

## ECSTASY USE AT LARGE-SCALE DANCE EVENTS IN THE NETHERLANDS

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*In the 1980s, MDMA appeared on the Dutch market. The popular use of MDMA and MDMA-analogs (commonly known as ecstasy) spread quickly in the second half of the 1980s, especially at large-scale dance events. After prohibition in 1988, the ecstasy market became "polluted," adding an extra risk factor to its use. The Dutch government showed concern, and the Health Department initiated a research program. The Utrecht University Addiction Research Institute (CVO) conducted a socio-epidemiological study into the nature and extent of, and the risks involved in, ecstasy use at dance events. More than one thousand respondents participated in the study. This article focuses on the methodology and results of the study. Applied methods included observations, written questionnaires, in-depth interviews, and urine sampling.*

### INTRODUCTION

In the 1980s, MDMA first appeared on the Dutch drug market. The early users of this substance primarily consumed it in their homes (Adelaars, 1991; Korf et al., 1991). During the second half of the 1980s, the drug turned up in the entertainment circuit when a few trendy night spots in the Randstad, an urban agglomeration in the Western part of the Netherlands, started to play a new type of dance music called *house*.

In comparison with neighboring countries, the Netherlands was late in placing MDMA on the list of prohibited substances. It was not until the end of 1988 that this substance was placed on List I (drugs with unacceptable risks) of the Dutch Opium Act. Along with MDMA, a number of related substances were declared illegal at the time. In subsequent years, analogs such as MDEA (1993) were also placed on List I of the Opium Act. The primary consideration in listing MDMA and MDMA analogs under the Opium Act was not so much to limit the health

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risks they pose for consumers, however, as would be expected from the general aims of Dutch drug policy (van de Wijngaart, 1988, 1990). Rather, the listing was in response to critical comments from abroad suggesting that the Netherlands was becoming a center for the production and transport of these drugs (Ossebaard and van de Wijngaart, 1998).

Despite being declared illegal, the acculturation of MDMA and MDMA-analogs continued at a remarkable rate. In addition to the trend setters in the Randstad conurbation, these drugs appealed to a rather mixed public, including not only old hippies and "wheeler-dealers," but also New Agers and Yuppies, disco regulars, football supporters and fringe youth groups. A number of social changes influenced these new drug consumption patterns. Public attention became focused on the new dance music with which the use of MDMA and MDMA-analogs is associated.

The popular use of MDMA and MDMA-analogs occurred in the second half of the 1980s when the first large-scale dance events (called *house parties* in the Netherlands and *raves* in Great Britain) were organized. As a result of this increase in scale, the new dance music became both more accessible and more commercial. We may now say with confidence that this group of users may be called a true youth (sub)culture, with its own unique magazines, rituals, symbols, gestures, (designer or brand) clothing and hair styles. MDMA and MDMA-analogs became known universally by the popular generic name ecstasy, and the supply of these substances grew rapidly following the 1988 prohibition (Korf et al., 1991; Korf and Verbraeck, 1993).

House culture centers around house parties that attract many thousands of young people. The first large-scale dance events organized in the first half of the 1990s took place in factories and warehouses, some of which had not been used for years. Understandably, elementary conveniences such as electricity, cloakrooms, air conditioning, ventilation and toilets were not what they should have been to accommodate large crowds. Supportive facilities such as security services and First Aid posts were sometimes completely lacking. Incidents and accidents at these large-scale parties, some involving fatalities, were sources of sensational media reports. This led to questions being raised in Parliament and to confusion and concern on the part of local authorities, social workers and parents.

In April 1995, the Ministry of Health, Welfare and Sport presented the City Hall and House Memorandum (1995), a document setting out practical suggestions for formulating municipal policies regarding large-scale dance events and the recreational use of drugs at them. The Memorandum acknowledges that drug use cannot be eliminated, considers strict prohibition on an individual level to be undesirable, and recommends measures to limit the possible health risks and allow for the maintenance of public order at such events.

Over time, house culture became an established phenomenon in the Netherlands. Every week, tens of thousands of young people gathered to party. By the mid-1990s, it had become difficult to imagine contemporary nightlife without house parties. Young people apparently had developed a need for a place where they could be free to party and experiment.

The conditions under which these large-scale house parties take place have improved steadily over the years. The City Hall and House Memorandum (1995), drawn up in close cooperation with those who were active in the party circuit,

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forms a basis for the relatively safe administration of these large-scale dance events. Virtually all large-scale house parties now have service facilities, such as security and First Aid. Insofar as local authorities will allow, the Safe House Campaign – a national organization financed by both national and local governments that aims at risk reduction related to drug use – is present at these events.

Despite these noted improvements in the house party scene, not enough was, or is, yet known about the nature of the health risks involved in these extravagant events. In order to fill this gap, the Minister of Health, Welfare and Sport (VWS) requested that an empirical study be funded to answer these important questions. Utrecht University's Addiction Research Institute (CVO), one of the institutions that participated in the research, conducted the socio-epidemiological study into the nature and extent of ecstasy use and other "recreational" drugs in places of leisure in the Netherlands, as well assessing the risks involved. The problem definition for the study was: What is the nature and extent of the use of MDMA and MDMA-analogs (known by the popular name ecstasy) by people going to large-scale events, and what is the influence of exogenous factors on the effects of these substances? A second problem statement was identified as well: how do the different elements of drugs, set and setting contribute to more or less hazardous use of MDMA and MDMA-analogs?

This paper focuses on the methodology and results of the study of visitors to large-scale dance events in the Netherlands. The following section describes the structure and execution of the study. We begin by identifying the various study methods that were used. After that, we consider the survey procedures utilized to select the parties to be observed (setting) and the informants (set) for the study. We then look at the response rate, representativeness of the samples and validity issues. In the next section we provide field descriptions of the events of the study itself. Finally, we close with a description of a night of fieldwork at a large-scale house party.

## RESEARCH METHODS

The study was both exploratory and evaluative. It was exploratory in the sense that little was known about house parties and the use of ecstasy. It was evaluative, in that certain assumptions that gave rise to the investigation were ultimately verified.

The following study methods were used to answer the questions addressed:

- Preliminary research consisted of literature studies, observations on location, open interviews with informants and ecstasy users, and two pilot studies.
- Completion of a face-to-face survey among partygoers at the beginning and at the end of 10 large-scale "house parties." Six of these house events took place in the Randstad conurbation (the area encompassing Amsterdam, The Hague, Rotterdam, and Utrecht), and four were completed in other parts of the country. The Safe House Campaign (SHC) was present at seven of the 10 parties. Sampled partygoers were asked to complete the main questionnaire at the beginning of the event (N=1121) and a follow-up/second questionnaire at its conclusion (N=768).
- Observations were completed at 28 large-scale "house parties" and 24 venues in the regular club and discotheque circuit throughout the Netherlands.

