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Prohibited Practice: Drug Use, Harm Reduction and Benefit Enhancement in Toronto Rave Culture

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A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in Anthropology

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Abstract

Based on fieldwork in Toronto, ON, I use ethnographic methods and analysis to answer the question of why people at electronic music events ('raves') and festivals use legal and illegal psychoactive drugs, exploring how the subjective effects of consciousness alteration factor into individual and group experiences of affective change. I examine the effects of stigma on the lives of these 'drug practitioners', as well as how the structures of prohibition shape the ways in which recreational substances are able to be consumed safely, resulting in a moral economy of trust and a culture of interreliance in the rave scene. Finally, I look at how mutually dependent practices of both harm reduction and 'benefit enhancement' are socially integrated into this community, and how this knowledge can be mobilized to improve harm reduction policy and practice.

Keywords

Harm reduction, drugs, rave culture, consciousness, policy, affect

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Chapter 1: Introduction

Early on in my fieldwork, on the breezy terrace of an intimidatingly tall downtown Toronto skyscraper, I interviewed a person who would end up greatly influencing the course of the rest of my research.

Brad¹ is 36 years old. He works at a large company in Toronto and volunteers with a non-profit in his spare time, which he is passionate about. A kind and exceptionally generous person, he has a large group of friends and spends his Sundays walking his Labrador retriever in the park.

Brad also ‘does drugs’, regularly. Within the six-month period of my research, he consumed various amounts of LSD, MDMA, 4-FA, 2C-B, GHB,² amphetamines, cocaine, marijuana, mushrooms, alcohol, ketamine, and nitrous oxide. At the end of these six months, Brad was not addicted. He was not using drugs any more or less than he was before. He didn’t get fired, his life didn’t unravel. In fact, one day when I was at his house, he got an email from work on his phone and started laughing. “They just sent my quarterly bonus,” he explained. It was a lot.

The day after our first interview up on that 26th floor terrace, Brad told me that he woke up in cold sweats after having a nightmare that I was a “narc.” This was a common theme that came up in my interactions with drug users, and would even eventually be used as an ironic term of endearment by some of my research participants. Nonetheless, after doing the more thorough background check that he “should have done” before meeting me in the first place, and a trial run inviting me to an event at which he further probed my research motivations and personality, Brad decided that he would introduce me to his social circle. I met his group of friends, middle-class professionals and nouveau bohemians in their late twenties, thirties and early forties who all use illegal drugs³ and attend electronic music events and festivals. According to Brad, this was a highly responsible group of drug users and a success story for harm reduction implementation. Despite the potential risk he was taking by sharing this world with me, he felt the

¹ To protect the confidentiality of my research participants, names and some personal details, as well as some event locations and descriptions, have been changed. Direct quotations have sometimes been edited for grammar and clarity. When quoting conversations, I do not insert an extra space between speakers, in order to distinguish conversations from separate quotations.

² The wide range of Novel Psychoactive Substances that have become increasingly popular in the last decade or so were sometimes jokingly referred to by my participants as ‘alphabet soup’. See appendix for more information.

³ The above-mentioned drugs Brad uses are typical of my general study population.

underrepresented story of the positive sides of drug use, and the existence of responsible drug users, was too important to be left untold.

He invited my partner and I to “Haven,” a private four-day party in the woods with around 150 other people, all friends of Brad and his two co-organizers, which was indeed unlike anything I’d ever seen. In just a few short days, I was exposed to themes that would appear again and again at underground events, themes which run counter to the usual narratives in portrayals of drug users. They are the cornerstones of what makes the rave and festival scene unique as a cultural phenomenon, and what keeps it thriving in opposition to mainstream norms: the exploration of consciousness alteration through dance and the consumption of psychoactive substances; a sense of community and care; bending the norms of gender identity and other social roles; exchange, gifting, reciprocity and a unique moral economy under a landscape of prohibition; simultaneously harnessing the power of modern technology and eschewing its grip on modern culture; and pleasures of the body, catharsis, wellness, and healing.

Haven

When we arrived after the long drive, we stretched our sore legs and looked around at the grounds. House music was already pushing its way through the misty air from across the camp. Past scattered cars and tents throughout the site, men and women in multi-coloured tights and sparkly hats danced near a campfire. The anticipation and excitement was palpable. I’d known that the entire weekend had different costume themes for every day, but looking around at the outlandish, elaborate get-ups, I wished that I’d had time to put together better outfits. The theme that night was “The Past,” left broadly open to interpretation. There were ‘cavemen’, 1990s-style ‘Kandi’ ravers,⁴ Adam and Eve, a Roman gladiator. Lauren, who I’d later interview, was dressed as an exact copy of her childhood self, down to the last detail—she had an old photo tucked inside her campy leather string purse to prove it. We found Brad, who poured us beer from a keg as we took everything in and joined in the dancing. Many people decided to ‘just’ drink beer that night in order to save their serotonin for the next day.

⁴ Kandi ravers dress up in colourful styles of clothing and wear homemade bracelets with plastic beads on them, which they collect and trade with other ravers.

I began to notice details incorporated into the structure of the event that reflected the common wisdom of rave-based harm reduction. Water and snacks were strategically placed around the dance area, and a hefty dinner of burritos was served along with friendly reminders from the hosts to fuel up for the night. Food is one of the most essential and yet easily overlooked factors in health and safety at events, especially at all-night dances where a hit of speed is often cheaper and easier to obtain than a meal for someone looking for energy. Haven's organizers knew this, and provided accordingly. As well, after dinner that night and every subsequent evening, there was a two-hour break with no music. This, Brad later explained, was scheduled specifically to encourage people to nap before the endless night of partying began.

On Saturday morning, I changed into my 'hippie' outfit to match the day's theme, and joined the queue of people waiting in the shade near the fabled Blue Tent. The day before, someone had handed me a cryptically-labelled business card with days and hours printed on it. "For supplies," they'd winked. This was the most important—and the most unorthodox—feature of the harm reduction tactics built in and implemented throughout the weekend. The Blue Tent was where a cornucopia of different drugs were provided on-site, available for purchase at specific scheduled times from Roger, a respected dealer who occupies a trusted position within the community. The drugs were provided along with knowledge about proper usage, and various supplements to reduce the potential neurotoxicity of certain substances (see Figure 1). Roger would spend as much time as needed with each person, answering their questions and helping them to choose the regimen that best suited their desires for the weekend. A psychedelic such as mushrooms or acid for daytimes spent in nature, perhaps. Then something 'dancier' for nighttime, like MDMA, speed or 4-FA. Maybe something else with a little pep to act as an as-needed booster throughout—cocaine is a popular choice to fill that role. Want to not just listen to the music, but physically feel it going through your body? Add some ketamine or GHB to the mix. Roger even had Cialis available for those with a partner who wanted to include a more 'traditional' form of pleasure exploration in their weekend.

This arrangement was not a hedonistic free-for-all. Rather, this unusual combination of bar and pharmacy served several important purposes that were intended, and functioned, to keep partiers safe. Almost all of the immediate potential problems that come from the use of party drugs are based on either uninformed use or consuming a substance which has been misrepresented as another. Having a centralized, vetted source for drugs took care of this latter

issue, as it ensured that everyone was obtaining pure drugs from a trustworthy source. The problem of informed, ‘proper’ methods of usage is a much more complicated issue, but it is one that is mitigated through the social and cultural norms and rituals that have evolved around information sharing and group care in rave communities, as well as ensuring that the drugs are provided by a highly knowledgeable expert such as Roger. Lauren would later point out to me that this set-up, with its limited selling hours, also forced people to think about and plan for their consumption ahead of time rather than making spontaneous decisions while already under the influence when one’s capacity or willingness to make healthier decisions could be compromised. Furthermore, having a plethora of different mind-altering substances available had the added bonus of discouraging consumption of the drug widely cited by ravers as the source of the most, and the worst, problems: alcohol.

Later that Saturday, while sitting on the beach, a man wearing a traditional Mexican woman’s dress struck up a conversation with a friend sitting next to me. After a minute or two, she looked like she wanted out of the conversation. When she’d told him she was ‘coming up’ on LSD, meaning the effects were beginning to take hold, he had begun talking about why he doesn’t do acid anymore, describing the anxiety it gives him. The fact that this was an inauspicious way to begin a ‘trip’, and a breach of common psychedelic courtesy, was evident in her expression as she tried to listen politely while casting me meaningful glances. Considering the critical importance of maintaining an open, positive mindset while on hallucinogens in order to ensure a beneficial experience and prevent a ‘bad trip’ (Duff 2007), reminiscing about how horrible a drug makes one feel while the person one is talking to is on that drug is universally considered to be poor manners.

I walked away and went to dance beside Charlie, a local DJ who was accepting an apple slice from a woman in a flowered dress who had been walking around offering them. We chatted about his experiences at Burning Man⁵, where he once partook in a giant, mobile, live-action parody of a boardroom meeting on a flatbed truck—complete with suits, a gigantic wooden table, and a stock ticker with codes like “MUSH” (for magic mushrooms) and “BBYW” (for baby wipes, a prized resource in the moral economy of festivals situated in nature). The ironic

⁵ Burning Man is an annual gathering that takes place in Nevada, a "temporary metropolis" of 70,000 people "dedicated to community, art, self-expression, and self-reliance" (<http://burningman.org/event/>).

intentions of this performance art piece, ‘the establishment’ juxtaposed against an endless landscape of defiant modern counterculture, were reminiscent of Daniel’s costume at that moment on the beach. Surrounded by hippies in flowers and tie-dye, Daniel had dressed as an army sergeant, complete with a nerf gun with which to “hunt draft dodgers.”

“I love the smell of patchouli in the morning,” he growled when I greeted him that day. It was some time before he broke character. “I’m providing a service,” he grinned. “The hippies can’t be hippies without someone to rebel against.”

I wandered over to Brad and sat down beside him. “I can’t believe you put this whole thing together,” I marvelled, watching as an impeccably dressed human-sized rooster blew bubbles into the air. He smiled and, as he tends to, modestly tried to pass all the credit to his two best friends and organizing partners, and all the others who had contributed. However, the real secret to the party’s success, he explained, was in the meticulously curated invite-only guest list. “We’ll debate for literally hours about which people will contribute the most, who will bring the most positivity,” said Brad. “Hours.” Anyone who has previously shown a tendency to become out of control with their behaviour or consumption is not invited to attend. Practices of exclusion, I would learn, are a common and sometimes necessary way to ensure the safety and comfort of people at events like Haven. The more liberal the event in terms of which behaviours are accepted, especially around drug use and sexuality, the more heavily exclusive it must be to keep people safe, from the unpredictable behaviour of less responsible partiers as well as from law enforcement. Conversely, the most publicly open events are usually the most heavily policed, literally and figuratively.

The only people who make the cut at invite-only events are those who have certain indefinable qualities of trustworthiness, positivity and ‘good vibes’. I myself was apparently lucky to make the cut at such short notice, and as an outsider no less. Brad had to vouch for me with his partners. He later confided to me about two people that he was considering not inviting next year. His concerns about hurting the feelings of these two acquaintances did not outweigh the importance he places on throwing a successful event, for the benefit of the group as a whole, and for his own personal fulfilment. Although he does not need the small amount of money he makes from his events and usually re-invests it in future parties, Brad puts a heavy emphasis on the maintenance of his social capital within the Toronto house music scene. As his identity and self-worth are closely tied to his life as a successful party organizer, the choices he makes about

the people he surrounds himself with are strategic and intentional. He has little time or tolerance for those who regularly become out of control at public parties, or who simply do not fit in with the carefully cultivated *vibe*⁶ at private ones like Haven.

Regardless of the means by which he creates both exclusionary and safe spaces, Brad's confidence in his friends and in his methods as exemplifying responsible drug use and harm reduction done right was vindicated. Though it was four days and three nights of about 150 people consuming illegal drugs, and, being in the middle of the woods, the event occurred without any external supervision or negotiation with local authorities, it was the only multi-day event during my fieldwork at which I did not see or hear of a single problem. I came to realize that this fact was not *despite* the lack of policing by any sort of external authority, but partly *because* of it. Order and safety were achieved through cooperative, community-based methods.

Haven and its attendees form one small part of a network of people in Toronto, with roots in and connections to other major cities around North America such as Detroit and Vancouver, for whom electronic music and partying is not just a pastime, but an art form—a lifestyle. Although I attended a variety of events and spoke with many different people throughout my research, much of my fieldwork was done among the extended social circle that is the dedicated underground dance music scene in southern Ontario, where events are communicated mainly by word of mouth, as opposed to the mainstream scene, which heavily utilizes marketing and corporate sponsorship and tends toward a younger demographic. Though I had originally intended to focus more on larger, mainstream events, at which more problems tend to occur, this slightly different research direction developed for various reasons, including my own music tastes, budgeting, various social connections that arose naturally as I explored different scenes, and ethnographic and personal interest in alternative countercultures. Through this shift, my original research questions began to evolve based on what I was seeing at underground events. Most importantly, I began to interrogate the assumptions on which my research questions were based.

The issues at stake

In the last few years, as electronic dance music (EDM) has exploded into the North American mainstream to become the new pop music, the use of MDMA (3,4-

⁶ See Chapter 4 for a discussion of this term.

methylenedioxymethamphetamine, also known as *M* or *molly*, or in some contexts as *ecstasy*⁷) and other recreational drugs is becoming increasingly popular among young people at music events for the first time since the peak of the original rave scene at the turn of the millennium (Panagopoulos and Ricciardelli 2005; Murphy, Wareing, and Fisk 2006; Hunt, Moloney, and Evans 2009). This rising popularity has been accompanied by a simultaneous rise in highly publicized hospitalizations and deaths (Armenian et al. 2012). Between June and August 2014 alone, at least five young adults died at Canadian music festivals (Young et al. 2015). These problems arise mainly due to heatstroke, other drugs being misrepresented and sold as MDMA (Hayner 2002), and dangerous combinations of otherwise relatively safe drugs. However, unlike with legal drugs such as alcohol, caffeine and tobacco, there are few reliable resources available to help users mitigate associated health risks and assess the safety of these drugs, due to their imposed illegal categorization.

Although in the broader social sciences, most research on drug use is framed in terms of epidemiology and public health, medical anthropologists have often worked with drug users, and those who provide social and medical services to drug users, to uncover unique critical insights into health issues around substance use and abuse. As such, my ethnographic research initially sought to explore questions of why young people at Ontario electronic music events continue to use drugs despite the known risks, and how harm reduction strategies are integrated into the social interactions and shared experiences associated with drug use at these events. The key word, here, is ‘initially’.

Drug ethnography

I conducted ethnographic research for six months between April and October 2015 (continuing in various ways into 2016), mostly in Toronto, though a few opportunities took me to places in the woods of northern Ontario. I attended over 40 different music-related events, most

⁷ Although the literature generally refers interchangeably to MDMA and ecstasy, in practice these are considered to be different substances, at least among my study population. While MDMA is the main ingredient in ecstasy, the latter is assumed to contain other ingredients as well (normally some kind of amphetamine). My participants preferred MDMA, in as pure a form as they were able to obtain it. As well, they preferred to call MDMA by its proper chemical name rather than a slang word, sometimes even scoffing at those who did so. They had multiple reasons for doing this: displaying their knowledge and the notion that they were not the type to be hoodwinked by euphemisms; as part of a broader call for increased dealer/vendor accountability; and attempting to increase the drug’s legitimacy in the general public by using technical, scientific terminology rather than “street” slang.

of which ran between 10 pm and 5 am (sometimes later), plus various other social outings, including day and camping festivals, events at both ‘improvised’ and established venues, house parties, boat cruises, a ‘non-traditional’ wedding reception, and other gatherings. At events, I took notes and spoke with people, mostly attendees, as well as with security, EMS, police, door staff, DJs, promoters and organizers. Informed consent at events was initially obtained through the use of a specially made T-shirt indicating my status as an anthropologist (see Figure 2). Open-ended, semi-structured interviews were conducted outside of the events themselves with a total of 28 people. My research topic led me to speak informally to many different people outside of Ontario as well, including police officers and the owners of legal cannabis dispensaries in Denver, Colorado, a police officer in Vancouver, and a drug dealer in Amsterdam (online). As well, I did interviews via Skype with harm reduction volunteers from BC and San Francisco, all of which helped to inform the directions of my research and situate the local Toronto scene within a larger context of global drug-related issues.

