down, the idea that “oh well, maybe I am a bit messy, but at least I am not as messy as you” becomes very attractive and becomes, I guess, a shawl with which we can try and cut out some of the pain that is inflicted. So it is very attractive, but it is also very damaging to any anti-prohibition/harm reduction campaign, because it sets us apart, one against the other. I have even had it put to me that heroin users cannot be real ravers, and that, for example, despite the successes of Melbourne *RaveSafe* - which I will go on to outline in a minute - that at the time, I was leading the group as a fairly well known opiate dependent raver, that fact alone meant that the group was deemed to irrelevance.

Then looking a little bit at some of the issues for pill testing organisations (and Johnboy covered this fairly successfully in his talk yesterday, and people should certainly contact ‘Enlighten’ for a more overall coverage of those issues), the creation of pill testing organisations, and more pertinently the promotion of pill testing through more informal networks that raver health activists have sought to provide ecstasy users with. I guess a first line of defence against a potentially dangerous substance, and the means to optimise their sought after experience.

An important corollary of the increased interest in re-agent testing has been a heightened level of general research and discussion about the many substances that are sometimes included in pills. So people get their little kit that outlines half a dozen colours that your re-agent may turn into, and people want to know what those drugs are – if it does go this colour, what are the impacts of that and what was that going to mean - if I take it or if I do not take it. So the existence of pill testing kits and their promotion, both through formal organisations and informal testing, has certainly helped to raise the general level of discussion about substances. So they are some of the issues that got things going I guess.

The first organised raver health initiative in Australia was the ‘*RaveSafe Tribes Project*’, which was conducted by the New South Wales Users and AIDS Association in Sydney in 1993-1994. ‘*Tribes*’ provides funding and access for different subcultures to conduct health promotion and drug educational projects for their own communities, and there have been dozens over the last ten years, on everything from bikers to young people in a particular area, and two projects dealing with raver issues. *Neuro RaveSafe* was a fixed term project that worked on the production and distribution of a printed guide and a video designed to be played at parties, and if we could just cue the video now:

(Referring to video) Perhaps a little bit dated now, it is 11 years old, but at the time really quite ground breaking and it actually won the New South Wales Film and Television Award that year for best-animated short film. So, designed to be played on

big screens at parties, particularly parties where the ‘*Tribes*’ crew would turn up and talk to people about the video and also the guide that went along with it. The guide certainly, and the video as well, provided quite basic messages, certainly in terms of the level of sophistication now, about drug information that party people are accessing. It would be considered very basic information I guess, and certainly the Internet has helped that on its way, but at the time there was not a whole lot of other places you could get that information, and so it was a very important project.

The next thing I am going to talk about is *RaveSafe Melbourne*, which has been where most of my involvement in those issues has been, spread over quite a period of time. It was initiated by Melissa Dent and myself in 1995. Initially it was modelled on the *New South Wales Tribes Sydney* version, which Melissa and myself had observed while we were living in Sydney, although had not been involved. It was initially modelled along those lines but it actually developed into something quite different. *RaveSafe Melbourne* operated on a purely voluntary basis for around about 18 months, so mid 1995 until January 1997, at which point we secured funding for a pilot project.

As I said, before funding we were similar to ‘*Tribes*’ in that we were largely focused on disseminating information. We would have a great party that attempted to show what could be done in terms of health promotion if promoters were working hand in hand with raver health activists, and we would have free condoms available, but essentially it was about handing stuff out. However, once we had put together a team of peer educators and support equipment we started doing parties and found that the scene really wanted something quite different from us. So we sought to adapt the role of the project so that we could meet the needs of the scene.

Information distribution remained an important part of our work but we saw the possibility of a significantly expanded role – so punters would come up to us and ask “Do you have X?” (Well maybe not X, though we did get asked that, but X in terms of a variable) and we would reply that we did not but that we certainly would next time. So, in this way, we started to build up a range of other things beyond information that we did. Part of that was a needle and syringe exchange point, which was something that was requested again and again and that we eventually provided. We started doing free fruit for breakfast in the mornings, and certainly when I was around that was always the most sought after of any task for *RaveSafe* activists. And if you were a little sick of work in the morning, and a little disappointed that everybody else had been having a lot of fun over the night – getting out there onto the dance floor and giving fruits to hundreds of people who are dehydrated and hungry and thirsty – was always a great experience. People were saying: “ah fruit, your beautiful”, and “fruit dude, you rock!” so it was always a real great re-inspiration.

Blankets became one of our most popular services, particularly amongst outdoor bush doofs and particularly amongst people for whom it was their first bush doof and they were maybe a bit unaccustomed to having to deal with the elements, and a little bit unaware of what they might encounter. So people could get really cold and we would deal with that, and we would generally have to then buy 15 more blankets at the next party because they never got returned, but that was something that was really popular.

We started to do first aid assistance, although we were always really clear to promoters that we could only ever be a backup service and that specialist first aid teams were still really critical. And at times we even organised a doctor to attend with us, which opened up all sort of new possibilities, like for example nebulisers for asthma sufferers - again, particularly at outdoor parties where there was so much dust, breathing issues can become a real concern. Along with taking care of the physical cuts and bruises, we started dealing with injuries on the inside: paranoia, sadness, generally – although not always – resulting from the use of hallucinogens, and our teams became trained in crisis support.

So *RaveSafe Melbourne* became about creating as much self-sufficiency in servicing the health needs of a crowd as possible. I believe this helps to build the scene, as potential negative experiences are going to be minimised and so punters are more likely to come back. So it is not just about helping out with people and their health on the night, it is about how to build a community and how to keep that community self-sustained. Again, from a punter point of view, knowing that promoters are willing to spend a little bit of cash (although often we did not get what we had hoped from the promoters, and sometimes not even what had been negotiated), but even just the thought that punters can see that promoters were thinking about their health and their needs, that was an important element of people getting to feel comfortable with a promoter.

I am pretty much finished. For bush doofs there is a real health concern as well about people leaving parties before they have come down properly, if they are going to drive – so just being able to create that self-sufficiency away from the city for a particular event so that people do not feel that they need to rush off. The needle syringe programme became a really important part of that, because if people had dependencies and had run out of equipment, it was a lot better that we could provide that equipment there and people did not feel like they had to nick home to get it. Certainly that was one of the issues that we had the longest struggles over with promoters, about people feeling that the needle syringe programme meant that there was injecting going on at the parties, which it inevitably did.

However, we ran quite a few surveys where we asked what ravers would have done if the needle syringe programme had not been there, and the answer almost invariably came back that they would have shared or would have snorted etc., and so posing there a hierarchy of modes of administration. Promoters generally thought that the needle syringe programme indicated that their parties were degenerating. But in terms of the health and well-being of their punters they had a real responsibility to ensure that we provided that service, and particularly where we provided it – in a series of parties, if we had done it once, we insisted that we continued to do it because, particularly at bush doofs, if people had picked up equipment from us before and were hoping that the equipment was there again, we had a real responsibility to ensure that it was there again, and that was not something we were willing to compromise on.

Thank you.