Urine samples were collected at the beginning and at the end (N=509) of three of the large-scale "house parties" where the questionnaires had been distributed.

- In-depth interviews were completed with 47 experienced (former) ecstasy users.
- Semi-structured interviews were conducted with 10 key informants including organizers of large-scale house parties, First Aid workers, security staff and drug experts.
- Additional written questionnaires were distributed among visitors to regular clubs and discotheques (16 different clubs were surveyed) following house-evenings where observations had also been conducted (N=197). Since this part of the study is not included in this paper, its methodology will not be discussed below.

#### *PRELIMINARY STUDY*

The preliminary study was carried out in the autumn of 1995. During this period, the appropriate literature was screened in order to identify health problems that can result from the use of ecstasy and related substances, as well as possible interactions arising from exogenous factors and the so-called "gray" literature, including flyers, house, club and cult magazines and public information material.

Following this literature review, the research team conducted general interviews with informants in the field and carried out observations at four large-scale house parties. During these parties, observers also examined the opportunities for carrying out research on location and made contacts with party organizers. On the basis of this preliminary research, a provisional study plan and questionnaire were developed.

At the beginning of 1996, pilot studies were carried out at two large-scale house parties held in the Randstad. The purpose of these pilot studies was to test the questionnaires and to develop scenarios and procedures for the eventual fieldwork.

At predetermined intervals, the final versions of the questionnaire were presented to various experts for their comments and evaluation. These persons included drug experts, fellow researchers, users and informants from the field. An informant from the social work sector introduced research team members to young, experienced users in order to help them evaluate how the target group would receive the questions.

#### *FACE-TO-FACE SURVEY*

Empathetic and experienced interviewers conducted oral questionnaire surveys at ten large-scale house parties (defined here as parties with more than two thousand participants). This fieldwork took place between March and October of 1996. The survey was comprised of two parts: a main questionnaire and a follow-up questionnaire. The main questionnaire was used during the first part of the evening. It included both open and closed questions. The format was primarily retrospective, and the questions referred mostly to party behavior, substance use, recreational patterns, hazardous behavior, health problems, and demographic information. The responses to these questions allowed the researchers to use the respondents' experiences with health problems and hazardous behavior as a starting point in the analysis and then to go on looking for possible causes.

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Approximately 40 minutes was required to complete the main questionnaire. This initial questionnaire also formed the basis for the club and discotheque surveys, as well as the in-depth interviews.

The follow-up questionnaire was introduced at the conclusion of the party. This was accomplished at nine of the ten parties. The questionnaire concentrated primarily on the events that had occurred at that house party, the atmosphere of the party, the respondent's substance use and physical state, any visits made to a Safe House and/or First Aid post and their mode of transport to and from the party.

Given that the follow-up questionnaire focused on the respondent's behavior and experiences at the party itself, possible causes of risks and health problems (e.g. the temperature or crowd density at a party, the use of a given substance) could be used as a starting point for the analysis. The follow-up questionnaire took approximately 10 minutes to administer.

Determining the exact pattern of use was an important component in the items related to ecstasy use. This approach was based largely on an earlier Amsterdam study of cocaine use (Cohen, 1989). During the course of the study, a number of items were added to the questionnaire at the request of the Ministry of Health, Welfare and Sport. First, questions were inserted inquiring about pill testing at parties and the respondent's opinion regarding the possibility that the Safe House Campaign might actually encourage use. Secondly, a number of questions were formulated concerning ecstasy users and driving behavior and the influence of ecstasy use on safe sex practices. Finally, a section was added to determine whether respondents had sought First-Aid assistance during the party.

## OBSERVATIONS

A number of field workers acted as observers and gathered information about the conditions and facilities available at all of the parties. At the large-scale house parties, the observations were organized around a number of different focal points, such as the First Aid post, the Safe House Campaign's testing table, security, the events taking place at the party and the exogenous factors influencing the party. Field notes were made on each of these focal points throughout the night. The assignment for observers was to gather as much quantitative and qualitative data on the party as was possible. All quantitative data were noted on small forms, called observation cards, that could be filled in unobtrusively. Among the quantitative details recorded on the cards were:

- The presence of peripheral facilities such as the Safe House Campaign, security, First Aid post, or smart bar;
- The room capacity, estimated number of partygoers, and composition of the participant group in terms of age and gender;
- The provisions for resting at a party after a dance session: for example, the presence of a cool room (chill-out), the time, money and difficulty involved in obtaining a glass of water or other refreshments and in visiting the toilet;
- The temperature, humidity, and decibel level;
- The lighting effects, rhythms (beats per minute), surface area and crowd density on the various dance floors and in other rooms;
- A floor plan of the party site.

Precision instruments were used to measure the temperature, humidity and volume level of the music. These included a thermometer, a hygrometer and a decibel meter.

The observers also wrote a report on each party. The following structural focal points recurred in this report: the atmosphere of the party, the type of partygoers and a subjective estimate of the extent of substance use and drug dealing occurring at the party. Finally, the observers were asked to "mix in with the party," to initiate brief conversations with partygoers and note them verbatim, and to describe examples of noteworthy occurrences.

During the course of the larger study, in addition to the questionnaire surveys conducted at the ten large-scale parties, observations were made at another 18 large-scale house parties. Thus, altogether, information was collected on a total of 28 large-scale parties throughout the Netherlands. Observations were also carried out in 24 regular clubs and discotheques. Since the fieldwork in regular clubs and discotheques was generally conducted without consulting the venue managers, no specific measurements were made of humidity or noise levels. All in all, 52 large and small-scale house parties observations were made.

#### *URINE TESTS*

At three of the 10 large-scale parties, urine samples were collected. The objective of the urine tests was threefold. First, they were intended to provide an indication of the validity of the respondent's answers: did his or her answers to the questions about substance use correspond with the results of the urine test? This test only confirmed whether substances had been used and did not determine the amounts used. In order to accomplish the latter, blood tests would have to have been completed. Such tests were rejected for both practical and financial reasons. Secondly, the urine tests informed us about the extent to which the drugs used were as advertised (is a drug sold as MDMA really ecstasy, or some other substance). Finally, it was thought that the urine tests would provide a valid criterion for determining the causes of certain health problems, rather than relying solely on respondent self-reports.

For organizational and practical reasons, it was decided to collect the urine samples during the last three parties only. This was done at that point because the ongoing contacts with the organizers had become so encouraging and the trust in the research team was so great that it was believed there would be no resistance to the collection of urine samples. Two urine samples were taken from each respondent: one before administering the main questionnaire and the other before the completion of the follow-up questionnaire. The urine samples were analyzed under the supervision of Dr. Leendert J. Mostert, who works in the laboratory of Rotterdam's Delta Hospital.