I also performed ‘online ethnography’ (Garcia et al. 2009). Through various public rave-related Facebook groups and event pages, as well as anonymous online forums (mainly through Reddit.com) centred around both electronic music and drug use, I would read and occasionally participate in discussions. This was a key part of my research for several reasons. First, the various overlapping electronic music scenes in Toronto and elsewhere are inextricably linked to online community-building. Events have their genesis on Facebook long before they begin to take shape in the actual physical space in which they are held. These event pages are used as a means of building anticipation before an event, encouraging more attendees to come, sharing information about the event, and buying and selling tickets. They are also used as a platform after the fact to share photos and memories, and to bond over the collective experience. This all serves to extend, beyond the physical scope of the event space itself, the feelings of catharsis and unity created while the event is actually occurring. Further solidifying—and sometimes manipulating—the communities of dance music enthusiasts are the various Facebook groups and ‘subreddits’ (community-built discussion forums through the Reddit platform). These are oriented towards different genres of electronic music, such as trance, house or techno, or are based around groups of extended rave-based social networks who are connected in various ways. Shared within these groups are events, photos, ‘memes’ (humorous images with overlaid text), questions and discussion topics, articles, and videos.

Separate from these groups are the forums dedicated to drugs and drug use/experimentation. These anonymous forums are a space in which users share knowledge, stories and answers to questions, resulting in a ‘crowdsourced’ resource for information, usually perceived by users to be more accurate or trustworthy than ‘official’ sources. Although there is some overlap with these topics within the rave-related groups, such as occasional harm reduction messages and frequent references (often through innuendo) to drug use, explicit talk of drugs is not permitted in music-oriented groups and event pages. Generally, this is based in a fear of inviting the attention of law enforcement, either directly or through further entrenching the associations between electronic music and illegal drug use.

As I became further involved in the Toronto dance music scene, the lines between interviews and participant observation became more blurred, as tends to happen in ethnographic research. Conversations begun in interviews would continue through friendships on a regular basis, and those who’d heard about my research would approach me at events and online to share their stories and thoughts. I immersed myself in the scene, participating in everything that ravers do—dancing, talking, sharing water and food, dressing in costumes and sometimes using mind-altering substances. The insights these methods gave me allowed me to develop rapport with other ravers, and to understand the complexities of rave culture in its actual context, something which is difficult to capture through interviews alone. Both dancing and the use of consciousness-expanding substances are practices which are very centred on the physical, the “direct, unmediated bodily experience in the world” (Rill 2010:144). To study a physical practice without ever experiencing it hinders understanding to a degree that, at best, easily misconstrues the phenomenon, and at worst, can be downright harmful. As one of my participants pointed out, “A million descriptions of an acid trip can’t come close to what experiencing it will tell you.”

Issues of trust and rapport are common obstacles in ethnographic research. Consuming alcohol and other drugs during fieldwork, especially on these topics, is often an important part of establishing social bonds, “signal[ing] distance to social workers and police, and closeness with research participants” (Sandberg and Copes 2013:185). Indeed, several research participants, including Brad, stated that their trust in me as a researcher was based in large part on their knowledge of my own experiences with consciousness alteration. In the environment in which I did my research, *not* consuming mind-altering substances sends a far stronger message and attracts more attention than does consuming. This act opened up the door to an entirely different,

and far less explored, world from that which I would have had access to as a non-using researcher. This is an important topic which is often downplayed in literature, despite being common knowledge among drug ethnographers in private (as I have learned from informal conversations with several of them at conferences). The conspicuous silence about this topic reflects the very same stigma attached to it that my participants themselves are subject to. In his memoir, Agar described the tricky positioning that drug ethnographers must navigate in this regard:

I finally got around to trying heroin myself during the New York years. A guy I'd helped out with a couple of phone calls asked me if I'd ever used it. No, I hadn't. Wasn't I curious? Of course I was.

But I had to be careful, paranoid even. Once I became a genuine drug expert, I learned the drug expert rule. I could no longer talk about my own drug use, past or present. God forbid a drug expert should actually have any real experience with illegal drugs. Unless of course he or she had lost it completely and recovered, thereby demonstrating through biography the truth of the drug warrior vision. Repenting and abstaining and returning to the church to heal sinners like him or herself was acceptable. But doing just fine and adding a little illegal chemical to the life mix was not. Official drug experts could only be virgins or ex-whores.

Imagine a field where the experts can only be terrified of or resentful towards the subject of their expertise (Agar 2006:380).

Importantly, the type of research I was doing was unlike that on some cultural phenomena, in which the distance between researcher and subject cannot be minimized due to power imbalances, practical limitations, and gender and cultural roles. By contrast, in principle at least, the very foundation of the rave scene is the idea that anyone can be a part of it, and that there is no one true way to be a raver (though the reality of this ethos in practice can be contested). Inclusion, acceptance and celebration, especially of the weird, the different, the unique, the stigmatized and the misunderstood, are fundamental principles through which the scene is maintained. As such, there were few obstacles to becoming an "insider" in this sense, which led to an interesting and often difficult position in which I fluctuated between two worlds of which I was a part, attempting to reconcile them.

New 'folk devils': Questioning assumptions

Horror stories of drug use are common in the popular imagination, relished in shows such as *Breaking Bad* and *Intervention*. I myself collected a few grim stories from my fieldwork, including when I found myself the caretaker of a young woman who had overdosed to the point

of incoherence, a man who was lashing out so violently he had to be physically restrained until security arrived, and a man who lit his kitchen on fire to conjure ‘spirits’. However, overall these instances were few and far between. Stories like these may be morbidly entertaining, and serve to illustrate how drug use can exacerbate pre-existing trauma and mental illness, but they perpetuate a narrow impression of all illegal drugs as inherently dangerous, and drug users as unstable and dehumanized—what Cohen (1972) called ‘folk devils’. When all illegal psychoactive drugs are lumped together, which often happens in discussions sustained by non-users (including many drug researchers), the resulting discourse does not reflect an accurate picture of the complex and varied ways in which drug use happens. What I witnessed at many events, such as Haven, described above, does not easily fit into the ‘harm’, ‘danger’ and ‘risk’ discourses of pre-existing theorizations of drug-fueled all-nighters. Hunt and Barker (2001) argue that uncritically accepting stigmatized societal notions of ‘folk devils’ leads both to authenticating the validity of ‘moral panics’ around drug users (and, I would add, the marginalized socioeconomic and racial groups they are strategically associated with), and to simplistic policy solutions to complex issues. This is especially relevant when considering drugs, such as MDMA and psychedelics like LSD and psilocybin mushrooms, that are neither physiologically addictive nor implicated in destructive wide-scale epidemics.

A review of interdisciplinary social research on illicit drugs and drug use reveals how varying and ill-defined are the labels and classifications which are applied to the ambiguous category of ‘drug users’. *Addiction, abuse, risky, functional, controlled, recreational*: How these terms are understood and employed within a study are a telling indicator of what perspective its author has adopted. The literature often ends up falling into two broad categories of methods and populations. For fieldwork and studies done within Western countries, aside from a few notable exceptions (e.g., Moore 1993; Calabrese 2001; Letcher 2007; Petersen, Nørgaard, and Traulsen 2015), there are ethnographic studies of *addicted* illegal drug users, especially heroin and methamphetamine users, and there are non-ethnographic studies of *non-addicted/recreational* drug users. The missing piece would therefore seem to be using ethnographic methods to study recreational users, as there are few anthropological studies that attempt this. Furthermore, studying the social context of drug use, especially by performing the research itself within that social context, has the potential to offer insights that are not available through non-ethnographic

methods, especially with a subject so sensitive and among people who are justifiably secretive about their practices (given that they are illegal).

For the most part, within the existing literature on illegal drugs—anthropological or otherwise—the difference between addicted and recreational users lies mainly in which drugs they use: ‘addicts’ use opiates, methamphetamine and crack-cocaine; ‘recreational’ users, everything else. Where most of these studies converge is in the *a priori* position that any and all illegal drug use, regardless of context or motivation, is assumed to be as *problematic*, or at least potentially so, as addiction-fuelled use, stemming from a naturalized assumption that the former is but a stepping stone to the latter. As Foster and Spencer point out,

Most often, the puzzle of youth drug use is tackled using quantitative methods. The tendency is to adopt a normative view (drug use is bad, drug addiction is worse), develop sets of indicators by which to measure the occurrence and severity of drug use, and then connect these indicators to ‘risk factors’ and other independent variables (2013:223–224).

Thus, an important gap in the research became clear early on in my fieldwork, when I realised that the vast majority of pre-existing studies of drug users, anthropological or otherwise, were grounded in an orientation that did not reflect what I was seeing. This orientation assumes that all drug use (with the exception of alcohol) is inherently problematic. Indeed, regardless of my own opinions and experiences before beginning my fieldwork, this assumption coloured my initial view of how the goals of this kind of research ‘should’ be understood. But in keeping with the tradition of anthropological research, I maintained no particular attachment to this initial orientation and spent much of my time in the field questioning my own assumptions. What the ethnographic method allowed me to uncover is that the underlying premise that drug use is always a social problem is flawed when it comes to groups that may actually be using illegal drugs in ways that do not negatively affect them or the people around them. Indeed, some users may not only be using these drugs non-problematically, but in fact benefitting from this use.

The initial goals of my research were influenced by the notion that one “cannot understand and explain an intoxicated corner of a society without a critique of the larger society that produced the historical conditions that make that corner the place that it is” (Agar 2006:72). Thus in embarking on my study of ‘party drugs’ in the rave scene, I hoped to propose solutions through a more holistic understanding of a drug-‘abusing’ population. Carrying the assumptions I had internalized from my cross-disciplinary literature review, and with the shining beacon of

rational health approaches that is harm reduction tucked safely under my arm, I set out to talk to drug users in order to determine how to better wield that approach successfully.

However, most ‘drug ethnographers’ (Page and Singer 2010) study populations of drug users that generally, in the end, despise the drugs that they use. They have good reason to. Scholars such as Bourgois, Hunt, Singer, and Agar have shown us how destructive drugs can be to already socioeconomically-marginalized populations. Meanwhile, in the field, over and over, I talked to drug users who had never experienced any significant harm from their drug use, or that of the people around them.

At 4:15 am one night outside a large concert hall where a famous trance DJ had just played a show, I was chatting with Matt, a young man who was taking his turn as the designated driver for his group of friends that night. He suggested that he would make a good candidate for my research. “I definitely have lots of stories. Lots of good stories, lots of...” he paused. “Well actually, no bad stories.”

I was surprised. “No bad stories?”

Matt shook his head and smiled. “They were all learning experiences. Not bad stories.”

Many people were eager to contribute to research on harm reduction in the rave scene, and often because of personal experiences, but rarely the kind one might expect. They were not proponents of harm reduction because they themselves had struggled with drug-related harm—although some had, of course. They were mainly advocates of harm reduction because they had experienced the opposite. They had undergone profound and positive transformative experiences through the use of certain illegal drugs, especially MDMA, LSD, and psilocybin mushrooms, and wanted to help facilitate that possibility for others as well. The framework of harm reduction, as the only current viable alternative to the prevailing societal stance of prohibition and abstinence, is the closest thing drug users have to a value-neutral platform from which to talk about the potential benefits of drug use.

Illicit drug users are often framed in non-ethnographic research around problem-based questions and assumptions which do not lay a foundation for a full understanding of the multiple meanings of drug use. Had I done only interviews, carefully structured, using questions and assumptions shaped by my exposure to the mainstream orientation represented in the literature, I might not have become aware of how much these problem-based assumptions were missing the mark for large sections of people who fall under the category of ‘user’. As Martin and Stenner

reminds us, “the drug user is produced and re-produced as a subject within research, always already positioned in relation to certain ‘truths’” (2004: 395). Agar frames the issue thusly:

The ‘drug field’—research, prevention, treatment, and law enforcement—depends for its existence on drug ‘problems’—drug abuse. Seldom are the basic postulates of our notions of ‘drug abuse’ examined, except for study-specific operational definitions of questionable relevance to the phenomenological world of use. Such distance gives a false sense of clarity, uncomplicated by first-hand knowledge of use or users. Such a situation reminds one of the British civil servant in India who knows little of Hinduism, the corporate manager who knows nothing about her employees, the professor who knows nothing about his students. Power and distance allow one’s interpretation of the world to persist untrammelled by contradictory information (2006:285).

As it was, based on anthropological convention, I was open to having my guiding questions and their underlying assumptions remain in constant flux. One of my research questions was, “With all the negative media coverage about the dangers posed by the use of drugs, why are young people still taking them?” I came to realise that if I was asking that because I was taking for granted that the goal is that *they should stop*, as implied in the loaded first half, not because I *truly want to know the answer* and am open to whatever it is, then it was the wrong question to ask. I realised that accepting without question the same assumptions underlying most other studies of drug users, and asking “Why are these people using drugs?” only as a means of understanding enough to further the goal of a particular agenda—such as harm reduction or use prevention—I might not be open to hearing the actual answers, rather than answers that reify and confirm those same original assumptions. The actual answers might challenge those assumptions, and they did.

So, then: why are these particular people still using drugs?

“Thankful” for illegal drugs

Adam is 27. After years of struggling with therapists and many different daily prescription medications to treat post-traumatic stress disorder (PTSD), some of which had “horrible” side effects, he now uses MDMA once a month as treatment. He obtains the drug himself, tests it for purity and uses it in the context of trance music events:

Adam: I have had more bad experiences with legal drugs, monitored under medical conditions, than I’ve had with street drugs that I’ve taken and tested myself at home. ... I think this is an opportunity that, as far as all the medical drugs that I’ve taken before, only MDMA has provided me with. And I’m thankful that I did it more than I’m thankful that I’ve done anything else.

Daniel, 34, in turn credits a combination of ecstasy and GHB with helping to pull him out of alcoholism and connect with other people for the first time after a lifetime of social struggles.

Daniel: It made me more aware of how I was acting and the morality that I carried with me. I didn't have that before. When you take a substance that actually is known, chemically, for inducing empathy within people, and then you pair it with another substance that's known for doing that, an upper and a downer, it put me in a state where I, I don't know, I felt connected to these people. I cared about these people. I would remember my experiences.

Mark, 32, took LSD and the next day, quit smoking. Margery, 30, uses psychedelics in the same way that she uses yoga and meditation, to explore alternate states of consciousness through which she can learn to connect with herself and others. Many other people shared accounts of how their lives had been improved in meaningful long-term ways by their use of illegal drugs. These same themes are reflected in a newfound academic and public interest in psychedelics, bolstered by a recent wave of studies showing similar results in clinical settings (Albucher and Liberzon 2002; Cukor et al. 2009; Grob et al. 2011; Mithoefer et al. 2011; Kupferschmidt 2014; Danforth et al. 2015)(Kupferschmidt 2014; Cukor et al. 2009; Mithoefer et al. 2011; Emerson et al. 2014; Danforth et al. 2015; Doblin 2011; Albucher and Liberzon 2002)(Kupferschmidt 2014; Cukor et al. 2009; Mithoefer et al. 2011; Emerson et al. 2014; Danforth et al. 2015; Doblin 2011; Albucher and Liberzon 2002), and the beginnings of discourse around the failure of prohibition (Cohen 1999; Glick 2014), framing drug use in terms of human rights and bodily autonomy (Ezard 2001; Keane 2003), and ethics of moderation rather than abstinence (Duff 2004; Cruz 2015).

Of course, not everyone has had such positive experiences with drugs, even with these specific substances. However, the very real negative aspects of drug use and addiction are already well represented in the literature, indeed quite disproportionately so (Hunt and Barker 2001). The discrepancy between how non-addicted users conceive of their drug use, and how it is portrayed in the media and scrutinized in academic literature, is shockingly wide for such a common phenomenon. As such, there is untapped value in starting a conversation about the positive aspects of the use of psychoactive substances outside of the current arena of state-sanctioned medical and social control. This is important not only because it is a marginalized perspective, but for practical reasons as well, as it is where current harm reduction and prevention initiatives are failing. When the positive and beneficial reasons why people use recreational drugs are not even acknowledged, users are not inclined to think that their interlocutors have any understanding

of, and thus their approaches any applicability to, their reality (Hunt and Evans 2008; Moore 2008; Race 2008).