#### *IN-DEPTH INTERVIEWS*

In-depth interviews were conducted with 47 "experienced" (ex-) users between May and October of 1996. In these interactions, the emphasis was on the respondent's lifestyle and perceptions of the influence of recreational patterns and substance use on his or her general ability to function in daily activities, such as in school or at work. The main questionnaire used at the parties served as the basis for the in-depth interviews as well. The interviews varied in length from one

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and a half to four hours. Each respondent was interviewed by two experienced field workers and was paid for their participation.

### INTERVIEWS WITH KEY INFORMANTS

Semi-structured interviews with key informants from the house world were conducted throughout the study. Originally this was done to gain insight about these events. Establishing and maintaining contacts, however, was particularly important for setting up and organizing the fieldwork. The organizers' cooperation was a precondition for successful implementation of the research design.

During the data collection phase, regular consultation took place with party organizers, First Aid teams, security teams and the staff of the Safe House Campaign. In these meetings, the party study plan was continually discussed and adjusted when necessary. In concluding the data-gathering phase, 10 informants were interviewed. These interviews focused on general questions about risk factors related to drugs, individual set and settings. This information was later incorporated in qualitative reports. A logbook was also maintained that documented all contacts made with informants during the study period.

### SAMPLING

#### SELECTION OF VENUES

Various methods were used to learn where and when upcoming events would take place. The most important of these was the flyer system: a system in which party-goers are given flyers (leaflets) announcing when and where the next party will take place. These announcement leaflets first came into use during the period of the underground parties, and they remain a popular way of spreading information in the scene. In the case of small-scale parties, there is frequently a clear selection process designed to attract a certain kind of crowd, and not everyone has a flyer pressed into his hand. All field workers were given instructions to collect flyers at entertainment venues they visited throughout the period of study. Flyers were also collected from *smart shops* (shops where "mixtures of" natural and psychoactive substances are sold, see the article by Riper, de Kort and Cramer) and from record and music stores. A number of house and cult magazines, newspapers and Internet websites were also regularly checked. Finally, the informants from the house circuit also kept the researchers informed about what was going on in the party world.

With the goal of providing representative picture as possible of large-scale house parties in the Netherlands, ten study locations were selected on the basis of (1) their geographical location, (2) the presence or absence of the Safe House Campaign, and (3) the type of crowd that was expected. Researchers visited six parties held in the Randstad and four that were outside of it. The presence or absence of the Safe House Campaign proved to be a more difficult selection criterion, as the Safe House Campaign staff attends most large-scale parties. This explains why the number of observed parties that did not have the Safe House Campaign present was limited to three instead of four, as had originally been intended. In terms of the type of partygoer and type of music played, the parties may be roughly divided into three categories: hardcore (five parties), mellow (two parties) and mixed (three parties). We used the deejay line-up with their preferred

music style (the disc jockeys invited by the organizers to attend and take charge of the evening) as the criterion for classifying the parties.

As stated above, observations were also carried out at 18 other large-scale parties (frequently surreptitiously). These parties took place all over the country and were selected on the basis of flyers and information from regulars about where "something would be going on." Eleven parties took place in the Randstad; the other seven occurred elsewhere.

#### *SELECTION OF RESPONDENTS*

The number of visitors expected and the number of interviewers available determined the size of the sample at each of the parties. The pilot studies revealed that when partygoers at large-scale house parties were asked at entry to participate in the study, about half of them eventually acceded. As a result, at each party the research staff invited twice as many people to participate as the number of available interviewers could handle. Although the field workers tried to interview a sample of 5 to 7 percent of those in attendance, this was not always possible. At two of the parties where there were more than 25,000 partygoers, interviewing a sample of 1 in 20 (5 percent) was simply not feasible. For this reason, the samples drawn might not be completely representative (Slonim, 1960; Monette et al., 1994). In each case, the respondents were chosen randomly by a team of four trained recruiters led by a colleague who counted the crowd as they entered.

The respondents for the in-depth interviews were recruited by means of advertisements in various national newspapers, through parties and by means of the "snowball" (word-of-mouth) method.

#### *RESPONSE*

Among the partygoers approached at the door, 77 percent said they were willing to participate in the study. The total response rate to the main questionnaire at the beginning of the evening was 42 percent. Failure to show up did not necessarily mean that the respondents no longer wanted to participate; they could also have been put off by the difficulty of finding the interview-room or by the crowds that sometimes built up in and around it. The partygoers' willingness to participate in the study is also evident from the response rate for the follow-up interviews at the conclusion of the event. This included 69 percent of those who had completed the first stage evaluations. Subsequent analysis revealed no differences in gender and/or the likelihood of ecstasy use among non-responders to the follow-up interviews. The response rate for the follow-up interviews was considerably higher at the last three parties, probably as a consequence of the larger compensation paid at the end of the evening (because urine tests were administered). Study respondents (47) who provided the in-depth interviews were recruited by two advertisements (22), via parties (15) and by word-of-mouth (10).

#### *REPRESENTATIVENESS AND VALIDITY*

The study design was not intended to provide, and does not allow for, estimates of the extent of the use of ecstasy-like substances in Dutch society as a whole. It does allow empirically based estimates of the nature and extent of substance use at large-scale house parties and the possible risks that may be involved, however. As noted earlier, the study was carried out across ten different

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time periods and locations. Since the fieldwork was spread out over a period of fourteen months, it was probably not subject to seasonal influences. Respondents were recruited randomly at the entrance to the parties in order to avoid including only a select group of partygoers in the sample. In addition to the length of the observations and the large number of randomly recruited respondents, indications from the field suggest that the researchers succeeded in building up a reasonably accurate picture of the party circuit. As the fieldwork progressed, staff members increasingly encountered respondents and informants whom they already knew from previous parties. Consequently, a few respondents were sampled at more than one party. The samples obtained in the club and discotheque study were probably less representative of those generally partying at such places. The number of locations visited and the response rates obtained were both too small to allow for an accurate picture of club and discotheque customers in the Netherlands.

In order to assure the validity of study instruments, the questionnaires were submitted to various experts, including drug assessment professionals, fellow researchers, users and informants from the field. It was also field tested on young, experienced users to gauge how the target group would receive the questions. The language used in the questionnaire was intentionally adapted to the argot typically used in the party circuit. Language use was also covered in the original training provided to the interviewers. Both the interviewers and observers were trained and supervised throughout the fieldwork to ensure that they closely adhered to the procedures that had been established beforehand. The respondent's survey card number was marked on his/her hand with a felt-tip pen, and his/her gender and date of birth were noted on each of the questionnaires to ensure that we interviewed the same person on both occasions.

With regard to the validity of the respondents' self reports, readers should note that the study was concerned with the narrated reality. The findings reflect what the respondents have related in personal reports. Of course, the fact that people say they have done something does not necessarily mean that they have. Nonetheless, the built-in checks on the information provided make it possible to conclude that the vast majority of respondents did not purposely distort their answers. As with all narrated reality, these data consisted of cognitive constructions of events, and people do not have perfect memories (Davies, 1992). The questionnaires took this into account by repeatedly asking about a single issue in different questions. For example, the questions about first drug use not only asked how old the person was at the time but also what the season of the year was, where it occurred and whether the respondent could provide more details about it. Interviewers were reminded to verify whether a given answer corresponded with earlier claims. If they did not, the interviewers were instructed to question the respondent about the discrepancy.

Needless to say, the validity of answers given by people who are under the influence of intoxicants at the time of the interview is open to serious question. The fact that many of the respondents reported being high at the time of the interviews does not necessarily mean that their answers were not valid, however. Moreover, ecstasy is known as a substance that makes people more relaxed and outgoing than they usually are (Shulgin, 1991).

In order to counter some of these validity concerns, the research team attempted to create a relaxed and confidential atmosphere in the survey room. Of course, all respondents remained anonymous. The interviewers were instructed to take the respondents seriously and to treat them with respect at all times. If an interviewer had the impression that a respondent was not telling the truth, even after continued questioning (claiming to normally use lethal amounts, for example), a separate note was made of these claims. By telling the respondents about the scope and purpose of the study, researchers gave them the feeling that they were participating in something "big," which made them inclined to do their best to answer the questions as accurately as possible. The seriousness of the effort was reinforced by the compensation they received for their participation in the study.

The idea that people always under-report their "bad habits" is now open to question. The pilot studies conducted here have shown that users do not see their consumption of certain substances as something wrong, but rather as "cool" or "exciting." This suggests that exaggeration may be more likely than under-reporting. An extra check for this was built into the study by using urine tests to verify the respondents' personal reports of substance use at three of the parties. Laboratory analyses for cannabis, cocaine, ecstasy, and its analogs and for amphetamine suggested that in at least 89 percent of the cases, the results of the urine tests confirmed the personal reports. There is no reason to believe that respondents at the other parties where urine tests were not administered gave less reliable answers.

#### *LARGE-SCALE DANCE EVENTS*

An underground house party and dance culture emerged in Europe at the end of the 1980s. As its music became commercialized, this became the most popular dance music of the nineties. The parties where this music is played, also called house parties or raves, may be either large scale or small.

It all began in the second half of the 80s, when the police became alarmed by reports from abroad that young people from the UK, Germany and Belgium were traveling en masse by bus to Amsterdam and Rotterdam to attend illegal parties. Parties where so-called house music was played by deejays and where large masses of young people danced wildly and out of control, often under the influence of the 'new' popular drug ecstasy. This phenomenon then migrated to the trendy clubs and discotheques in Amsterdam. The house trend caught on in a big way and there was a totally new entertainment style, about which the press was either wildly enthusiastic or increasingly concerned. [Informant]

Another informant believes that house in the Netherlands actually has its roots in trendy clubs and discotheques.

From what I have observed, house began in the hip club circuit; that is where you also first saw ecstasy. At the same time you saw an alternative set of people who picked up house: deejays

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and other key figures. They saw the rules for legitimate clubs as a straitjacket. That is how the informal circuit started up: guys from better backgrounds and high flyers who didn't want to be held back. They wanted to escape from that straitjacket: to keep the action going for hours on end with everything as basic as possible, just music and spotlights. You couldn't do that in discos, so that's how we got the warehouses, boats, harbor areas, silos, etc. That was the beginning: 1987, 1988. Those were parties for about 2000 people, with perhaps occasionally 4000. The age group was older then: people were mostly in their twenties or thirties. The public was also more mixed; now it is segmented. The flyer system was far more important than now; then it was really alternative. If you didn't do a good job with your flyers, you fell on your face. There were also more transport facilities to the venue: shuttle buses and the like. The safety measures were absolutely zero. Lights fell over, beams collapsed, the till was suddenly gone or the dance floor was covered with water because of rain, stairways suddenly came to an end, there were no lavatories ... [Informant]

After house events had been around for a while in the underground circuit, a number of different genres developed.

Around 1989-1990, a number of distinctions appeared. A new generation of organizers came into being. People from better backgrounds - they had been in the US and in the UK - started to move in the direction of parties that you could call mellow: they looked for a place and started distributing flyers, sometimes they organized a party in a train or on a boat. They stayed loyal to the 'old' tradition of house: criticizing society. Quite often they were not that bothered about safety, because house was alternative.

They had cheap drinks, no hard liquor. They were concerned about First Aid. That circuit still exists; it organizes parties for about 400 people, and sometimes after-parties as well.

After that there were the high flyers: some started up with sports centers and hardcore; serious and large-scale. Another group became involved with ecstasy dealing. They also did after-parties or organized regular parties at the same place every weekend. They thumbed their noses at safety regulations. The parties were a disaster, but they would sell 5,000 tickets. It was simply money laundering. They didn't want any Safe House either. The dealing was in the hands of the staff. This only lasted for about a year and a half, then it was over.

Another set began organizing multi-parties: varied, everything mixed together, in different rooms. The people doing this are

businessmen first and foremost, but they do pay some attention to house components. And then there are organizers who are interested in art and culture. [Informant]

The deejays, and there are a large number of them, play an important role in the house circuit. They are often seen as the new pop stars, the best known of them have international reputations.

I've spun a few times in Paris. Very underground. You have to know which organizations you can work with and which ones not. There are a lot of illegal parties, so there's a good chance that you'll go to Paris for nothing because a party is suddenly called off. If you have lots of contacts you know who you can spin for. After this gig, I'll be off to spin in Lloret de Mar. [Deejay]

As is made clear in these comments, it is no longer possible to simply talk about house in a general sense. Since the end of the eighties, house has fragmented into a variety of different types and styles. At parties and in clubs, the deejays freely experiment with musical elements and forms, both contemporary and traditional. New trends are continually evolving. As a rule, changes are first adopted by the dance scene elite. Some styles stay and proliferate, sometimes commercially, while others quickly disappear. Under the general heading of house music in the entertainment circuit, there is now an enormous diversity of musical styles and variations to be heard. In broad terms, people in the scene distinguish between two main styles: mellow house and hardcore house.