Meet the ravers: Contextualizing my study population

My study population was several years older than that represented in most literature on rave culture, with the average age overall being 31. The youngest person I interviewed was 18, and the oldest 45; most of the rest were in their twenties and thirties. Approximately half were women, and half were men.⁸ Most were university-educated, and all were either employed or were full-time students. They worked in engineering, real estate development, finance, technology, sex work, television and film, programming/IT, social work, health care, and other areas. They represent vastly different histories and identities. There are only three things that united all the participants of my study, including interviewees and people I spoke with at events: a love of dance and electronic music (especially the genres of house, techno, trance, and psytrance), a home in or near Toronto, and at least semi-regular use of illegal drugs. Everything else—age, gender, sexuality, ethnicity, religion, first language, country of origin, profession, income level, family status, and educational background—varied widely. I did notice a trend among my participants and in the rave scene in general towards strongly progressive political and social justice views, especially on issues of gender equality, race, the environment, income inequality, and drug policy. There is also an overlap between alternative sexual subcultures (queer and/or BDSM/kink communities, for example) and the rave scene; many of those I spoke with were non-monogamous, with polyamory and other relationship dynamics not being uncommon.

The main drugs used in the Toronto underground rave scene are caffeine, alcohol, marijuana, MDMA, LSD (lysergic acid diethylamide), 4-FA (4-fluoroamphetamine), cocaine, GHB (gamma-hydroxybutyric acid), psilocybin mushrooms, amphetamines, ketamine, nitrous oxide, 2C-B (2,5-dimethoxy-4-bromophenethylamine), and miscellaneous Novel Psychoactive Substances (NPS, also known as ‘research chemicals’). Caffeine, alcohol and MDMA were the only drugs that all of my participants had used on a regular basis at some point, but most had used marijuana, LSD and mushrooms as well, plus at least three or four more of the above-

⁸ These gender identifiers are based on my interpretation of my participants’ gender presentation. Issues of gender identity did not come up in interviews and everyone seemed comfortable with the cis-gender terminology we used during the interview, but I did not confirm these identity assumptions.

mentioned drugs. Many had tried all of them. For several reasons, not least the fact that they are not conducive to dancing, opiates are generally not used in dance music contexts, nor are the ‘smokable’ forms of the most highly stigmatized drugs such as methamphetamine and crack-cocaine. While my participants acknowledged the abuse *potential* of the drugs they used (often along with the reasoning that “you can get addicted to anything,” including video games, exercise and work), none considered themselves an addict nor behaved in ways that are typically associated with addiction.

Notes on terminology and content

Many of the terms I will use and discuss are loaded with meanings which can be disparately interpreted, a fact which can be problematic. It is critical to maintain an awareness of the role of language in “structuring power hierarchies and the human interruptions of those social asymmetries” (McCarty 2011:xii). The stigma attached to drug use extends to the language of consumption and drug culture, such that terms such as *using* or *getting high* can connote many different meanings and judgements depending on a person’s perspective. Terms such as to be ‘on drugs’ are only used for *certain* drugs—one never hears it said that a person who has drunk large amounts of wine or coffee is ‘high’ or ‘on drugs’. Even terms like ‘consciousness *alteration*’ as opposed to ‘*expansion*’ can imply value judgements. This will continue to be the case as long as altered states of consciousness and pleasures of the body are considered to be morally ambiguous. I have done what I can to employ alternate terms with less loaded meanings as much as possible, however I encourage the reader to approach the practices explored within this thesis with an open mind and a critical awareness of the origins, significance and effects of one’s preconceived notions about consciousness alteration through chemical means.

The word ‘rave’ is somewhat contentious within the larger electronic music scene. Some believe that the word should be reserved only to refer to the underground warehouse raves from the original 1990s scene, secretive events which were organized via phone lines and held in abandoned spaces. Others believe that the term can also apply to any event today which is organized in a similar manner: spread solely via word-of-mouth and organized in spaces which were not originally built specifically for music events. However, this term is used frequently within the much more organized and licit scene as it exists today as well, especially as a verb but often as a noun. As such, for brevity’s sake, I often employ it to refer to electronic music events

in general. Importantly, when I use the term ‘ravers’, I usually mean specifically the Toronto-based ravers that I talked to during my research, not all ravers in general, though many insights can be generalized to different scenes in Canada and elsewhere. In particular, I spoke with older, more experienced, underground ravers. Some of what I generalize about them does not apply to younger, inexperienced, and mainstream ravers.

The ‘underground’ scene generally refers to events which are shared person-to-person or directly by organizers to those who follow them online, whereas ‘mainstream’ events utilize advertising and promoters to entice as many attendees as possible, and tend to book popular DJs with wide name recognition. The boundaries between these categories can be blurry, particularly with the ubiquity of Facebook as the basis of event organising, however these definitions are more-or-less recognized.

Note also that, as will become clear, the drugs I discuss in this thesis are not used solely within music contexts. Drug practitioners⁹ don’t usually segregate their drug use so strictly. Open as they are to using chemical substances for various reasons, practitioners often use them in many different contexts, including as functional aids for productivity (with caffeine and amphetamine-type stimulants), meditating, having sex, spending time with friends (particularly while outdoors in warm weather), relaxing alone, et cetera, much as the general public does with alcohol. As the boundaries between human activities are rarely discrete, I consider these contexts to be important for a more holistic understanding of the role that drugs play in the overall lives of practitioners, and include them in discussions where relevant.

Drugalities

Before continuing, in order to lay a foundation for the types of drugs that will be referenced throughout this thesis, I will explain some of their qualities and the roles they play in dance music environments. This is important not only as a point of reference for understanding the specific substances that will be mentioned, but also to acknowledge the many significant differences between each substance, in terms of their effects, social roles, meanings and generative capacities—their personalities, as it were, or what Moore (2004) calls “drugalities.”

⁹ See chapter two for a discussion of this term.

Lumping together all psychoactive substances, as I often must in this thesis, is disingenuous and counterproductive unless their differences are also made clear.

There are many problems with generalizing all drugs together: imagine trying to say something about alcohol, caffeine and Viagra, grouped together with no acknowledgement of their differences and the subtleties of their specific uses. The resulting generalizations would be so vague as to be borderline unusable, unless heavily qualified, and the odds of inaccuracies and misunderstandings increase as more drugs are added to the list from which one is generalizing assumptions or conclusions. However, this happens all too frequently in research, especially on ‘club drugs,’ a term which refers to a wide range of very different substances. In this thesis, I lump them together based not on their inherent qualities or effects but on the *general intention of their use* within the rave scene. Although each drug is chosen for different reasons by the person using it, in the context of dance music events and festivals, there are a small number of generalities that apply in most cases. Pleasure, fun, introspection, and social bonding are the main reasons for use.

After 60 years of widespread recreational psychedelic drug use by millions of people, there have been no recorded overdoses nor any clinically significant morbidity issues with LSD, psilocybin mushrooms, and other psychedelics (Gable 2004). Similarly with MDMA, after 25 years of recreational use throughout the world, the morbidity and mortality rate remains very low, and when taken in a controlled setting, there is no substantial evidence of serious negative effects (Doblin et al. 2014). Many negative side-effects from these and other drugs are indeed possible, especially when taken in large or frequent doses. However, I have found in my literature review that the potential negative effects of recreational drugs are overwhelmingly the focus of any description or overview of a drug, with little or no mention of their potential positive effects. For example, framing a discussion of ecstasy and other “club drugs”: “These drugs have potentially serious physical and psychological consequences, such as anxiety, memory loss, paranoia, depression, cognitive impairment, cardiac complications, and kidney failure” (Arria et al. 2002:295). These negative effects are often stated without any indication of how rare they are, misleadingly implying that the effects are common when they generally are not—they *can*

happen, but usually they do not.¹⁰ Indeed, Baggott found that “the low incidence of serious adverse events in users creates difficulties for attempts to develop harm reduction recommendations. Many hypothesized risk factors for serious adverse events cannot be confirmed or denied and may not be associated with dramatic elevations in risk” (2002:145).

By default, recreational drugs’ subjective, beneficial effects must vastly outweigh the negatives, or people would not consume them at all. In the end, the question of any drug’s utility or potential should be about how many positive effects are to be gained from it, *relative* to its negative effects. Yet the beneficial effects of currently illegal drugs are treated as unworthy of any investigation or even acknowledgement. Recreational drugs’ effects are often described with terms such as “blurred vision, lack of coordination, impaired distance perception, and numbness” (Kuhn, Swartzwelder, and Wilson 2014:115), but this is like describing a vacation using only the terms “confusion, anxiety, and fatigue”. It may accurately describe what it’s like to step off an airplane into a new country, but it dismisses the actual sought and achieved overall experience, and the very point of the journey in the first place. These inadequate descriptors have little relevance to the subjective experience of consciousness alteration; I have never heard a drug practitioner describe an experience with any of those terms. User descriptions focus far more on the interpersonal and affective experiences and changes in physical and emotional state rather than pharmacological side effects. Moreover, although there are many generalities, each drug can affect a person differently based on an endless number of factors.

In the following, I will therefore focus on the subjective effects of each drug and the role it plays for practitioners and in rave culture, rather than its history or biochemical properties. Ravers and drug practitioners are very opinionated about drugs, and about their qualities, effects and positions within the scene, within Canadian society, and within their own lives. No one I spoke with enjoyed all drugs equally. They all have their favourites and their least favourites, and these contextual drugalities were the subject of a great many conversations throughout my fieldwork.

¹⁰ Note, however, that in some cases, the reason that they do not occur very often is that users actively take steps to prevent them. This behaviour, such as frequently drinking water while on MDMA or not taking GHB on an empty stomach, is often so ingrained into the rituals associated with the use of the drug that it is done without much thought.

In the interest of space, I will focus on the four main drugs which my participants had the most to say about: MDMA, LSD, alcohol, and cocaine. Shorter descriptions (based on participants' accounts) of other drugs have been placed in an appendix for reference.

MDMA (M)

Within the rave scene, MDMA is about as socially acceptable as alcohol is in wider society. MDMA enhances feelings of empathy, emotional sensitivity, and sensory experience. Its profoundly felt positive effects, usually from the very first usage, are such common knowledge among users that there is even a well-known archetype of the euphoric first-time user: wide-eyed, ecstatically smiling, generous with hugs and prone to spontaneous exclamations of joy and positivity about the world, the music, and those around them. The following three quotes are from anonymous forum posts:

That amazing “man this just feels so good” feeling. It becomes impossible to concentrate on complex tasks like sending a text message on your smartphone. You just get distracted by that huge rush of pure bliss that pulses through your body every single millisecond. I LOVE that feeling. And the eye wiggles, YES PLEASE! It’s like you are trying to look at everything in your field of vision all at once. Now add a back, head and face massage and you’re in HEAVEN. Literally nothing else feels that good, nothing.

No anger, no worries, just an extreme sense of happiness and love. The world just seemed so fucking beautiful, music was so great and I was smiling so much. I’ve got a friend coming over this weekend to try it, I think it would do her a world of good to open up to someone. All I can say is that it is an experience that everyone must try. Best night of my life. No exaggeration!

I realised that I had all of this energy and I didn’t want to stop jumping around and dancing. And everyone was my friend. I just felt happy and great.

The empathy-inducing characteristics of MDMA are frequently cited as causing positive shifts in perspective, temporarily or often permanently altering the way users perceive themselves and interact with those around them.

Adam: It’s an eye-opener. It really gives you a different perspective on what your situation is. It gave me clarity on a lot of things that I never really thought about before.

Katie: I didn’t know empathy until I tried MDMA.

The main negative side-effects that users of MDMA complain of, which tend to increase with more frequent usage, are the unpleasant ‘comedown’ and hangovers. Unlike alcohol’s acute symptoms of illness, these hangovers usually come in the form of several days of low energy and mood.

Brad: My friends on MDMA, suddenly everyone loved me and wanted to hug, and they were just constantly gushing about everything—and then they were cranky for three days. I didn't see much interest in that. I was already cranky, that really wasn't something I needed to touch.

These comedowns often cause long-term users to scale back on their consumption, limiting MDMA usage to once a month or less, and experiment with other, more 'sustainable' drugs instead, such as 4-FA or GHB.

Ecstasy (E, molly)

Jake: E, or M, or whatever the fuck the kids call it these days...

Margery: Murphy went out with me a couple of times to a couple of bars, he tried cocaine and MDMA with me. And he actually wasn't really...

Murphy: I didn't try M with you.

Margery: Yeah you did.

Murphy: I tried E.

Margery: Oh E, oh yes, that was...

Hilary: It's really interesting how those have become separate things now.

Margery: Well how I distinguish it is that E is cut with a whole bunch of weird shit. So I stopped doing it.

In the past, or in some places, ecstasy may have referred to or contained MDMA alone. In the Toronto rave scene today, ecstasy is known to be a combination of MDMA, or a substance that has similar effects to MDMA such as methyldone (MDMC), and one or more other drugs, usually some type of amphetamine. Despite its continuing conflation with MDMA in the literature, in the Toronto rave scene, ecstasy is considered to be its own separate drug. Unlike MDMA, which is expected (or hoped) to contain only that exact chemical, ecstasy is a grab-bag of chemicals that cause a certain desired effect (euphoria, energy, etc.), without knowing exactly what they might be. 'Molly' occupies a similar role. It is the younger, mainstream crowd who uses this term, and though they are speaking, in principle, about MDMA, there is an awareness of the unknowable chemical makeup of most 'molly' on the market. Many people, especially at mainstream events, commented on how difficult it is "to find real MDMA these days." This was less of a factor in the underground scene, where trust networks and dealers are longer-standing and more engrained within the community.

The fact that E and M are two different drugs was made clear to me when, after a long conversation with 21-year-old Mandy about the history of her use of MDMA, she began to tell a story about a recent event where she "did ecstasy for the first time." I was momentarily confused before I realised that she, too, must consider the two substances to be unique. "What do you think

is in ecstasy?” I asked her. “Probably the same thing as in MDMA except more amphetamines, that’s what I think,” she replied. “But less clean.”

LSD (acid)

LSD is a psychedelic drug which causes changes in perspective, thought and emotion. Its effects last up to 12 hours and, dose dependent, range from mild euphoria and sensory enhancement to profoundly altered visual perception and ego loss. As my research progressed, LSD became the drug whose role I increasingly paid the most attention to. Users speak about it with a sense of fondness, respect, and deep appreciation.

Jake: These days, I think hands down my favourite would be LSD. I think it’s an absolutely phenomenal drug.

Acid occupies an interesting and specific position in the scene. Although some users will take it for a regular music event, the most common situation in which acid is taken is at music festivals, during the daytime. This is such a common practice that it is almost a tradition. I talked to Bobby about this phenomenon while at an outdoor techno event.

Hilary: Did you take acid at Haven?

Bobby: Oh hell yeah. Who didn’t that day? I was amazed how many people that I surveyed did, I’d say it was at least 75%.

Hilary: And everyone else was on mushrooms.

Bobby: Someone asked me, is it a thing where on Saturday everyone has lunch and then does acid afterward? I was like, yeah, that’s a thing. Not just there, but at other small festivals that I go to. At least with my group of friends. Friday, it’s like, get there, set up camp, take it easy. Saturday rolls around, you do acid, and then as you segue into the nighttime, you eat, you have a little nap, and you move into your party drugs. That’s the way I look at it. It’s like, oh phase one is complete, time for phase two.

I won’t party too hard at [festival where he would be working the next week]. I will do acid because I know I’m able to do it and maintain focus. I just have to make sure I only do one very controlled dose. That will be fine. Come say hi and you can see how I work on acid on Saturday. [Laughs.]

Indeed, I did chat with Bobby that Saturday, and he conversed as lucidly as ever. The effects of LSD and other psychedelics are not limited to visual and aural changes in perception. They cause a fundamental shift in perspective, a unique product of the interaction between a person’s worldview and prior experiences; their ‘tripping’ environment, social setting and intentions; and the drug. When I asked Lauren if drugs had changed the way that she thinks, she responded, “Absolutely. I’ve actually gone into acid trips with a mission. Like, this is what I want to do, this is what I want to accomplish. And you have a fun time, but you also set aside half an

hour of your time to think through something. Because there's a unique clarity you get while you're on acid. You can think through things more. Like one time, I sat down and said, make up your mind about religion," she laughed. "How do you feel about this? Where are you at? That was like, 10-plus years ago on acid, and it still sticks today."

Spirituality plays a significant role in many practitioners' experiences on psychedelics, particularly LSD and psilocybin mushrooms.

Hilary: Can you try to describe how you feel during an acid trip?

Jake: It's hard to describe.... Honestly, for me, when I'm on LSD, I feel this sort of... Limitlessness. And it's not like an ego-driven thing, where I feel like I'm Superman. Although I kind of do. But it's more sort of like, this higher awareness and plane that you feel you're sort of connected with. And getting an opportunity to be a part of. And so, it's, I don't know, this feeling of just... Joy. And happiness, and euphoria.

And gratitude. That's the other thing that I find really amazing about it, is this deep sense of gratitude. For my existence, and for existence as a whole. We are lucky that there is something rather than nothing. It's amazing to me. And I understand, you know, our conscious minds have to push these thoughts away in order for us to accomplish day-to-day goals and all of that. But when you really sit there and reflect, on creation and existence and all that stuff, it's mesmerizing and totally mind blowing that any of this is here.

In Buddhism they talk about this, where basically, all of reality is an illusion. But nonetheless, it can be a beautiful illusion, that you can enjoy. And so, I'm grateful for that. I'm grateful that I get this existence. I don't believe in any kind of afterlife. So to me, it's like, I get to exist, and I get to appreciate my existence, and that's it. And be grateful that you get to live and breathe on this planet for a while. And do the best you can in terms of recognizing other people's existence, and coexisting.

For all psychedelics, including LSD, mushrooms and 2C-B, the main potential negative effects are unpleasant or fearful psychological experiences. Many practitioners I spoke with said that they had experienced a 'bad trip' or negative thought cycle while on a psychedelic. A small minority stated that these experiences had been so frightening that they stopped taking the drug in question for some time. However, many framed these trips as learning experiences where they confronted difficult issues, resulting in positive outcomes over the longer term. Negative experiences can be prevented through proper preparation in regards to what is commonly referred to as "set and setting": the mindset one is in before taking them, and the physical and social environment in which one takes them.

Alcohol

Recreational drug users have an interesting relationship towards alcohol. Individuals may either enjoy it or not, but either way, almost all of them greatly resent alcohol for the privileged position it holds within society. Though most ravers drink at least occasionally, alcohol is maligned because of its many negative effects, especially those that cause aggressive, obnoxious or disruptive behaviour. “Most ravers agree that alcohol does not belong in the rave scene because it is believed to incite aggression and violence” (Weir 2000:1844). This resentment is exacerbated by the fact that alcohol is legal, while other drugs, which are perceived by those who use them to be much more benign or beneficial, are not. The following impassioned speech from Bobby sums up what I heard countless times from many different people:

Bobby: It used to be, when people would find out I would go out and party or whatever on weekends, because I’m really good at living this double life—even though I don’t really try to hide it, people are so shocked when they find out I party. And most people would be okay, but you still get people, especially 10 years ago, ‘oh, you take ecstasy? That’s terrible.’ And yet, on the other end of the spectrum, growing up in high school, and afterwards as well, it was so acceptable to hear the stories, and I’ve heard them time and time again, ‘oh man, I got so plastered last week. I blacked out.’ You know, ‘I woke up in a ditch, I don’t remember anything, oh it was a great weekend.’ It’s like, that’s acceptable?! Oh, and I’m the bad guy, because I took a couple of pills, and I went out and had a really nice time, and I didn’t beat up anybody, I didn’t get into any fights. And I drove safely home, I didn’t kill anyone. I didn’t get home and beat up my wife. *I’m* the demon here? *I’m* the bad guy? Just because this isn’t legal, but you can go out and buy booze, it’s something you can legally buy and consume, so because of that it must be acceptable?

And the funny thing is, and I’m sure you’ve heard this too, because almost everybody that I’ve ever met in the scene over the years, that recreationally uses drugs, all has the same opinion. Alcohol is the worst drug out of all of them. Because it’s accessible, and there’s a social acceptance of it. And people just go absolutely balls-out every time. And it seems like a lot of people don’t know where to draw the line at all. Some people do, but a lot of people don’t.

Participants spoke at length about the damage alcohol does to individuals, family and society, especially relative to other, more highly stigmatized drugs. Users of GHB, for example, resent the reputation GHB has for being the date-rape drug of choice, when alcohol actually holds that title (ElSohly and Salamone 1999). For some people, the only drug they or their close friends and family had experienced problems with was alcohol.

Brad: When I decided to do drugs, for me, you know, alcohol was last on the list. Because like, whenever my friends got into a fight, it was alcohol. Whenever someone

threw a punch, or yelled at each other, or feelings got hurt, people stopped speaking--it's cause they were drunk. No one ever got into a fight with their wife on weed. Ever.

Daniel: With alcohol I'd forget it all. How are you supposed to build relationships with people if you don't remember what you were doing the night before or the week before or what your interactions were years before?

Alcohol was the one that destroyed friendships, made me feel terrible for periods of time, would compromise plans that I had, made me less productive, interfered with school, interfered with things that I was focused on. Alcohol was the one that really, I think was the most detrimental force in my life, of anything that I've ever consumed. I recognize that I was going down a hole. I've seen others go down that hole. And it was actually finding other things that allowed me to get myself away from that so that alcohol was just a casual indulgence.

Ravers also tend to resent the fact that since most people's only experience with recreational drugs is with alcohol, the effects of other drugs are assumed to be similar in terms of their incapacitating or intoxicating qualities, and this is not the case with all drugs. GHB, and high doses of ketamine, mushrooms or LSD, can all cause the user to become incapacitated in some way, and stimulants, especially in high doses, can cause a person to become jittery or overestimate their abilities. However, small to medium doses of these drugs do not have this incapacitating effect. Indeed, microdoses of LSD and psilocybin mushrooms have been in the news recently for their use by urban professionals as performance enhancers (Leonard 2015). People on MDMA I found to be just as, if not more, articulate and mindful as when they were sober.

Margery: I'm not even a huge drinker, I don't even really like the way drinking makes me feel. Like I'll have a social pint or two, but I don't like to go out to get drunk. It makes you angry. You can't dance, first of all. Your dancing goes in the toilet. And I like to do things where like, the mojo is just left right and centre. That's important. That's key.

Despite its ambiguous positioning within the rave scene, alcohol was still the most commonly consumed drug at some events (or second most, after MDMA), due to its ease of access—almost all events have a licensed bar—and the fact that it can be dosed slowly and cumulatively over time at an event, unlike some other drugs which require more finicky dosing.

Cocaine (coke)

Although ravers resent alcohol, they begrudge cocaine even more—especially when the two drugs are combined, as they often are. The way Daniel, below, describes cocaine's effects relative to other drugs reflects a very common and strongly held view.

Daniel: So, I never had a coke thing. I tried it, everyone has. It was never a drug for me because it felt to me, as far as drugs go, too much like alcohol. Alcohol makes me an egomaniac with an inferiority complex, and cocaine does the exact same thing.

Cocaine is simply the worst. That's the one where I've consistently seen people start using it, then become complete assholes. In my time in this scene, the most consistent issues I had with people were with coke. Cocaine and alcohol users. Someone who's heavy into MDMA, they just dance too much, and they might be completely oblivious to everyone around them, and then they leave. They're harmless. GHB users, if they do too much they just pass out and piss themselves. Which is kinda funny, but still, it's not that annoying. But when it comes to coke and alcohol users, they're the ones that are hitting on your friends. They're the ones that are pushing their way around. They're the ones that don't like the way you looked at them. They're the ones that, you know, say "you're dressing like a fag."

They're just consistently the most disappointing human beings. And the reality with cocaine is it's not really that drug that defines them, it's because cocaine allows them to drink more alcohol so they can become even more...

Hilary: That's the way it's used in Mexico, is not to get high for its own sake, but to facilitate drinking more.

Daniel: And that's exactly it. So it's, people are bad enough on alcohol, but then, normally if you don't have an upper in your system, your body just naturally says "nuh-uh, you're not having any more." You know, "I'm fuckin' passing you out, and I'm blacking you out too so you don't remember how stupid you were, and you can wake up without regrets." But then cocaine's like "ha ha, I'll fix that!"

Hilary: [Laughs.]

Daniel: And, the messed up thing is, these people, they lose remorse. I think that's actually one of the defining qualities I find about coke users, is a lot of time they're probably already shameless people to begin with, but at least they would have remorse to a certain extent. It's like they lose the ability to experience that emotion.

Whereas if you take certain other substances, you take it, and you realise you're not the only person in the world. And that you care about other people. And that you need to be careful of your own behaviour. With coke, everyone else sort of just melts away, but they melt below you. And you're on a pedestal.

Ravers, even those who occasionally do use cocaine, resent it not only for its dangerously ego-inflating effects, but the social costs of its production and trafficking.

Charlie: Mexico and cocaine in particular—like I said, I'm OK with every substance, I'm not very judgemental. Like even if someone were to say, they wanted to try crystal [meth], I'd just be like, you need to be really fucking careful and think about not doing that. But the only one that I try and draw a hard line on is cocaine. And that's not because it's boring. Though it is. And it's not because it makes people annoying and ridiculously self-confident douchebags. It does. But it is really because, how many dead people did it take to get here? Like, I'm all about drugs that are made by a hippie in a bathtub in a basement. Grown in a field in Ontario by some bikers. I don't have any regrets about doing that. But if you do some cocaine, think about how many dead people it took. We don't ban cocaine from our parties, but we do ban cokeheads. We talked about it, my partners and I, "Can

we just say no cocaine at our parties? Can we do that?” and we’re like, no, but we can say no to cokeheads. That’s totally acceptable.

Hilary: Have you tried cocaine, Dave?

Dave: No.

Erica: It’s terrible. I don’t like it. It’s gross. It makes me feel gross.

Dave: See here’s the thing, every person that I’ve ever talked to about cocaine has a similar thing to say about it.

Erica: But they keep doing it.

Dave: But they keep doing it.

Erica: I stopped, I actually stopped.

Dave: My friend who sells weed to me, decent friend of mine, he always talks about his experiences with cocaine, and he’s like, you know, ‘yeah, we were supposed to go to this thing, and then we all ended up doing a bunch of cocaine. And I didn’t make it out. And I didn’t make it out the next night either. Because I was feeling terrible.’ And he always describes it as not feeling good. Like it’s a thing that someone’s doing, and everyone just slides into it, and then he does it, and he feels terrible, and he wishes that he didn’t do it. But he has such a hard time saying no. And that to me is interesting. But also, we always talk about this, there are like, social-consciousness-level things about cocaine that we just...

Erica: Political level.

Dave: The political level.

Erica: It kills a lot of people. It’s a very bloody drug. There’s so much blood on it.

Dave: It’s one of the only drugs that you can that you can look at it and be like, yep...

Erica: That is objectively a bad drug.

Dave: ... The blood associated with this 15 minutes that I’m experiencing.

Erica: It’s not worth it. And it’s associated with like, rich white businessmen, so I especially hate it. [We all laugh.] I hate those guys.

The United Kingdom has picked up on this awareness in an anti-drug educational campaign which, rather than focusing on the health risks of cocaine use, targets users’ social empathy and concerns for the environment by showcasing the exploitation of Latin American communities (BBC 2015). While some users might abstain for these reasons, however, they are not convinced that it is user demand that is at fault, blaming global prohibitionist policies instead.

Roger: In terms of the cocaine-related violence [in Latin America], that’s all a legal issue. If you legalised it, you’d see the end of all these wars, all these people dying.

Despite these commonly-held opinions, coke is not uncommon in the scene. Indeed, I witnessed some staunch critics of cocaine consuming small amounts of it themselves. “I hate it, but it’s perfect for when you just need a little bump of energy, but amphetamines would be too much,” one admitted, before sniffing the tiny white pile off the side of his hand and returning to the dance floor.

Chapter 2: On Raves and Drugs

Moral panics: How drugs and raves are portrayed by outsiders

In July 2015, halfway through my fieldwork period and in the peak of the summer festival season, an article was published in Toronto Life magazine (McKeon 2015) that angered many people in the rave scene. Sensationalized articles about uncontrolled, hedonistic youth and drug use have been a mainstay in Western culture since at least the 1960s, when ‘hippies’ were the main targets. This type of narrative has characterized the media’s reaction to the rave scene since its inception in the late 1980s, and portrayals of this type have increased in parallel with the recent rise of EDM’s popularity in North America. This Toronto Life article, however, struck a particular nerve with ravers in Ontario who had tired of this type of depiction of their culture. The following excerpts paint a fairly good picture of the type of language used to describe rave culture by the mainstream media:

[A ratio of] approximately 130 screaming, stoned ravers for every sober adult.... The electronic dance music scene is all about being reckless and getting wrecked.... The party will continue this summer, cooking up the same treacherous recipe: a toxic mix of teenagers and 20-somethings, sweltering sun and dehydration, booze and drugs. It’s only a matter of time before someone dances till they drop.... EDM is less a music genre than a total physical assault.... What makes EDM different is that drugs are a requisite part of the experience.... When you’re sober, the party is a sweaty, claustrophobic nightmare.... In the EDM world, the predominant ethos is YOLO—you only live once—a mantra that cloaks a culture of risk, danger and hedonism in the language of adventure and adrenalin.... Millennial EDM disciples retreat into the dance party vortex, a swirl of sex and drugs and indulgence and escapist fantasy.... All of the people I spoke to seemed to think they were invincible, obstinately assuring me that while everyone around them might pop sketchy pills, they never would. Even those who have had bad trips cockily protested that, in the end, everything turned out just fine (McKeon 2015).

Dripping with ominous references to danger and risk, these narratives strip ravers of their dignity, their agency and even their adulthood status. They dismiss the music and its importance within the culture, portray ravers as ignorant of their impending doom, and reduce a complex experience to one of simply “being reckless and getting wrecked.”

Academic research is more conservative with its language, but a similar attitude often shows through:

The “rave” phenomenon—a culture of loud music, flashing lights, wild flowing colors, and frenzied all-night dancing—has been a major element in the resurgence of psychedelic drug use in Western society (Yacoubian et al. 2003:188).

... research I undertook on British young people who go on holiday to get wasted on drugs and alcohol in Ibiza (Briggs 2015:309).

There have been recent alarming increases in Ecstasy use (Brecht and von Mayrhauser 2002:215).

... rave attendees being a high-risk population... (Arria et al. 2002:295).

“Ravers” have been described as a shadowy subculture of youth (Weir 2000:1843).

One study’s title itself is a loaded question: “Party subculture or dens of doom?” (Adlaf and Smart 1997). Many studies conflate all drug *use* with drug *abuse*: “NPS are drugs of abuse ... that may pose a serious public health threat,” Vento et al. (2014:1) state, despite the fact that NPS by their very definition are new drugs with no research on their effects, their abuse potential or their potential to be a threat to public health. Mainly, however, it is simply the association of raves with illegal drug use, youth, and risk that perpetuates the negative connotations.

Research and popular commentary on Ecstasy often frames users as rebellious youth reacting against mainstream society via hedonistic rave parties and reckless intoxication. Critical consideration of the complex social and economic foundations of Ecstasy use is lacking in much of this youth-based research (Olsen 2009:175).

The way raves and those who attend them are conceptualized in the wider societies in which they are situated have little bearing on the reality of their significance to those within rave culture. The realm of drugs is “a messy and rugged terrain” (Moore 2004:420) composed of historical, cultural, pharmacological, social, political, biological and psychological features. To engage with drugs as a subject is to engage with these complexities and with their generative capabilities, especially as they influence and reflect “covert, implicit policy processes and the social stratifications those processes reify and construct” (McCarty 2011:xii). In this chapter, I will delve into both the culture of electronic dance music events, and the forms of consciousness expansion that are used within it. How are drugs used by ravers, and why? The purpose of this chapter is to unpack the stigma and stereotypes about recreational drug users that cause productive discussions about them, and harm reduction interventions as a result, to fail from the get-go. I will examine the effects that drugs have on the lives of ravers and how consciousness alteration is integrated into electronic music events and festival/dance culture. These questions are important not only for the purposes of painting a clearer, more holistic picture of drug users, but they also form the foundation of my subsequent discussion of harm reduction in Chapter 4.

Intentionality: Drug users, or drug practitioners?

When I asked my informants which drug they would consider to be their favourite, overall, most people said either LSD or MDMA. However, most also criticized the limits this question imposes. It ignores the context in which specific drugs are chosen and used, and assumes that they can be ranked independently of said context. “Yeah, I don’t know, I guess that’s kind of a strange question, do I have a favourite,” mused Margery. “It sort of depends on what I’m doing. I mean, if I’m hanging out at home, relaxing, maybe I want to have a beer on my patio. If I’m outside dancing under the stars, maybe I want to do some MDMA. If I’m sitting around a campfire, maybe some mushrooms. It’s totally contextual.”