Mellow house is characterized by the "softer" variants of house and is itself sub-divided into different kinds of styles and rhythms. A few examples of the more established mellow house styles are Acid, Deep house, Clubhouse and Trance. For simplicity's sake, the "pleasant" easy tune or all-in music style is often also included under mellow house. There is constant mixing with other styles, such as Hip-hop, New Age and African music; this is where the variants Trip hop, Ambient house and Tribal house came from. The base lines and rhythms of dub reggae can sometimes be recognized in the rough jungle music. The mellow public is, like the musical variants, extremely varied in terms of age, clothing, lifestyle and recreational patterns. This is very clear from the field reports on the house parties visited by the researchers.

Compared to hardcore parties, the people walking around at acid, trance, mellow, techno, underground or similar parties are extremely varied. Some are very extravagant and others look more like hip-hoppers or squatters. The most extreme clothing we saw on the - generally less extravagant - men was a dress and make-up and a Scottish kilt with metal decorations that looked rather Roman. Women's clothing varied from jeans and T-shirt to tanga and bra with a see-through scrap of nothing on top. Short dresses and skirts that revealed the wearer's bottom

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attracted a lot of attention. A great deal of care was devoted to clothing and appearance. [Field note]

According to some informants, hardcore house began in the early nineties and blossomed on Dutch soil. In their opinion, this was because one of the "harder" variations of house, Techno, caught on so well in the Netherlands. Techno could be described as a rather mechanical, abstract musical form that has a fast, firm, hard beat, about 150 to 180 beats per minute (bpm). From the beginning of the nineties, a few popular Dutch deejays used more and more bpm's in their numbers, while the public also demanded more. This interaction ultimately led to the emergence of the unique hardcore style. It was immediately popular: the hardcore gabber sound was born. People in Amsterdam, Rotterdam and The Hague all claim that hardcore began there or that the first hardcore or gabber parties were organized there. An informant describes the development of commercial parties in the regular entertainment circuit as well.

As soon as all sorts of different house styles came into being, smart organizers started to put together their own parties: in sports centers, warehouses, empty storage or factory buildings, ice rinks, swimming pools or in the open air. This was where most of the gabber house or hardcore parties came from. Gabber parties were attended by thousands of young people. These parties were so unbelievably successful that regular establishments, discos in particular, were afraid they would suffer a serious drop in income. That is why the owners decided to turn their places over regularly to house parties. For example, they hire an organizer who takes care of everything and arranges for a popular deejay; they have a free evening while the dough still comes rolling in. [Informant]

Hardcore house can be characterized as a hard, monotonic, fierce form of music. The only thing the uninitiated hears at first is the deafening bass and drums and a high number of bpm's (an average of 200). The hardcore public knows better. Distinctions can be made here, too, although the styles do not differ as much as in mellow house. Initiates distinguish between Old style, Underground, Terror and the commercial Happy hardcore; Hard Trance can also be placed under hardcore. This scene also has many deejays, some of whom were present at the birth of house. The public is primarily hardcore freaks, known as "gabbers." The gabber culture should be seen as a significant youth subculture with its own style of dress and dancing. It also has certain favored rituals, its own jargon and lifestyle. A "real" gabber has a (partially) shaved head, wears an Australian jogging suit or jacket with (Chipie) jeans and Nike Air sport shoes. His female equivalent is called a gabberina; she refers to herself as a "rave bitch" or "Terror Tina" and wears the same sort of clothing.

Lots of traditional gabbers, male and female. The guys have completely shaven heads or perhaps just a tiny ponytail, a very few are wearing sunglasses on the back of their heads. Jogging

suits, simple T-shirts, some bare-chested [...] Gabberinas also wearing jogging suits, often with a top or bustier underneath, long pony tails below which their heads are shaven. Some of the girls - with a nod towards punk? - have taken up a style accessory that's new to me: sucking on a baby's dummy. [Field note]

Many of those people attending hardcore parties, however, are people who like the music but do not adopt the "real" gabber style.

At the VIP entrance, where it wasn't at all crowded, unlike the normal entrance, there were two angry-looking guys. It turned out that they had no tickets and we struck up a conversation with them. One was 18, the other 22, and they had come all the way from the city of Doetinchem in the hope of being able to get in. One of the doormen had agreed to tell them if someone failed to pick up his tickets. They were very envious of our VIP tickets and were willing to buy them from us for 150 guilders. They were 'experienced' gabbers even though they did not have the look. Nice guys. They told us that gabbers don't always have shaven heads and wear jogging suits (though they do usually wear sports shoes and an earring) but can also have a pony tail on top or just normal hair. [Field note]

Among the 10 large-scale parties where both observations and interviews were conducted, five were hardcore, two mellow and three mixed. Among the 18 large-scale parties where observations were carried out, 10 were defined as hardcore, six as mellow and two as mixed.

## SET

This section of the paper describes the demographic and other characteristics of the 1,121 partygoers who were interviewed at the ten large-scale house parties.

## GENDER

The proportion of partygoers that is female is generally about thirty percent. This is not because the non-response rate is higher among female partygoers, however. The research team found a similar gender distribution at most of the large parties: quite simply, females are distinctly under-represented in this circuit. This impression corresponds with the observations made at large-scale parties and with the information obtained from the in-depth interviews.

## AGE

The average age of party participants is a little under 21 years (the median age is 20). The oldest partygoer who was interviewed was 46, the youngest 14. More than 40 percent of visitors to large-scale parties are between 18 and 21 years of age. One-fifth of the partygoers are between 16 and 18, and another fifth are between 21 and 25. Slightly fewer than 10 percent are between 25 and 30, and approximately 3 percent are older than 30. The percentage of youngsters under sixteen is about 2 percent.

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### ***MUSIC AND PARTY PREFERENCES***

Approximately three-quarters of the surveyed group are hardcore house fans (73 percent), while one-quarter prefer one or more of the mellow varieties (23 percent), and some others had other music preferences. In comparative terms, the hardcore fans are younger, more likely to live at home, more often still going to school or studying, and have less money to spend than their mellow counterparts. They also are less likely to have come from a large city.

### ***PARTY-GOING AND LEISURE ACTIVITIES***

Slightly more than one-half of the sample population are a regular house partygoer: these persons visit a (large-scale or smaller) house party at least once a month (54 percent). Approximately 22 percent of the sample may be categorized as recreational house partygoers, attending seven to twelve house parties per year. Another 21 percent go to house parties sporadically (fewer than six per year). Finally, 3 percent of the respondents had not visited a previous house party in the past 12 months. The vast majority of the partygoers who were interviewed (82 percent) attend no more than one large-scale house party a month. The median age at which respondents begin going to house parties is seventeen; girls report beginning slightly earlier than boys. The activity of going to house parties generally lasts for two years. As age increases, the frequency of visits to large-scale parties decreases, while visits to smaller parties rise. Fans of hardcore music go to large-scale parties more often, while mellow fans are more likely to visit smaller parties in clubs, discotheques or the underground circuit.