At Haven, Brad’s four-day party in the woods, most people took acid on Saturday—beach day—and MDMA or 4-FA for the nighttime party. While waiting outside the Blue Tent on Saturday, I chatted with Daniel about what looked to be the weekend’s big hit: 4-FA, an amphetamine with a euphoric, MDMA-like edge which came highly recommended by him and others. It was said to give more of an energy boost than MDMA—which sometimes makes people more interested in talking and sharing stories than in dancing—and result in much less of a comedown. Choosing which drug to take in a context outside of addiction, and in a market of wide consumerist choices, means choosing a means to a specific end. The drug itself is not the end game; the intention is to facilitate the main goals of dancing, or pleasure derived from music, or intimacy, or mind expansion—or, more likely, all of the above.

The ‘use’ of drugs by many of those I talked to thus differs from the primarily thrill- and pleasure-seeking style portrayed in much of the research on non-addictive recreational drug use. Calling a carpenter a ‘tool user’ or a photographer a ‘camera user’ offers a hint at the inadequacy of the term ‘drug user’. As straightforward and technically accurate as the term ‘drug user’ is, and despite making use of the term throughout this thesis due to convention and convenience, I often feel uncomfortable when employing it. Its very utilitarian simplicity perpetuates a misleadingly narrow conception of what a ‘drug user’ is. The term becomes a dehumanizing stereotype which does not reflect the complicated reality, and obscures the complex and diverse ways that drugs are used, and the varied reasons for their use:

Margery: I also like how drugs are able to help you access areas of consciousness that normally you don’t get access to. I really like that, and I’ve been more and more interested in doing that with intention and purpose as I get older. I’ve been interested in psychedelics for example, but used with intention. Thinking about the linkage between art

and expression and all that. Basically how you can use these experiences to unlock things that are already in you and encourage them to grow.

I've always had the philosophy, and I still maintain it, that I'm not interested in doing drugs or drinking at all if I feel shitty. If I'm feeling shitty, I need to find something else that makes me happy. I don't want to turn to consciousness-altering drugs if I'm not in a good place. I like to do drugs when I'm feeling good, to feel better.

Adam: It's ongoing. I feel like every time, it brings more stability into my life. ... For me, it has to be something that is beneficial or I don't do it. It's not just an instrument for partying.

Daniel: I phrase it to people in a way that there are two kinds of major classifications of drug users. There's what I call augmenters, and escapists. So there's those that have a fairly good life, that want to explore their mind, they want to add to it, they want to increase the dynamism. The foundation is that their life is good, they're wanting to improve it or try out new things.

Brad: We talk a lot about the differences between escapists and enhancers. And when we go to a party, when we throw our own parties, we become very acutely aware of who's there to enjoy music, and enjoy pretty lights, and enjoy hugging their friends. Okay. And the people who are being carried out of parties, and the people who are getting blackout, obnoxious, they're just there to like, pack as much into their face as possible until they forget about their problems. These are the people who are doing so much ketamine that they pass out. These are the people who are getting G'd out at parties.¹¹

And, my friends, who we affectionately refer to as enhancers, they don't take as many drugs as they can. They're like, I'm feeling a little bit tired, I think I need a little bit of this. I would like to really experience some euphoria with this music, I'll take a little bit of that. What's the right amount for this moment, what do I want to feel, right. Like, we're out in the woods, we're camping, this is a magic mushroom kind of experience. I should really feel at one with nature and enjoy the beauty of these leaves. And that's what's gonna do that.

Exploring the *intentionality* of use is the key to understanding the phenomenon of drug use. Without understanding why a person or group of people are using drugs, one cannot know the place of drugs in their lives, and how—or more importantly, whether—to intervene. Addiction, for example, is one very well-studied reason for use, as is escaping from trauma. But there are many more which remain underexamined, some of which are touched on in the above quotations. They include accessing different areas of consciousness, creativity, introspection,

¹¹ Though not harmful on its own when used properly, GHB is a liquid drug which can be difficult to properly dose for its desired effects, especially when obtaining it from different sources (such as from a stranger while out at an event). It can have unpredictable strength depending on how much it has been watered down. To “G out” is to take too much and become unconscious. This usually leaves the user passed out and unresponsive for several hours.

fostering emotional stability, healing, building relationships, and enhancing enjoyment and pleasure.

It is safe to say that most North Americans use psychoactive drugs for non-medical purposes. The consumption of caffeine, alcohol and nicotine is integrated so seamlessly into our society that we rarely even recognize them as ‘drugs’. “I wish I was on drugs right now,” I was told wistfully by a young man at an event. “I’ve just been day drinking.” When I pointed out that that meant that he was, in fact, on drugs, he laughed and shrugged. “Oh yeah.”

So, who is a ‘drug user’? Is a drug user a person—any person—who uses drugs? Is someone who drinks a couple of glasses of wine a week a ‘drug user’? Are the indigenous members of the Native American Church who extract and ingest peyote from the Peyote cactus ‘drug users’ (Calabrese 2001)? Even though the answer is technically yes to the last two questions under the definitions of ‘drug’ and ‘user’, they would not likely identify as such. The term’s application tends to be reserved for very specific kinds of use, namely, those whose chosen substances are not sanctioned by the state and whose consumption patterns do not acquiesce to the state’s pharmacological structures of control and administration. These ‘deviants’ are the only ones who are framed within the loaded political significance of the term drug user, and they are the ones who are saddled with the burden that the stigma of ‘deviance’ brings.

I hesitate to suggest another term be placed on the euphemism treadmill. Still, just as with other loaded expressions, in this context it may be necessary to discard the ambiguous term ‘drug user’ in favour of a different one, as stripping away the baggage and biases that cling to the categorization would be a long uphill battle. The term psychonaut has been used in research (O’Brien et al. 2015; Newcombe 2008) and in lay practice to describe those who partake in the intentional exploration of states of consciousness, including via meditation, spiritual practice and chemical substances. However, that term already has its own specific cultural connotations and its narrower intentionality does not always apply to the broader experiences of drug users in rave contexts.

Letcher (2007) makes use of the term “practitioner” when referring to “myco-spirituality,” or the incorporation of psilocybin mushroom consumption into spiritual practices and general worldviews. Building on this, then, the drug users I spoke with whose explicit intentionality of use crosses over from the purely recreational into realms of spirituality, creativity, healing, social bonding, introspection, and personal growth would be more closely aligned with the implications

of the term ‘drug practitioners’, and those I’ve spoken with have responded well to the term. It has the benefit of re-framing the person outside of the judgements and prejudices surrounding the term ‘drug user’, while acknowledging the intentionality and thoughtfulness with which substances are chosen and used.

The quotations from participants above portray a culture and practice of drug use far removed from the conceptions of risk, harm and addiction normally associated with illicit drug users. Part of this discrepancy between user experience and non-user perceptions lies in the way the category of ‘drugs’, especially when referring to ‘illegal drugs’, is conceptualized broadly. How does one reconcile an earnest statement from Adam such as “I’m thankful that I did it [MDMA] more than I’m thankful that I’ve done anything else,” with the pain and suffering described in other ethnographic works on different drugs, such as “it [methamphetamine] really destroyed my life in a matter of 6 months. It destroyed my life. It tore it to pieces” (Singer et al. 2001:598). MDMA and methamphetamine are very different drugs. I have not met a single drug user who would conflate the two. Yet these substances are still nonetheless viewed by non-users as essentially cast from the same mould, and are scheduled in the same category under the Controlled Drugs and Substances Act (House of Commons of Canada 1996). How, then, does the categorization and labelling of drugs by people with different relationships towards them reflect, create, and perpetuate the meanings ascribed to them?

What is a drug?

When Daniel and I finally sat down for an interview, long after the day he dressed up as an army soldier among hippies, we had already become good friends and had discussed his thoughts on drugs and music many times. We’d first met through Brad at an outdoor techno event on Toronto Island. That night, we had ended up separated from the rest of the group and took the last ferry back together. The same analytical, blunt, and loquacious personality that had caused him to struggle to make meaningful connections with people, I found strangely endearing. I was fascinated by his encyclopaedic knowledge of the politics and history of the electronic music scene in Toronto.

Drinking beer together in his West End loft apartment, Daniel spoke at length about his belief that quality sound systems are the antidote to the overconsumption of drugs at events. If the sound quality is good enough, he argued, constant or excessive consumption of drugs isn’t necessary to enjoy oneself. Indeed, I had to admire the precisely arranged sound system in his

apartment; just by listening, I could not pinpoint exactly where the music was coming from. It seemed to just exist, diffused evenly throughout the air as we talked.

“What’s the first drug you ever tried?” I asked.

“Well marijuana if you count that.”

“Sure,” I replied. I held up my beer. “Some people say...”

Daniel finished the thought for me. “Alcohol, yeah I was about to say, alcohol if I... In terms of a substance that alters your mind in a manner that makes you feel a different way, makes you feel like you’re a different person, without question, alcohol.”

He told me the story of his first time drinking, at age 19. Although 19 is the legal drinking age in Ontario, I understood exactly what he meant when he said that at that age, he “started late.”

“Everyone that I knew was drinking from the age of 14, and I was like ‘no!’” he explained. “Needless to say I didn’t go to a lot of parties when I was in high school. Well I went to LAN [Local Area Network, proto-online gaming] parties. So there was a lot of, me and my mutual friends, drinking obscene amounts of caffeine, until well into the morning and sometimes into the next day.”

“Drug binges,” I pointed out, laughing.

Daniel nodded. “Well caffeine, I guess maybe caffeine then, was my first. But as far as—like, you know, caffeine, that’s pushing the limit, but definitely alcohol.”

What is a drug? The above exchange with Daniel was typical of a frequent occurrence, wherein the interviewee oscillated indecisively in the attempt to pinpoint what his or her ‘first drug’ was based on the definition of the word ‘drug’. “Weed is barely a drug,” “beer doesn’t count”—a common interpretation of what is considered to be a drug seems to be not whether or not it is psychoactive, but whether or not it is considered taboo or normalized by society at large.

Mario: I don’t do drugs, I just smoke weed. [Laughs.] It’s not a drug, it’s a plant.

The assumption that a drug is something inherently ‘bad’ or taboo is often the implication of the label of ‘drug’. From official narratives to individual understandings, the slippery plethora of definitions and categories variously applied and applicable to the term ‘drugs’ have become tools in the service of the political deployment of their wielder.

Drugs are often categorized in emotionally-loaded binaries which are unhelpful for understanding the complexities of the substances themselves and the people using them.

Medicinal vs. recreational, addictive vs. non-addictive, harmful vs. benign, used vs. abused, beneficial vs. problematic—or simply *legal vs. illegal*, necessarily conflated with *good* and *bad*, respectively—the actual boundaries between categories are heavily blurred and dependent on context and perspective. For example, some drugs are considered to be ‘functional’, such as caffeine, which is often used to increase wakefulness and concentration. But caffeine is also sold within energy drinks marketed towards the facilitation of recreational fun and pleasure. Addiction, too, is a particularly slippery concept. Some drugs have the potential to create a physical, biological dependence (e.g., heroin, alcohol, tobacco), and some do not (e.g., LSD, MDMA). But even those drugs without physiologically addictive potential can be implicated in psychological and emotional dependence. A person who alternately uses GHB, ketamine and MDMA several times a week may not be biologically addicted to any of them, in that he may not experience a physical craving and withdrawal symptoms, but he may be ‘addicted’ to a partying lifestyle and the escape that it provides. Conversely, not all users of addictive drugs are doomed to become addicts.

Take also ‘medicinal’ versus ‘recreational’, an opposition sometimes used to separate and elevate the medicinal use of illicit drugs in attempts to legitimize them (Letcher 2007). Ostensibly, recreational drugs are drugs which are used for pleasure rather than for medicinal purposes. However, definitions of what constitutes a ‘medicinal’ or ‘recreational’ drug become particularly muddled when spirituality and mental health come into play. For many users of ostensibly ‘recreational’ drugs, pleasure and healing are entwined and sought after simultaneously (Hutson 2000); the two concepts are inseparable from one another. Adam, the PTSD survivor, takes his monthly self-administered MDMA treatment in the context of trance music events. When asked why, he explained:

Adam: I listen to a lot of trance and a lot of emotional music. For me, not being an emotional person, I’m a very hard person at the core, because I had a lot of trauma when I was a kid and stuff like that. So it’s really hard for me to get in touch with my emotions. When I listen to the music, there is sort of like, this distant thing that I’m like, ‘oh I can sort of relate to it’, I sort of force myself to relate to it.

And I would say that the sensory experience from using MDMA has actually been great because it’s allowed all those things to come out. Lots of good things that have been repressed by bad things. I’ve been, sort of like, set free. You get set free in a club environment. And the fact that the sensory experiences make you feel like you are really connecting with things, it made me understand that I was not enabling myself to connect with things on a certain level that maybe people who don’t have as many psychological problems do.

Can socially legitimized medicines be pleasurable (Race 2009), or is pleasure the demarcating limit between what is considered acceptable or unacceptable as a medicine—and thus what is categorized as a legal or illegal drug? This is a debate which is currently unfolding with much contention in many places in North America through the matter of the potential legalization of medical and recreational marijuana. The issue's complexities are exemplified in the very fact of the conceptual separation between these two supposedly opposing categorizations for the very same plant.

Legal vs. illegal: Blurry boundaries

Of all the illusory binaries into which drugs are categorized, legal scheduling is simultaneously the most arbitrarily imposed, and the most crucial to consider, as its implementation generates the most wide-ranging effects. One of the more cleverly insidious ways in which the logics of the global War on Drugs have permeated everyday discourse to legitimize the methods of that 'war' is by conflating all illegal psychoactive substances as essentially equal in value, or lack thereof. In law and in everyday understanding, there is a conceptual separation between legal drugs that people use for their psychoactive and bodily effects (alcohol, tobacco, caffeine and even some prescription drugs like Viagra) and illegal drugs that are used for the same reasons. The actual legal scheduling, both in Canada and worldwide, is based on a complicated history fraught with institutionalized racism and U.S.-led international policy decisions, resulting in primarily poor and marginalized populations falling victim to the political utility of moral scapegoating and, in the U.S., mass for-profit incarceration (Levine 2003; Mauer 2006).

Ideally, in this thesis I would not differentiate qualitatively between illegal (e.g., cocaine or GHB) and legal (e.g., alcohol or caffeine) recreational drugs, as the only discernable difference between the two groups lies in their legal status rather than their psychoactive effects, abuse potential or harm. I would prefer not to reify and perpetuate this state-imposed technique of the disciplining of both bodies and pleasure (Bourgois 2000). However, a drug's legal status, arbitrary and artificial as it may be, in turn creates effects and risks which become inseparable from those of the drug in question, and shapes the stigmatization of its users.

Drug laws and schedules define and enforce the legitimacy of each psychoactive substance, according to particular political and moral values, which both reflect and become the

dominant institutionalized values. The state maintains power over access and officially defines the therapeutic potential of a drug, thereby facilitating social control (Bourgois 2009). Letcher (2007) explains the dividing practices: Legal/‘legitimate’ drugs—that is, pharmaceuticals—are produced by large, licensed (and hence legitimated) multinational companies, and administered by members of medical institutions for authorized health-related reasons, or they are one of the few sanctioned psychoactive substances for personal use (alcohol, caffeine, tobacco). Illegal/‘illegitimate’ drugs are a range of plants and chemicals which are grown, produced or acquired outside of state control and regulation. Being self-administered, these latter are also denounced and criminalized, supposedly based on personal, societal and public health risks.

However, in practice, the categories of legal and illegal are not set in stone. Sometimes, for example, decisions are made in the grey area between the intended and actual use of personal prescription medications that complicate this distinction. Some owners of medications, such as those for ADHD, will use their prescriptions intentionally at parties for their stimulant effects. Similarly, what happens when an accident victim’s pain disappears before their Vicodin prescription runs out? Other legal drugs are used for illegal purposes which, rather than being recreational, are still functionally close to their original intentions, such as when students without prescriptions buy Adderall or Ritalin from those who have prescriptions, in order to enhance their ability to study (Petersen et al. 2015). Conversely, one of my interviewees, Mark, admitted that even though he had a legal prescription for the ADHD medication Dexedrine, he bought it off the street because he did not have insurance coverage for medication: “The guys in my neighbourhood, they used to sell me bags of it for dirt cheap.”

There are legal drugs, prescribed under the guise of health, whose main purpose is recreation—think of Viagra. There are even legal materials which are not meant to be used as drugs, which are nonetheless used outside their intended purposes for their psychoactive properties. Nitrous oxide, used to make whipped cream, is a particular favourite in rave culture, but there are few better examples of the tenacious human commitment to consciousness alteration than the fact that someone, through trial and error, managed to discover that there is a specific quantity of nutmeg which—some 4 nauseous hours after ingestion and 12 hours before a horrifying two-day marathon hangover—offers a decent high (Ehrenpreis et al. 2014).