Most respondents (74 percent) go out only on weekends. Frequent attendees at house parties also patronize coffee shops but are not likely to go to discotheques and bars. As age level rises, the interviewees more often go to bars, cinemas, and pop concerts or sports clubs. The frequency of visits to coffee shops, neighborhood clubs and discotheques drops as the respondents age.

### **SETTING**

Large-scale house parties are generally held in locations such as exhibition and sports halls, skating stadiums and sheds/hangars. This means that to hold such a party, the organizers have to make special arrangements for supportive facilities and services. The advantage of this is that they can set up the location completely in accordance with their own taste and wishes. We have noted that there are often huge crowds at the entrances to large-scale parties. The stream of partygoers is directed using crush barriers and access gates. Before partygoers can gain access to the party, tickets are checked, and guests are searched for weapons and drugs. Besides the staff in the bar, cloakroom and other (standard) staff, there are three other essential services that are active in the large-scale party circuit: security, the Safe House Campaign and First-Aid workers. Together with the organizers, they contribute significantly to the smooth running of the parties.

The security staff is primarily responsible for the checks and frisking of patrons at the entrance. Other security tasks at the party location include preventing disturbances and removing trouble-makers, escorting (sick) people to the First Aid post, and evacuating the hall in as orderly a fashion as possible at the end of the party. At some parties, security staff also patrol in search of drugs.

The Safe House Campaign is present at many large-scale parties. The most prominent activity of the Safe House Campaign is the testing of pills submitted by the partygoers. The Safe House Campaign also provides partygoers with information about substance use, safe sex and the dangers of driving under the influence. The testing table and the information materials are hubs of activity until four a.m. at all parties. The Safe House Campaign is also able to start an instantaneous warning campaign if pills are circulating that pose an acute health risk. Although this has happened a few times in the past, there was no need for such measures at the parties visited by the researchers. In addition, the Safe House Campaign acts as an important link between the organizers, the First Aid post and security staff. Information is exchanged about the pills circulating at the party and about drug-related problems that may be expected. Virtually all (legal) large-scale parties have a First Aid post. Most First Aid staff members have received training in detecting and caring for drug victims before being deployed at a house party.

At some parties, security staff will tolerate user-quantities of cannabis, and occasionally they will allow user-quantities of certain substances from List I of the Dutch Opium Act. Sometimes, the waiting times to get into the party can become so drawn out as a result of a stringent frisking policy that the security staff is more or less obliged to relax the rules. Despite the large numbers of partygoers, virtually every party also has a quiet area. However, at some parties, congestion develops in corridors and on staircases. The atmosphere at all parties, whether busy or not, is easy-going. There is generally adequate space available on the dance floors. Occasionally, there are problems with the cloakroom capacity. At almost every party, there are various catering facilities present. Paid drinks are available in abundance at all parties. Some parties provide free water. At several parties, the waiting time for the toilets was longer than ten minutes. Most parties have accessible toilet facilities that can be reached quickly. In accordance with the policy recommendations in the Memorandum City Hall and House (1995), all parties visited have a *chill-out* (a special air-conditioned room providing a quiet, relaxed atmosphere). However, the quality of the chill-outs (in terms of temperature, humidity and noise) sometimes leaves a lot to be desired. At some of the parties, there is insufficient seating in the chill-out. The noise level on the dance floor can generally be described as loud, and the temperature on the dance floor as on the high side. With respect to noise levels, researchers did not detect any differences between hardcore, mellow or mixed parties.

#### PARTY BEHAVIOR

The parties generally last from early evening until dawn. Almost three-quarters of the partygoers (72 percent) say they dance at least half the evening. At the party itself, 50 percent reported dancing half the night or longer. At a party, most respondents (83 percent) will sit down in a quiet place every now and then, either in the chill-out or somewhere else. At the parties surveyed, 93 percent of the respondents had taken at least one break to sit down.

About one-third of the party-goers (32 percent) say that their drinks generally include alcohol during a night of house-partying; 71 percent generally drink soft drinks and fruit juice. Also 43 percent usually drink water, mostly in addition to other beverages. At the parties surveyed, the follow-up questionnaire revealed

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that 34 percent drank alcohol, 70 percent consumed soft drinks and fruit juice, and 46 percent drank water at some point during the affair.

### DRUGS

Licit and illicit drugs play an important role in nightlife activities. The first drugs respondents encounter in their lives are alcohol and tobacco. The median age at which this happens is 14. A year later, they come into contact with cannabis. Between the ages of seventeen and nineteen, respondents come into contact with ecstasy, cocaine, amphetamine, LSD and mushrooms. Heroin does not play a role in the nightlife circuit. The female respondents in the sample population generally started using substances at an earlier age than their male counterparts. Public holidays and vacation periods have been the typical occasions when they took their first ecstasy pill. The main motive for the first use of ecstasy was said to be curiosity. Respondents who started using other illegal substances, such as cocaine and LSD, at a later age also started using ecstasy comparatively late.

**TABLE 1**  
**PREVALENCE OF SUBSTANCE USE AMONG PARTYGOERS**

|                 | <i>Lifetime</i> | <i>Last Year</i> | <i>Last 3 Months</i> | <i>Last Night</i> |
|-----------------|-----------------|------------------|----------------------|-------------------|
| N               | 1,121           | 1,121            | 1,121                | 764               |
| Alcohol         | 91%             | 86%              | 82%                  | 34%               |
| Ecstasy         | 81%             | 76%              | 68%                  | 64%               |
| Tobacco         | 78%             | 76%              | 75%                  | 75%               |
| Cannabis        | 75%             | 70%              | 64%                  | 41%               |
| Amphetamines    | 63%             | 50%              | 38%                  | 34%               |
| Cocaine         | 40%             | 34%              | 24%                  | 7%                |
| Magic Mushrooms | 37%             | 31%              | 22%                  | 2%                |
| LSD             | 26%             | 16%              | 8%                   | 1%                |

A considerable number of respondents reported experience with ecstasy and/or amphetamines (81 percent and 63 percent respectively). At the party itself, 64 percent had consumed ecstasy, and 34 percent amphetamines. Three-quarters of the respondents have tried cannabis (75 percent). A total of 41 percent said they had used cannabis on the night of the party. Although 91 percent of the sample reported alcohol use at some time, and 81 percent had done so in the previous three months, only 34 percent drank alcohol at the parties studied. Approximately 10 percent of the partygoers reported that they had not used any substance at all, and the same proportion said they had only used tobacco (see Table 1).