Muehlmann points out that as the illicit drug industry is a leading market force under global neoliberalism, “the market, too, does not recognize state-created distinctions between legal

and illegal spheres” (2014:12). Even illegal drugs which are unambiguously scheduled under the law are often ambiguously policed, and subject to different levels of scrutiny from law enforcement. The same bag of pills can have vastly different consequences when found on a black inner city youth versus a young white woman in line at a festival. Many women laughed, in fact, when I asked them if they were concerned about law enforcement: “I’ve never had an issue with that,” said Ella. “I assume it’s because I’m a petite redhead.” Marijuana in particular is perceived as *de facto* decriminalized in parts of Canada, and is frequently treated as such by users and the police.

Brad: At this point, in this office, people talk about pot all the time. Even the straight edge people, they’re like, “yeah, and then I had a joint.” You know, like it can be passed around in a meeting like it’s nothing.

Indeed, on April 20, 2016, the newly-elected Liberal government announced plans to legalize marijuana in Canada by the spring of 2017 (CBC 2016). In a matter of months, the legal status of a drug with a long, contentious history will change completely, though the actual substance and its effects and risks have stayed the same. Alcohol, too, has fluctuated between legal and illegal within only the last 100 years. These shifts are a telling demonstration of the potentially subjective and politically-motivated basis of all drug laws.

All of these complications, of course, suggest that there are not only constructed and varyingly imposed categories of *drugs* which have real effects on users, but also constructed categories of *use*: moderate, harmful, abusive, uncontrolled, dependent, functional, recreational, medicinal, et cetera. These are equally difficult to pin down, and the effects of their application by policymakers, researchers and healthcare professionals are far more meaningful than the terms are themselves. However, as will be further discussed, it is important to note that ‘recreation’ in particular is too narrow a term to reflect the diversity of intentions, sometimes multiple and simultaneous, with which drugs are used at music-related events.

Why do ravers use drugs?

The question of why people at raves use drugs is a complicated one to answer, but attempting to do so is fundamentally necessary for understanding drug use as a phenomenon, and for any attempt to make raves or drugs safer. Studies which do not address this question risk presupposing the inherent danger of drugs and the need for intervention for all users, isolating drug use as a discrete behaviour independent of the many variables that qualify it as a practice,

and legitimizing the narratives of “compulsion, pain and pathology” (O’Malley and Valverde 2004:26) that do not resonate with practitioners. This reifies the narrow conception of all illegal drug use behaviours as problematic and informs misguided interventions of little actual use to people who use drugs.

Janet: I consider myself to be a pretty successful person. But I think drugs play a role in that for me. People use drugs to calm down, and to take them outside of themselves, and to show them a new world. People use drugs for all sorts of reasons. There are people who use drugs to get really, really fucked up. I don’t understand those people. I personally don’t like very much being around those types of people. But you know, there are so, so many reasons to use drugs, because they alter your reality. And I think alterations of reality are ultimately very important. Because as humans we need to understand each other. You can’t understand someone if you can’t alter your perspective. You’ll never be able to.

There are many reasons why people use consciousness-altering drugs at raves. The sensory, physical pleasure from the drug’s effects; enhancing the pre-existing pleasure from dance and music; opening up social connections and bonding; forgetting one’s troubles; being part of a group experience. Though “because everyone else in the group is doing it” is a common theme for spur-of-the-moment decisions and often dictates *which* drug will be used, addiction, habit or ‘peer pressure’ as reasons for use itself is not the norm. Mainly, most ravers simply tend to express a fundamental, general willingness to experiment with the different states of consciousness that can be achieved through various means, whether sanctioned or illicit, including through the use of psychoactive substances. Experimenting this way in an environment which is already designed to offer enhanced sensory experiences is a way of doubling down on the sensations and states of consciousness that these different spheres of experience offer.

Why do they choose to use drugs outside of those which are legally available to them? For a question with such complex answers, it may be more productive to begin with why my participants began using recreational drugs in the first place, before moving on to frame the question of “why they use drugs” differently by looking at what drugs *do for them*.

Why do users start using?

Very few of my interviewees grew up in drug-positive environments or around healthy drug using behaviours. Many, in fact, such as Margery and Dave, experienced trauma caused by family alcoholism. (One person, Brad, who did grow up with parents who used recreational drugs, actually ended up adopting a teetotaling stance until age 30 as his form of rebellion.)

Adam: I was one of those people who years ago, I would have told you, no, I would never do those drugs, drugs are bad, drugs kill people.

All remembered being taught anti-drug messages in school, and some were staunchly against drug use themselves as teenagers and young adults. Why, then, did they begin to experiment?

I first wish to address an interesting pattern that came up in discussions of this topic. Without exception, every time I asked a person if they remembered anti-drug education in school, I would be met with the same reaction: a smile and a laugh. They would reminisce on the ridiculousness of the primacy of scare tactics as an educational strategy, chuckling as they remembered advertisements cracking brain-eggs into a frying pan or portraying the average drug user as a person with, as Ella put it, “your teeth falling out, skin all scaly and whatnot.” (“I actually watch them on YouTube sometimes because I just think they’re funny,” said Mandy.) The amusement comes not only from the ironic awareness that anti-drug education clearly did not work for that person, but from the knowledge of how “sensationalized” and “counterproductive” it is in general. Frequently, there was also a frustration about hypocritical mixed messages—on one hand, youth are being told to “just say no” to drugs, and on the other (sometimes in the very next TV commercial), the consumption of alcohol is glorified and encouraged.

Often, they would discuss how, after being bombarded by frightening images of the worst possible effects of drug use, those internalized messages would actually backfire and have the opposite effect of their intention when they ended up trying illegal drugs for the first time. When none of the doomsday predictions came true after their first few times, users were left questioning the accuracy of *all* of the narratives they’d been given about drugs—including important ones about the very real potential dangers.

Eleanor: They do all these anti-drug campaigns, and then you like, smoke weed for the first time. And then you think, oh it wasn’t even bad, and you’re like, OK now they’re lying.

Scare tactics and abstinence-only messages might prevent some teenagers from trying psychoactive substances, but they consequently leave those who do woefully unprepared. This is either a significant oversight in health education, or a conscious choice to leave experimenters to fend for themselves. Race argues that this is a case of the prerogatives of health being subjugated to symbolic politics and the moral messages that serve as their foundation (Race 2009:13).

Alan: I always try to question everything before believing it outright. Just because I see it on TV or read it somewhere doesn't necessarily mean it's true. I'm gonna find out if it's true for me. So I think I just have that mentality, and more than anything... You start questioning things, right. You know, yeah, but alcohol is also bad, tobacco's also bad, how come I'm not seeing those commercials on TV? You know, you go down a rabbit hole. It maybe made me think twice about it, like, oh, is it that bad really? Drugs, but what kind of drugs? Then I tried it, and it was like oh, it's not bad.

That's the thing, I tried it, and I realised, hey, it's not as scary as these ads are making it seem, you know. So what else is being withheld? What else are they being dishonest about? What other kinds of misinformation is out there? And that turned into, well, this is scare tactics. They're not providing me with the information I need to know. You flip it around, it becomes, instead of trying to scare people, or tell me what I should or shouldn't do, why don't you educate me? Why don't you tell me that this is what marijuana is, or this is what MDMA does or can do. Because ultimately, if they're really concerned about my health, that would be a lot more effective than telling me, 'don't do this'. Because there's an ulterior motive to that. Why? Why don't you want me to do this? Who are you to tell me that?

The only narratives offered to them in an educational context were highly negative, and when these narratives failed to prevent use, they were rejected as incongruent with their experience. Yet there was nothing with which to replace them, other than information from other users, and personal experimentation—and unchecked experimentation without informed guidelines and boundaries, especially when constrained by access only to unregulated substances, is the main source of bad drug experiences in the rave scene. Without being armed with any sort of accurate, balanced information about drugs, safe usage or harm reduction, curious experimenters are left to find out for themselves about their harms and benefits, relying on their peers and on their own process of trial-and-error to discover a more rounded picture of the world of psychoactive substances. This is a process that often causes damages which could potentially have been easily avoided had they had access to balanced information about drugs informed by attention paid to all aspects of their place in human life—good, bad and neutral. Some critiques of harm reduction research have argued that its focus on harm perpetuates this. “The reluctance to acknowledge research findings which show that experimental drug use is a normal part of adolescent development and that it may in fact improve psychological health, prevents genuine reform of abstinence-based drug education” (Keane 2003:229).

Is there room for an ethics of moderation and information, then, instead of prohibition? This is the stance that public education in Canada takes on sex education, and we know it works better than abstinence-only education (Kohler, Manhart, and Lafferty 2008). The idea of allowing

young people to make their own, even well-informed, choices about their bodies is one that does not sit well with many policymakers or parents. However, as these choices are being made regardless, the current strategy of leaving youth uninformed or even deliberately misinformed in the hopes that they abstain is a solution which causes significant collateral damage.

Bobby described how the stigma he had associated with drug users due to this type of educational scare tactic was challenged by finding out that a good friend of his used illegal drugs. This change in perspective in turn caused him to decide to try them himself.

Bobby: I thought about it for a while before I decided to actually do it. And really the main reason I did it was, my best friend at the time, he and I started going out, he kind of pulled me into the club scene with him. And then, I didn't even realize it at the time until after a few months, I somehow found out that he'd been doing ecstasy the whole time and I never even knew about it.

In coming to learn that, that's when I realized, oh okay, maybe drugs aren't so bad and evil like I was taught, you know. As a kid, that's what we were all taught. I expected this big change in someone and they'd just turn into this person, you know, this evil person, and I didn't see that. So I was actually kind of shocked and surprised, like really? I didn't believe him, and he said 'yeah, I'm on it right now'. And I said oh, okay, well, what does it feel like? And he started telling me more, and I guess gears started turning in my head, and I got curious about it.

And I did a bit of reading and stuff, you know, I Googled it, just to learn some more information, in order to make an informed decision, I guess. So then, yeah, on New Year's I decided that would be the first time to do it, I waited long enough. So that was the first street drug that I took.

However, from I think age 14 or 15 I was medicated with Ritalin and then Concerta and then Dexedrine. So I guess I had already established some sort of ongoing drug usage.

In the stories of my participants, deciding to try recreational drugs for the first time was always a decision heavily influenced by peers. However, this influence does not come in the form of 'peer pressure', as the common idiom states, but through more subtle social influence. In the following section, I will present four narratives from interviews which offer insight into the process of deciding to use drugs, as well as the impact of this decision on the practitioner. All four of these stories are examples which run counter to the narratives of destruction and harm most commonly associated with the world of drug use.

Singular cathartic experiences

Although most of the emotional, intellectual, interpersonal and personality changes described by drug practitioners developed incrementally throughout the period of time they were

or have been experimenting with consciousness alteration, stories of profound life transformations occurring from single doses of drugs, particularly MDMA, psilocybin mushrooms and LSD, were very common among my study population. Indeed, I bore witness to more than one of these experiences. Naomi, for example, set a personal reflection goal for one acid trip, not an uncommon thing to do. At the end of the day she made a major career decision about what specialty to choose for her residency at medical school.

The similarities among the following four examples of these stories point to several shared experiences: the effects of the social environment and influence of friends and loved ones on decision-making, the process of deciding to try a particular drug and how it is experienced, the way in which the affective experience of the drug's effects take shape to incite new perspectives, and the process of integrating the experience into concrete, long-lasting life changes. The differences among these stories speak to the personal and contextual nature of each one, situated within the individual life histories and environments in which the experiences took shape.

Brad: "I then decided that drugs were going to be a part of my life."

An "extreme workaholic" for most of his life, in his twenties, Brad began going to parties while staying sober. He watched his friends experiment with different drugs while he himself abstained. At that point, "I hadn't had aspirin, I hadn't had wine, I hadn't had anything," he said.

Brad: My friends partied really hard. And they dabbled in pretty much every substance. So I got to watch a lot, and go to raves with them as the sober dude, and the designated driver.

Hilary: They must have loved you.

Brad: Yeah, convenient I guess. I was pretty angry. I was pretty grumpy. I was very serious. So no, I mean I think they appreciated me, but I don't think I was any fun to be around.

At age 30, Brad's girlfriend at the time had become concerned about how his unhappiness was affecting him and those around him.

Brad: My girlfriend was like, "I don't know that I wanna stay with you if you're gonna continue to be not fun." Like, "I'm not saying you need to be, a wild and crazy drug addict man, but learn how to relax for god's sake."

So I looked at all the drugs that my friends had done, and all the things that I'd seen. And to me, from the outside looking in, pot was not that interesting. You know, South Park becomes funnier and you accidentally order a pizza. I didn't feel much interest in that.

But when I watched my friends on acid... I was so curious about what they were going through. They could barely describe what they were seeing, they could barely

describe how they were feeling, but everything was more intense, more interesting. Everything tasted better, everything was fascinating, and they were like children. Timothy Leary, books on psychedelics, *Lucy in the Sky with Diamonds* and the Beatles—it basically was the one that seemed interesting.

So that was the first drug I ever did. My friends took me to a cottage, and I finally, at 30 years old, tried my first substance.

And I quit my job the next day.

Hilary: [Laughs in shock.]

Brad: I came back to Toronto and I was like, fuck this shit.

I asked him to describe in more detail what that first experience was like. His vivid and entertaining descriptions of hallucinations are an example of a common type of narrative that users of psychedelics enjoy sharing and hearing from others.

Brad: I took two, 'cause I wanted to really experience it. So, yeah, I mean, the whole gamut of experiences. I remember that night like it was yesterday. My girlfriend turned into Snow White. She looked just like a cartoon character, with like the red lips, and the black hair, and the pale skin. She literally looked like a cartoon. I lost about half an hour watching my face melt off in a mirror.

Hilary: [Winces] Nobody told you to not look in a mirror.

Brad: And I'm old, too, like, it's tough. Watching yourself age, like, you know, I have a few grey hairs, and then suddenly I had a lot of grey hairs, and then suddenly my face was a skeleton. Yeah. It's tough. [Laughs.] The paintings were all like, vividly moving, colours were exploding, we made dinner and my food turned into a giant pile of maggots. The hallucinations were vivid, and ridiculous.

It is easy to dismiss the significance of these visions, or to subject them to a pseudo-Freudian symbolic analysis, much as one could do for the content of dreams. However, looking not at the details, but rather at the meaning created in the sharing of these stories among users and the value ascribed to having such experiences sheds light on the long-lasting changes that can occur after the experience is over. The visually-experienced manifestations of the chemical changes occurring within the brain and in the embodied self are but one element of the radical re-arranging of previously held conceptions reported by users. Indeed, the prevalence of fantastical descriptions of psychedelic visions may serve to overshadow the more grounded changes in affect and perspective that psychedelics prompt, a source of frustration for proponents of their use.

For Brad, these changes resulted in a major career decision.

Brad: Mostly, I just kind of assessed how miserable I was at work. And how much I was dreading going back. And how I had faith in my ability to do something. It wasn't like, 'I'm quitting my job and I'm just gonna do drugs all the time!' It was like, you really take a long look at yourself. You take a long look at your life.

Hallucinogens will make you reassess things. I don't know if you've ever read Steve Jobs' book, but he talks about his acid experience, and I related to it a lot. It was like, suddenly, like, you feel connected to everything, and you really do think about where you want to go and what you want to do. So I was like, I'm gonna start my own company, and I have faith that I can do this. I'm gonna go do my own thing. Mostly I then decided that drugs were going to be a part of my life.

I eventually discovered that you can't do acid all the time. And that there's a rate of diminishing returns. And so like, I had to dabble in other things. Eventually I just became curious about making my own mind up. I didn't want to be judgemental about everything.

So, I don't credit acid with [the success of the business he subsequently started], you know, I had a pretty good ethic through my twenties and being a workaholic worked really good. But, I mean, I'm really glad I did it. I'm really glad my eyes became open to living a life.

Adam: "I've seen the light"

Adam, a soft-spoken and thoughtful 27-year-old, struggled for many years with severe PTSD, seeking help from various therapists who prescribed medications with little success.

Adam: I did a lot of therapy, I did a lot of stuff that wasn't really working out for me. I took tons of different already-approved medications. It was awful. I gained weight, I lost weight... I wasn't properly informed about the addictive properties of some of the medication that I took, so I went off it fairly quickly. It turned bad. I was just really, just overall not a good experience, I never felt like anything was really helping me. Maybe it was putting on the brakes, maybe it was dimming some other stuff, but some other issues were arising, you know, it was always sort of, mixed feelings about it.