Respondents evidently opt for a particular substance depending on the kind of situation in which they find themselves: cocaine, LSD, mushrooms and alcohol are not very popular at house parties; tobacco, ecstasy, amphetamines and cannabis are the preferred substances.

### *THE USE OF ECSTASY*

Ecstasy use and a familiarity with other illegal substances are more common among respondents who regularly go to house parties. The highest percentage of ecstasy users occurs among the 21- to 25-year-old age group. Researchers found no differences in rates of ecstasy use between those who were working and the unemployed. The percentage of respondents still at school who have used ecstasy is lower than the average of the total sample. Finally, the percentage of mellow fans that have used ecstasy is a little higher than that of hardcore fans; this holds true for its use on the night of the party as well.

For 6 percent of the respondents who had ever used ecstasy, it was a one-time experiment. Among those who had used ecstasy more than once, heavy ecstasy use (more than once a week) was comparatively rare (6 percent), while regular use (more than once a month, but less than once a week) was more much common (42 percent). Regular and heavy ecstasy use patterns were more common among young people between 16 and 21 years of age, those who have had relatively low levels of education, part-time workers and the unemployed, hardcore fans and people who frequent parties.

In most cases, ecstasy appears to be a substance that is used intensively for a short period of time, and subsequent use becomes more recreational in character. Among the ecstasy users interviewed, 44 percent reported a relatively stable pattern of use. Here, use increased steadily after the first experience until it reached a certain (personal) peak, after which it declined to a "recreational" level. One quarter of the users had stopped using the drug for some period of time.

It is difficult to establish the quantity used on any given occasion, since ecstasy pills vary widely in dosage and the users rarely know the exact dosage and composition of the pills they have consumed. The median number of pills taken by the interviewed ecstasy users was two per occasion. As would be expected, heavy users tend to take more pills on each occasion. Women, older users and mellow fans take relatively fewer pills per occasion. A substantial proportion of the respondents did not know the composition of the pills they took. Of those who said they did know, the majority claimed to have taken MDMA. Most respondents buy their ecstasy pills from (dealing) friends or acquaintances (68 percent). These exchanges are generally not conducted at parties. The average price of a pill is ten guilders (around 5 U.S. dollars).

The self-reported effects of ecstasy use are mainly experienced as positive. The majority report a combination of a feeling of euphoria (75 percent always/mostly and 17 percent sometimes) and an energy boost (75 percent always/mostly and 13 percent sometimes). The in-depth interviews revealed that many people are able to effectively integrate their ecstasy use into their everyday lives. These persons acknowledge that they have less energy in the days following the drug experience and say they make allowances for this. Use increases during vacation periods and on public holidays. Ecstasy is thought to enhance social feelings, and, consequently, the drug is virtually always used in the company of

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others (86 percent of users never takes ecstasy when they are alone). Ecstasy was also said to be a weekend drug; almost three-quarters of the respondents (72 percent) never use the drug on weekdays (72 percent). Ecstasy is not found among the top three substances that respondents find it most difficult to do without, which include tobacco (first), cannabis (second) and alcohol (third).

Not all locations and situations are considered suitable for ecstasy use. A minority of respondents indicated that they sometimes use in bars (27 percent) or at home (30 percent). A slightly higher percentage reported occasionally using ecstasy out of doors. Relatively speaking, the most frequent use takes place at house parties, in discotheques and at "after-parties."

Among the sample population, 61 percent socialize with friends who all use ecstasy. Respondents who use ecstasy themselves, hardcore fans, heavy and regular users and house partygoers are most likely to have a circle of friends who also use ecstasy.

## HEALTH, HEALTH PROBLEMS AND RISKS

In preparing for the party, a great majority of respondents (86 percent) had eaten a meal less than ten hours before, and virtually everyone (96 percent) had slept the night before. When the party began, 86 percent said they felt good or excellent. When it ended, 80 percent of those participating in the follow-up interview indicated they still felt good or excellent.

Respondents occasionally experience temporary problems during the day or days following the party. More than half of the respondents occasionally or more frequently suffer from insomnia (53 percent), symptoms of exhaustion (61 percent), loss of appetite (60 percent), muscle aches (64 percent), listlessness (61 percent), or a bad mood (55 percent) after a house party. Over time, at least one-quarter of party respondents sometimes or more often suffer feelings of depression (32 percent), hearing impairments (31 percent), loss of appetite (35 percent), concentration problems (40 percent) or weight-loss (43 percent).

Nineteen percent of the partygoers who participated in the follow-up interview reported not feeling well at the end of the evening. Almost half of these said they were experiencing motor system problems (muscle aches). Other complaints related to problems of the central nervous system (headaches, dizziness, tingling) and disturbances of the gastrointestinal tract (nausea, abdominal cramps). Among those respondents who experienced problems at the end of the party (83 of the total N of 764), 44 percent blamed themselves (set factors), 36 percent said they were associated with substance use, and seven percent cited exogenous factors. The remainder attributed their problems to other factors or did not know the cause. Ninety percent had no need of assistance, and the ten percent who did had been helped by friends, bystanders or party staff members. Only two respondents in the follow-up survey (N=768) actually had attended the First Aid post.

Roughly one-half of the partygoers (53 percent) never have their pills tested before taking them, one quarter (24 percent) rarely or sometimes have them tested, and the remainder (23 percent) often or always have them tested. Eighty percent of those who have their pills tested do so with the Safe House Campaign. On the night of the party, 27 percent of those participating in the follow-up interview had had one or more pills tested.

Almost all interviewed partygoers (95 percent) said they appreciate the presence of the Safe House Campaign and/or believe its presence is a good thing. Asked about the influence of the Safe House Campaign on the respondents' ecstasy use, 84 percent said it has no effect. Of the sixteen percent who believe the Safe House Campaign has an effect on their own use, most said they feel safer knowing what they take, choose not to use, or use "more safely" if a pill is "bad" or particularly strong. Based on the opinions expressed by the respondents and the ecstasy prevalence figures on party nights, one may conclude that the presence of the Safe House Campaign does not seem to encourage ecstasy use among partygoers.

The results of the regression analyses indicate that the ambient circumstances (such as temperature and humidity) at a party play virtually no role in the incidence of complaints and illness among partygoers. A higher than usual proportion of health problems was reported at four of the parties. Here, the subjective assessment by the participants suggested that the crowd density (crowded corridors, long waiting times) and discomfort associated with temperature and humidity (crowded, confusing rooms) appeared to play a role. Interestingly, however, objective measurements revealed that the temperature and humidity at these venues were no higher than elsewhere.