Adam's experiences with the medical establishment were horrifying. He was misdiagnosed "countless times" by psychiatrists in his European home country, and was prescribed many different medications with little to no communication as to their purpose or effects.

Adam: I was on 6mg Xanax a day, and I was taking Zyprexa on the side. I have absolutely no recollection of those six months of my life, pretty much. It's just like, it's a lapse of time that went completely by in a snap. Zyprexa was terrible, it made me paranoid. I don't know what exactly is in Zyprexa, but I will forever remember the name.

There's been countless times where I had to get off work in the middle of the day because I wasn't feeling well. And then they just changed the dosage... It was sort of like this thing where I never felt like it was ever the right thing. It was like, they'd give you some [combination], and it didn't work. So they would give you basically the same thing, but a little less of one, a little more of the other, and it didn't work either, so then they would give you some other medication. And I go, you don't even know why you're diagnosing me, what you're giving me. They never really explain to you why they switch you on a certain medication, like that was never something that was really presented to me.

At one point, he went on a two-week vacation and forgot his medication at home. He had never been told about the severe side-effects of abruptly stopping antidepressant or antipsychotic drugs, and so experienced them first hand. “Oh, I remember that vacation very well,” he grimaced. “I spent two days in the shower, thinking that there was blood on me that was never getting off. Hot and cold flashes, so that I was shaking almost in hypothermia, and the next second I could not have any clothes on me, I needed to be naked, lying on the paved floor.”

By the time Adam was finally properly diagnosed with PTSD, he had had so many bad experiences with medication that he was extremely reluctant to try another one. His yoga teacher was the first person to suggest that MDMA might be helpful, whereupon he began researching the growing body of work suggesting MDMA’s effectiveness for PTSD (Sessa and Nutt 2015). He learned about an unofficial, underground therapy group run by doctors in Ontario that could facilitate this experience for him.

Adam: Honestly, the first time, it was like, I’ve seen the light. I was like, oh my god, I understand these things that have been going on. You also, I had that moment where I was like, where has my fucking brain been this whole time where I could have solved all these problems? It was crazy, I was like, oh my god.

It’s like an eye-opener. It really gives you a different perspective on what your situation is. It gave me clarity on a lot of things that I never really thought about before. My conclusion was that it makes brain space that’s otherwise busy with other concerns or problems available, and then you can sort of work through things at a faster pace. Yeah. It felt very much like that.

I think the problem with most therapists today, and I think that’s what drugs made me realise, is that [initially] you yourself don’t have the sufficient level of awareness to explain to people properly what’s happening to you. Your view is completely obstructed by all this shit that’s happening, and you’re seeing like, this tiny fragment of you. And there’s people that have textbooks, and they’re just looking through, and they’re like ‘OK this tiny fraction here, it could belong here. [Pointing as though to different parts of a page in a book.] It could belong here, it could belong here, it could belong here... That’s not a problem I have with MDMA, because when I did it, my view was completely not obstructed. I was able to say, OK, all of these are my problems, and now this is how I’m medicating them. And I’m actually considering going and seeing a therapist and being like, OK uh, what’s preventing me from functioning is this extremely high level of anxiety that I have. What can you do for me? As opposed to going in, and being like, ‘uh, I think I’m a functional human being, but there’s something wrong with me?’ [Laughs.]

Adam is not alone in having had these experiences. For two decades after the discovery of LSD in the 1940s, the therapeutic potential of psychedelics was extensively studied in the U.S. and clinical progress was showing promising results. Then, research collapsed rapidly in 1966 when LSD ‘broke out’ of the lab as people began using it recreationally. It was quickly made

illegal, and a moratorium on psychedelic research began. MDMA went through a similar process in the 1980s, though it never progressed to full clinical trials. Today, 40 years after those first studies, this hiatus is coming to an end, and the second ‘psychedelic revolution’ is in full swing in both recreational and medicinal contexts, as well as those which blur the lines between the two, such as that described by Adam. Potential benefits of this research include the development of treatments for depression and anxiety, including in, but not limited to, terminally ill patients (Grob et al. 2011); adults with autism (Danforth et al. 2015); migraines (Russo 2001) and cluster headaches (Sewell, Halpern, and Pope 2006); and addiction (Maciulaitis et al. 2008), particularly to opiates, alcohol and nicotine. In the first pilot study for MDMA, 20 patients with chronic PTSD were randomly assigned to two psychotherapy sessions supplemented with either MDMA or an inactive placebo (Mithoefer et al., 2011). After two months, 10 out of 12 patients (83%) in the first group no longer met the diagnostic criteria for PTSD, compared with 2 out of 8 (25%) in the placebo group.

Adam: Honestly, it’s been hard talking some of my friends into it who I know have issues. And uh... Trying to not sound like a complete illuminati, you know, like ‘oh my god, you have to do this, it’s magical, your life problems will be completely solved, by the mystery of the universe’...

For years I’ve been trying to sit in someone’s chair and explain what I thought was wrong with me, which was totally not what was wrong with me. Because you’re looking at it from a perspective where, you have cognitive impairment. And the only way for you to be able to clearly explain it, from a perspective that the person in front of you would be able to understand exactly what it is, is to just take those goggles off and just see things for what they are, and just connect with everything.

I think this is an opportunity that, as far as all the drugs that I’ve taken before, medical drugs, only MDMA has provided me with. And I’m thankful that I did it more than I’m thankful that I’ve done anything else.

The currently progressing clinical research would not have been possible without the mountains of anecdotal evidence put forward by drug practitioners experimenting on their own and sharing knowledge amongst each other. However, self-administering a medication, outside of the control of state institutions, is taboo. When consumption becomes “the normative mode of social participation and citizenship, medical authority becomes available in these discourses to fulfill the role of the moral curb on the self administering consumer. As a result, these discourses become especially prone to political and authoritarian investment – precisely because they produce the self as the moral locus of consumption” (Race 2009:15).

As discussed earlier, Adam himself prefers dance music environments for his ongoing self-administered therapy. He, and many other participants, also explained how these affective changes were not limited to the duration of the drug's active effects. He would actively integrate insights into his daily life:

Adam: When I go home, and particularly with my wife, we'll have this two or three hour conversation about our hindrances, about life, about the decisions we are making. And it carries over, moving onward from that evening. So it's like a constant, once a month, a very, extremely efficient therapy session. And so, yeah, carrying on through the day, I've been able to repeat some of those experiences on a different scale. Obviously on a smaller scale, but I've been able to mimic some of those experiences while sober. So, I'm able to connect to my life more and more, as time goes on and as I carry on doing it.

Importantly, Adam, and many others I spoke with who cited long-lasting benefits of drug use, clearly indicated that it was the *contextual* use of drugs, with close friends and family and within comfortable or music-oriented environments, which made the difference in shaping their experiences as positive. A drug on its own, even one as powerful as MDMA or LSD, is not always guaranteed to have this kind of profound effect. I argue that it is therefore the *context* which would benefit from being the focus of therapeutic research efforts. Despite the promising research being done, there is currently an over-emphasis on the biochemical properties and mechanisms of these drugs, and not enough weight placed on the contextual, interpersonal and environmental aspects of how they are experienced.

Mark: "Thanks, LSD. And thanks David Attenborough."

Mark, 32, is a photographer and long-time connoisseur of rave scenes in Canada and internationally. He told me about how, after being a smoker for 12 years, he quit cigarettes cold turkey the day after an acid trip.

Mark: I had a random LSD trip about three years ago. It was a Tuesday, in February. I decided to drop. And, there was a documentary on TV, you know, one of the David Attenborough films was playing. And it was [British accent] talking about the majesty of the Himalayas, you know...

Hilary: *Planet Earth*.

Mark: *Planet Earth*. And I decided—you know, that thought process on LSD—that, 'I'm gonna go there.' But then I was like, 'I can't go there. Because I smoke cigarettes. I can't handle the altitude.'

And then, I don't know, after about two hours of introspective hell... I just kept on thinking about, why do I smoke cigarettes? And, I don't know, all I could think about was that sense of anxiety one gets. Say, it's 11 PM, and you have two smokes left. And you debate, hmm, do I go to the variety store to go pick up another pack in case I need a third

one? And I realized, I'm a slave. To nicotine. And I just kept on dwelling about that fact. And then, after 12 years, and five unsuccessful attempts at quitting, something just clicked. I quit smoking.

Hilary: Do you think, would you credit LSD ...?

Mark: Absolutely. I mean, the reason that [addiction researchers] are using mushrooms and LSD—I mean, you know, for heroin addicts, there's ibogaine, etc. The reason being, it increases the neuroplasticity by creating new pathways in the brain. And addiction is effectively a very strong pathway, so by finding these alternate pathways, I don't know, for some reason I just didn't want to smoke, and I vowed to myself to never be a slave to anyone or anything.

And then as a last year gift to myself, I decided to go to Nepal, to the Mount Everest base camp. In the dead of winter.

Hilary: So you did it! And in the dead of winter.

Mark: Yep.

Hilary: Oh wow. That's great. That's amazing.

Mark: Thanks LSD, and thank you David Attenborough.

Hilary: [Laughs.]

Mark: The crazy thing is, I thought that this was like a freak thing. Until I once saw, it was on Vice, someone else was like, I used LSD and quit smoking. And then I Googled it. And I found there are tons of people. I mean *tons*.

Reseachers have indeed begun to study the addiction treatment potential of psychedelics such as LSD (Dyck 2015), ayahuasca (Thomas et al. 2013), and ibogaine (Maciulaitis et al. 2008). Mark's story parallels that of Brad's and Adam's, wherein self-reflection via the different frame of mind provided by a psychedelic allows one to develop a new perspective on pre-existing issues. After the experience is over, these states carry through to long-lasting, often permanent life changes.

Dave: "I was a hurricane."

One rainy night at a festival, I sat inside a tent with Erica, a social worker and feminist activist, and her husband Dave, a tattooed programmer, eating cheese and crackers and sharing stories. Dave had a similar story to Brad's, though with a different drug, and preceded by a past which was quite surprising given the context in which I'd gotten to know him. Growing up on the East Coast, one of the heaviest-drinking parts of Canada (Statistics Canada 2016), Dave was 'straight edge' as a teenager. Straight edge is a subculture with roots in hardcore punk rock whose advocates refrain from using alcohol, tobacco and other recreational drugs. When Dave discovered this movement, it fit with the decision he had already made to avoid alcohol. "I was afraid of alcohol," he explained. "Because my father was an alcoholic, and it had severely impacted my family. For as long as I knew, basically."

On top of this, when he was in university, witnessing the culture of binge drinking that permeated the social life of the students around him further convinced him that alcohol was not the amusing drug it was often portrayed as. “I saw some pretty harrowing shit,” he said. “And I didn’t think it was funny. I was watching people get really sick, and get lost, and disappear. This one girl that I knew got raped. All these different things happened. And I was just like, none of this is cool to me.”

That night inside the tent, with Erica’s help, he recounted the story of his first time on MDMA and allowed me to record it. I wish to include the following long excerpt as it illustrates several key themes. In it, we see the process of how Dave went from being a vehement ‘straight edge’ teetotaler, ostensibly the ideal stance for a young person to embody, to a regular user of illicit drugs. This is, however, not a typical story of an addict’s downfall into emotional chaos. It is exactly the reverse. He speaks of his former self with the regret and sadness usually discernable through the direct opposite narrative of what he experienced.

The first drug Dave tried was alcohol, at age 21, feeling social pressure to fit in at a job he had just been offered.

Dave: The CEO handed me a beer. As part of, ‘Hey man, welcome aboard. Here’s a beer.’ And I had this split decision crisis. I was like, there’s no reason for me to not drink this beer right now. This is a nice gesture, this guy gave me a job, I really need this job. And, yeah, that broke the ice for that. But when it comes to drug use... Like, drinking beer didn’t change any of the ideals that I had ingrained in my head.

Hilary: And where did you get those from?

Dave: Straight edge culture is pretty poisonous.

Hilary: Really?

Dave: Yeah. It’s not healthy. It’s very... It kind of celebrates this like, puritan, a purist kind of lifestyle. It’s really, really bad. In retrospect, it’s basically like, you’re pure because you’re straight edge, but people who drink, or people who were straight edge and then started drinking, are filth, and are just like, bad...

Erica: I just want to step in and be like, I feel like that is straight edge culture, because that existed in my town too. Straight edge in general is very judgemental.

Dave: A lot of the camaraderie around it is like, [disparaging voice] ‘oh yeah, so-and-so started drinking’. Or whatever. Or like, ‘broke edge’.

Erica: It’s very, I guess, socially policing.

Dave: Yeah.

Erica: And super negative. Edge culture is like, ‘fuck you if you break edge’.

Dave: Anyway, so the thing is, straight edge, I really positively associated with it, and it made me feel like I had something to be a part of. Even though I had independently decided to not drink alcohol, and not take drugs, it made me feel like I was part of something bigger. It made me feel validated to a degree, because you have all these other people who are living the same lifestyle as you. And so for that, that felt good.

But what I didn't realize, underneath my skin, is that, a lot of things that were happening were really unhealthy. A lot of it was centered around judging other people. And that ended up being a really hard thing to break out of. Like, being judgemental of what other people did, strictly based on the substances that they were consuming. It was really, really unhealthy. I would like, write people off entirely for having smoked weed, or... And it's silly now. I laugh at it now. But at the time, it was adversely affecting relationships with people.

Erica [whispering]: I was the bad influence.

Hilary: [Laughs.]

Dave: OK, so, Erica actually was, I refuse to say a bad influence, because it has actually made me a better person. But Erica introduced me to drugs.

Erica: [Laughs.]

Dave: I had basically not even smoked weed at this point in my life. The only thing I'd ever done was drink alcohol. And you could say that there were some purist elements remaining in me. Where I was like, 'OK, I'll have a drink, but like, I will not do *drugs*. I'm not going to throw my life away.'

Erica asked Dave why he accepted alcohol and not other drugs at that point. "I don't know," he mused. "I wasn't just going to stay traumatized by my dad and everything my whole life." Alcohol is heavily normalized on the East Coast, he added. "Drinking, out there, is a huge part of life. There was a pretty well-defined line between the seedy underworld of 'drugs' and slamming back a few brews with the boys."

One night, shortly after Dave and Erica began dating, she suggested that they go to a DJ event organized by Brad, who Dave had not yet met.

Dave: And I was like, 'Okay. I don't see people DJ ever.' Like, ever. [We all laugh.] This is also an introduction to electronic music for me.

Erica: This is so funny now because you go to way more shows than I do.

Dave: And then, it was the night of, and we were talking about it. And she was like, 'okay, so a thing that could happen tonight is, I could end up doing drugs.' And I was like, [cautiously] 'okay...' I was assuming like, weed or something. [Erica is laughing.] I was like, 'what do you mean?' And she's like, 'well, I might do MDMA.' And I was just ... [Mouth open, speechless.]

[Erica laughs harder.]

Dave: My brain exploded.

Hilary: 'I'm dating a crackhead, no!'

[We all laugh.]

Dave: And I actually felt like my world was falling apart. [Erica breaks up into very hard laughter.] Because I really, really liked Erica. And I was really wanting to pursue it as a relationship. But I was just like, 'oh my God, she's a drug addict.' [Laughs.]

On learning that his adored girlfriend Erica was a drug user, Dave was confronted by a critical moment of crisis, where he had to find a way to integrate this new shock into his worldview. He was faced with a decision between having to adjust his pre-existing negative

opinion about drugs and drug users, or adjust his pre-existing positive opinion about a person he loved and respected. The two narratives could not coexist.

Dave: I was devastated. Long story short, we're in my bedroom. And I'm having like, I'm actually having some kind of mental breakdown.

Hilary: So were you thinking, 'now I have to break up with this girl'?

Dave: Well no, I wasn't going nuclear, but I was very... I felt like my entire life as I knew it had been turned upside down. I was being very dramatic with it. And eventually, somehow I came to this point where I was like, let's just go to this thing, let's just see what happens.

So we got there. It's amazing that we even made it there. And I was like, okay, this is gonna be cool. And then Erica was like, okay so, I'm gonna do this. And I was just like, *ahhhhh!*

[Erica cracks up. We all laugh.]

Dave: My heart is racing...

Erica: You got so mad. He was like [makes angry face].

Dave: And again, this is just under three years ago. This was not a long time ago.

Erica: You said some really crummy things to me.

Dave: Oh yeah, I was awful. It's just like, a lot of remaining judgement from that stuff.