The significant drug, set and setting factors were used to create 15 risk profiles for partygoers at large-scale house parties. This was done with the assistance of a number of statistical analyses. Setting factors were the least important in establishing the risk profiles. Set- and drug-related factors play a much greater role in their development. The respondents' subjective assessments of their state of health turned out to be an important factor in predicting risks and complaints. Respondents who often use tobacco and amphetamines said they started to use the latter at an early age, often combine amphetamines with ecstasy, lead unhealthy and irregular lives and tend to have a low/unfavorable ("they say that they don't take good care of themselves") opinion of their health status. Moreover, respondents who believe they run risks at parties more often report that they have actually been sick at a party. They are also more likely to have been to First Aid posts and to have had problems after the party.

Those who believe they run risks attending large-scale parties are young, only recently started using ecstasy and amphetamines, and frequently combine the two substances. Apparently it is not the use of ecstasy at large-scale house parties that they see as a risk factor, but the combined use of ecstasy and amphetamines.

The risk profiles also reveal that the duration of use (meaning that users who have more experience) is itself a considerable risk-reducing factor. People who have used ecstasy or amphetamines for a longer time report health problems less often, are sick at parties less often and also go to First Aid posts at parties less often. Another important risk factor is related to the lack of a social safety net. Young persons who have poor relationships with their parents and whose friends use amphetamines and ecstasy are more at risk. Female partygoers, too, run a higher risk of developing certain health problems and are also more frequently ill at, or shortly after, parties. They do not, however, visit the First Aid post more often than male partygoers. Binging is also clearly detrimental to health. Partygoers who regularly party throughout the weekend without sleep report more health problems. Finally, partygoers who regularly buy "fake" pills also run more

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risks. Party-goers with a regular and reliable ecstasy dealer report health problems less frequently, become sick at parties less frequently, and rarely visit First Aid posts.

### CONCLUSIONS

Although there are many obstacles to social-epidemiological research into the nature and extent of substance use in the night-life circuit, this study – thanks to the cooperation of organizers, partygoers and other people who were involved – yielded valuable data and results. The study applied a wide range of methods, including observations, semi-structured, open and in-depth interviews, questionnaire administration and extensive conversations with key informants. Urine samples were also collected. The analyses of the urine samples revealed that the self-reporting method used in this study is a valid measuring instrument. The study was conducted mainly on location, and an extensive preliminary study was completed in order to prepare for this. Partygoers appreciated the fact that they were asked about their experiences in a very direct manner and considered it important to cooperate in this study.

In the fieldwork for this study, the research team did not come across any large-scale house parties where the conditions were unsafe or hazardous to participants. The service organizations at the large-scale parties are generally well organized and attuned to each other. Occasionally, confusion may arise because the recommendations in the Memorandum City Hall and House (1995) (which are not binding) are interpreted differently by local authorities. Long waiting times at the entrance to a party can occur if the security staff's frisking of patrons is carried out too aggressively. Partygoers then grow impatient, and some become sick in the crush. In some cases, disturbances may develop in the queues. Such a situation can become hazardous if security staff then feel obliged to let everyone through quickly and, therefore, are less diligent in their searching procedures. Occasionally, there is confusion among the security staff about the activities of the Safe House Campaign with respect to the testing of pills at large-scale house parties. Some find it difficult to accept the idea that pills can be tested inside while they have orders to confiscate pills from partygoers at the entrance. However, in a practical sense, it is virtually impossible to prevent pills for personal use from being smuggled in. By testing those pills that are taken in, the Safe House Campaign acts as a safety net for pills that constitute an immediate health risk. The Safe House Campaign is, in that sense, complementary to the activities of the security staff. The suspicion that a testing facility for ecstasy pills may encourage use was not confirmed in this study. Ecstasy use at the parties where such a facility was available was generally no greater than at other parties. Most pills that were consumed were not bought at the party itself. Most respondents indicate that they buy their pills from familiar ecstasy dealers or ecstasy-dealing friends before they arrive at a party.

The atmosphere at large-scale house parties is generally friendly. The respondents often see them as events they look forward to for weeks. It is striking that going to large-scale house parties is largely a male affair. Most people visit house parties in a group, which in most cases guarantees social assistance and controls. There is also a form of mutual involvement among partygoers, with everyone keeping an eye on each other's well-being.

Frequent visits to house parties are generally a temporary phenomenon, related to certain seasons, holiday periods and having a partner or (older) friends who have been involved in the circuit for some time. As partygoers grow older, their interest in large-scale house parties fades, and they look for other sources of entertainment and relaxation. These may include visits to smaller parties in the regular, club or underground circuit, or visits to bars and cinemas.

Not everyone goes to large-scale parties with the same frequency. Hardcore fans, in particular, party more often, while most others attend parties one weekend a month at the most. This is related to the fact that hardcore fans are generally younger, often live at home, still go to school and have less money to spend. When they do go out they do so wholeheartedly, partying through the night. A minority also go on to an after-party (usually on Sunday morning).

Music and dancing are the prime attractions at parties. The use of psychoactive substances such as ecstasy and amphetamines are only part of this context. A large percentage of partygoers take ecstasy, but most only use this substance recreationally. A minority of people party without using any substance, either legal or illegal. Although most respondents occasionally drink alcohol, they do so mainly on other occasions; at house parties, the consumption of alcohol is not prominent. Opiates clearly do not play a role in the party circuit. The lively atmosphere, fast musical beat, presence of like-minded people and the opportunity to party through an entire night are seen by many partygoers as a suitable occasion to take ecstasy.

The majority of respondents report no health problems at the end of the evening. Few visit a First Aid post at a party, although these posts are not always easy to find. Clear directions are essential, particularly for people who – after a pill has gone “bad” – are in a state of panic and require immediate help. Dispelling panic and fear are the main problems dealt with at the First Aid posts. The circumstances at large-scale house parties rarely result in physical or other health problems on the part of the partygoers. Perhaps the efforts and the expertise that both the organizers and partygoers have gained over time are bearing fruit in this regard.

Some partygoers are at greater risk than others. These are the heavy ecstasy users who start at an early age, take many pills on each occasion, visit parties every week, party through weekends without sleep and among whose circle of friends ecstasy is used frequently. They also often use both ecstasy and amphetamines. They often report both short and long term health problems. Few of these difficulties are related to ecstasy use per se, however. Rather, the combined use of ecstasy and amphetamines is responsible. It is mainly amphetamine users who frequent the First Aid posts at large-scale house parties.

Finally, we may conclude that the conditions at house parties have little or no negative effect on the well-being of party-goers and that relatively few party-goers suffer from health problems or are at risk, even in the short term, due to ecstasy use at large-scale house parties. One proviso in this respect is that the Memorandum City Hall and House should remain in effect in the future.

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