Erica: And I was just like, 'baby, nothing bad's gonna happen.' Actually, I told you specifically what's gonna happen. 'My eyes are gonna get big, I'm gonna talk a lot, I'm gonna be really happy.'

Dave: Eventually something struck a chord in me. And I just kind of straightened up a bit. And I said, 'whatever you do, I want to do the same thing.'

Hilary: What? Really? You went all the way to the other opposite end? Wow!

Dave: I was like, you know what, everything will be fine, but I want to be on the same level. I realized that what I was more afraid of was being distanced from someone. Like, the thing that mattered the most to me was being on the same level as them. And that connection actually happened in my brain that night. Where I was like, this is what actually matters more to me.

Because I thought, all these past experiences, what made me feel alienated, or outside, or afraid, it's because I can't relate to you right now. Because I'm on a different level. So I was just like, you know what, fuck it. I really like this girl, I'm sure it's not that bad. And then I did MDMA that night. And...

[We are all chuckling in anticipation.]

Dave: And it... was... ridiculous.

[We all start laughing.]

Erica: I don't know how else to describe this, but...

Dave: I was a hurricane.

Erica: Dave was just like, the most stereotypically MDMA high person I have ever seen.

Hilary: Like, 'this is the best feeling everrrr!'

Dave: Yes!

Erica: And he would come up to me and be like, [makes wide-eyed face] 'I love you! I'm having so much fun!'

Dave: I was ridiculous that night.

Erica: I have never seen you happier.

Dave: And that was it.

Erica: It was amazing. Watching the turnaround happen so fast... I could not believe how quickly you got it together. Like, I could sense that he was afraid. And I understood. But it was also really frustrating.

Dave: You also were really patient. You were like, listen, you do not have to do this. But I'm telling you, I would like to do it, we're here with—it was my first time meeting Heather, Brad [etc]. Lots of friends. I had never met any of these people ever.

Erica: But now, those memories are infused with an epic first-time MDMA high.

Dave: That's true.

Erica: Dave was so mad and uncomfortable that he wasn't asking questions about, 'well what's gonna happen.' Because he was too busy freaking out.

For context, Dave explained that he was previously in a relationship with a woman who had, as Erica put it, “a different relationship to drugs” than she did. Of all possible drugs, in fact, she had abused MDMA. Due to the rapidly increasing tolerance from and negative side effects of frequent use, MDMA is not a substance which is commonly consumed in patterns of overuse, but it can wreak havoc on the emotional stability of those who do use it on a weekly basis. For six months, he had taken care of his ex-girlfriend every weekend as she consumed enough to get “messed up or blacked out.”

Hilary: Fate was really stacked against you ever trying MDMA.

Dave: Yeah. Seriously.

Hilary: But you were still willing to try it.

Dave: I honestly still don't know what it was that clicked. But it was a combination of the fact that like, things with Erica were going really well. I really had a lot of respect for her and I liked her a lot. And so, for her to say like, 'hey, this isn't that bad,' that's the most weight that anyone could have had with me.

Erica: I also think it might have helped that I was like, 'I don't have to do this.' It was just like, I don't know what you're afraid of. Nothing bad is gonna happen. So here's what's gonna happen. I'm just going to be very happy. And dancing. And chatty. Like, what is there to be afraid of?

Dave: It was the start of me kicking a lot of really, really bad and unhealthy habits about the way that I think about people, and the way that I held so many grudges about things. I was a huge, huge grudge holder. And the way that I viewed people, and judged them, very quickly, for things that they couldn't have even known. It's just like, oh, if this person, the first week that I met them I saw them smoking a joint, it was just like, written off entirely. And it's just like, you know, growing up in a small place like [East Coast town], writing off people that drink or smoke weed, you very quickly eliminate your pool of possible friends.

Erica acted as Dave's guide and mentor for his first time on MDMA, a pivotal event in the life course of a raver. It was a seminal moment in his life which mirrors that of many other people I spoke with about their first time on a favourite drug, particularly MDMA, LSD or psilocybin

mushrooms. Erica explained the process to him, how he would feel and what to expect, and he listened to her because of her relationship to him as his girlfriend (they are now married).

Being introduced to drugs by family members and loved ones casts a different light on the emphasis placed on peers as the source of influence. Researchers have begun to question the utility of the concept of ‘peer pressure’, critiquing the idea that there are unidirectional pressures put on young people by their peers to fit in to a subculture. A more accurate representation would be to see drug use as “intricately woven into friendship – affective relationships of trust and intimacy, belonging and sharing ... introducing opportunities for intimacy that are otherwise difficult to attain at the individualistic and isolating margins of neoliberal cities” (Foster and Spencer 2013:223).

Most users report placing the highest trust in fellow users who are closest to them socially as sources for accurate information (Falck et al. 2004). Even though drug practitioner knowledge might theoretically not be as accurate as that of a health care professional (though this is debatable), it is a reasonable judgement when official sources have not been experienced by users as trustworthy. This is especially the case when factoring in the higher stake that loved ones place in a safe and pleasurable experience for a new user with whom they have a close relationship.

Experienced practitioners express that they derive a genuine sense of joy from introducing non-users to MDMA or psychedelics for the first time. This is experienced as a sincere sharing of a positive life influence: they derive so many positive benefits from the use of these drugs, that they want others to have the same experience, rather akin to a religious conversion. It is not by accident that the word “introduce” is used when speaking of being guided towards consciousness expansion. This emphasizes the mutual connection, the showing and explaining of a practice. This process is mediated by the relationship between the two people, which is central to the experience; the drug is a facilitator.

Bobby: I think ketamine was the first drug that I was introduced to.

Samantha: After having been introduced to DMT....

Daniel: And then what made a difference was GHB. I was introduced to that in 2009.

Margery: When you’re trying to introduce people to the dark side, you have to go slowly, you know. [Laughs.]

If one accepts the premise, based on historical and cross-cultural evidence (Hunt and Barker 2001; Saniotis 2010), that recreational drug use cannot be eradicated from public life, then

one is left with the proposition that the inevitable experiences therein can be navigated towards being either positive or negative. In this context, the insight of being guided by caring friends and family emerges as a key factor in narratives conveying positive drug experiences, and thus potentially useful for integration into a new way of framing harm reduction. I will further explore this idea in Chapter 4.

Exploring alternate states of consciousness

It is important to contextualize recreational drug use in a wider culture of the pursuit of bodily pleasures and consciousness expansion through non-chemical means, to avoid isolating and further stigmatizing the chemicals themselves. Drugs clearly play a functional role for many practitioners in facilitating certain experiences and connections, and exploring the social function of drugs is useful insofar as the common conception of drugs as uniformly problematic or pathological is overdue for a correction. But to speak of them solely as a functional tool is belying their complex, integrated and integrative presence in groups of people who employ them. Ravers and other non-addicted practitioners use drugs both at events and outside of them for many different reasons. Whether practical (i.e., using stimulants to get work done), for pleasure, for introspection and personal growth, for social bonding, or simply out of curiosity, they all have a desire to explore what experiences can be obtained through experimenting with altered states of consciousness.

Most practitioners, once their previous conceptions of illegal drugs as a whole have shifted due to learning or experimenting, tend to be open to trying most other popular drugs, with the exception of what I came to think of as the “boogeyman drugs”—heroin and other opiates, crack-cocaine, and methamphetamine. More than one person told me that one of their life goals is to try every one of the 179 drugs described in the book *Pihkal*, written by Alexander and Ann Shulgin, a popular read among more dedicated drug practitioners (Shulgin and Shulgin 1991).

Brad: So, after [trying acid] I went a bit nuts. I mean, I still worked really hard, but when I had a vacation I didn’t spend it playing XBox, I went to Burning Man. I went to festivals. I went to England and did as many music festivals as I could. And I was also pretty much determined to try every substance at least once. Just so I had my own, sort of awareness of it all.

And, I’d be hard pressed to think of anything I haven’t done. I know I haven’t done everything, by any stretch of the imagination. There’s an infinite sea of substances out there. You know, I saw this Vice special on this weird thing that they’re doing in Russia called Krokodil. [I make a face—I know what it is and what it does.] Yeah. So I’m

not doing *everything*, I pretty much tapped out on that. But I've done everything I ever wanted to do, and then, as new things, like 2C-B, 2C-I... New substances kind of enter the space. I tried most of those.

Some drugs are even tried not because they are purported to give pleasure per se, but purely for the sake of interest in the different experience of consciousness they are said to offer. Salvia is a good example of a drug which is used in this way. *Salvia divinorum* is a plant which, when extracted and smoked, causes extremely intense, short-lived out-of-body hallucinations with no lasting side effects. Salvia is legal in many places, as it tends to be its own deterrent—most people do not enjoy the visions it incites and don't end up trying salvia more than once, making it a commodity in low demand. Still, trying it once, just to experience it for oneself, is not uncommon. Samantha and Chris, a couple in their early 40s, described their thoughts on the experience.

Sam: Salvia. I would never ever smoke salvia again. Oh my gosh. It's awful.

Chris: Eh. I'd do it again. It made me laugh my ass off.

Sam: It's not just something you like, you don't just go out to the park bench and smoke some salvia.

Chris: I've done salvia about five times. It's not something I seek out though. Basically, for the amount of money that it costs, the experience isn't overwhelmingly worth it.

Hilary: Would you say positive, negative, neutral?

Chris: I'd say neutral. The same as I don't go out and seek nitrous oxide. It's, whiz, bang, yay, yeah, over. I don't go out and seek it. But if somebody passes it to me, yeah sure.

Hilary: Sam, what was your experience with salvia, that you don't want to do it again?

Sam: I had a feeling of, like... Drowning, and decomposing. And it was... There was too much similarity and fluidity between reality and what was hallucination. Like, normally when you're high, you're like, okay, no no, I'm high. I know that I'm high, and I know that I'm not going to, you know, actually punch through that weird spectre. But with the salvia trip, it was really... I felt the water on me, and I felt everything melting away, and then was like, holy shit, am I still breathing? And so it all became, it was just too much. And every time I did it, it was like that.

Hilary: So would you say that you value being able to tell the difference, when you're on a drug, between reality and the drug?

Sam: Absolutely. For sure. I want to know that I'm like, okay, this is tripping, and this is not. [Laughs.]

Ravers' fascination with exploring altered states of consciousness is by no means restricted to the use of psychoactive substances, however. At one event, a man recalled how his very first interest in consciousness alteration came out of doing somersaults as a child. He would seek out the temporary head rush and disorientation, that fleeting feeling of vertigo. Daniel told

me about a ten-day silent meditation retreat he was planning to attend—“to explore the dark infinite depths of my twisted mind,” he joked.

Exploring the realms and boundaries of dance, meditation, mindfulness, yoga, sex (“Sex is my favourite drug,” I was told by two separate people), massage, and creating or enjoying music and art are all common practices among ravers. Many other forms of exploring personal or shared embodied spirituality and consciousness expansion are used as well, at festivals and in private life, such as hypnosis; ecstatic dance; the use of sensory deprivation techniques or tanks (‘floating’); and ‘flow arts’ that involve prop manipulation such as hula hooping, poi and ‘gloving’¹². When I asked in an online group for more examples, some of that came up included BDSM, breathing workshops, Chi Gong, Tai Chi, painting/colouring, crystal healing, Reiki, chanting, aura readings, drum circles, lucid dreaming, and sewing. One person added, “Exhaustion (usually as a result of dancing) and lack of sleep. Two of my favourites, and two of the most traditional ways of getting high.”

In Toronto, the various events, adherents and social circles that revolve around each practice often overlap. For example, it was Adam’s yoga teacher, upon seeing personal improvements he had been making through meditation, who first told him about the use of MDMA for therapeutic purposes, and I recognized several people from the rave scene at a conference on altered states of consciousness at the University of Toronto. Different practices are often synthesized and combined, and all occur at events in one shape or another, especially at multi-day festivals, where it is very common to see yoga or massage being practiced off the dance floor. Many aspects of raves and festivals are specifically designed to be enjoyed while in an altered state of consciousness. Psychedelic art installations, darkness, smoke, lasers and lights, fire shows and acrobatics all contribute to an atmosphere of otherworldly experience.

The main form of consciousness alteration that is sought within the scene, of course, is that which occurs at the nexus of collective dance and music. Music is the main focus of every event, and even it is manipulated to form a mutually enhancing relationship with altered states of mind. For example, it became clear throughout my research, as I talked to event organizers and

¹² Gloving is the use of gloves with LED lights at the end to create patterns and visuals through hand movement. Glovers often give one-on-one “light shows” to strangers at events, which are considered especially enthralling while high.

searched for explanations as to the extreme, sometimes even dangerous levels of volume at many events, that drugs were a contributing factor.

Brad: The reason they [leave the volume so high] is because when you're in with a sound system where the bass moves your clothes, or you can feel it on your face, it is wonderful. Especially when you're fucked up. Like, I don't know if you've ever been on ketamine, but ketamine in the middle of a big sound system is like, it's heaven. It's heaven. What it does to music, because it's a dissociative, everything just kind of slows down, and you can hear every note, you can feel every vibration. And when you're in the middle of a sound system, it's literally heaven. But in order to get sound that moves your clothes, yeah, they're gonna be blasting it. And like, to so many people, the sound system's volume level is a big part of the quality. Which is crazy.

When music is so loud it can be physically felt, especially through the bass, the experience of listening becomes an act that the entire body engages in, further facilitating the meditative or trance state through music and dance (see Figure 3). Add psychoactive substances which enhance this experience, and it is so sought after that the demands for loud music drown out any pragmatic voices fretting about hearing damage.

Dance

Describing, in words, what it feels like to be at a rave is one of the most difficult things I've had to do for this thesis. How can one possibly explain what it is like to be there, in the moment? The unbounded ego loss, the embodied sensations, the transient immediacy of the act—by its very nature, the meaning of the experience is lost in any attempt to translate it into prose. Writing is an undertaking which is wholly irreconcilable with the physical nature of the rave experience. The space in which daily life is lived is one in which everything humans do and see and think is translated into language. Language is the only means we have of shortening the distance between each other, the inexorable asymptote at the root of all human conflict and cooperation. Coming together to dance is one of the ways that human beings can manage to climb out of that mediated space between the internal and external, worlds constantly defined and categorized and re-defined and re-categorized. This liminal experience is impossible to truly put into words, which is precisely what makes it unique.

It is also part of why some people choose not to consume any consciousness-altering substances at events, saying that all they need is music and movement. At raves, “everyone is in an altered state of consciousness, with or without the use of drugs” (Rill 2010:141). Durkheim's concept of collective effervescence has been invoked by scholars to describe the experience of

ego loss and group connectedness experienced at raves, the “spontaneous communitas” (Turner 1969) which ebbs and flows as participants shift their focus between the different elements in the field of their sensory perception.

Illustrative parallels have been drawn between the rave experience and trance experiences from different cultures. Rill refers to trancing as a “process” rather than a “state” of consciousness: “Trance is known across the globe to have similar perceptual effects, and some of the salient aspects of trancing that parallel the rave experience are a sense of connectedness, the loss of time, the presence of an energetic force, emotional arousal, and the loss of an ego-centered self” (Rill 2010:146). Jake spoke in detail about how, for him, the use of dance fits into a worldview which values the exploration of consciousness through a variety of means:

Jake: Because for me, drugs are a good tool. But they’re not the thing I want to rely on to sort of, achieve states of mind, and, postures in my life. I don’t know how else to describe it. Ideally, I would like to not have to take anything, and still feel connected to other human beings, and empathetic, and this better version of myself. And from what I read, the main tool that we have available to us outside of that, is meditation, or doing things that get you into a meditative state.

And I think part of it, and this kind of relates back to why I started going to parties sober, is that, when I went to parties sober and I was dancing, and just enjoying the music and stuff, for me—I don’t know if you’re familiar with Sufism.

Hilary: I think so.

Jake: It’s a form of Islam, that’s a mystical form of Islam. It’s those guys that twirl around and around in circles, I don’t know if you’ve ever seen them. That’s not all of Sufism, but that’s one element of it. And so, I was raised in Sikhism. I’m not a practicing Sikh anymore, I’m atheist. But, it’s interesting, because in Sikhism, the main thing they prescribe is that you should do what they call Shabad. Which is hymns. So it’s singing, and it’s playing instruments, and this oneness with God that comes from music, basically. So Sikhism, one of the things they take from Sufism I would say, is this sort of mystical aspect. And, it’s the same thing in Sufism, where they’re spinning around and around, and the idea is to just be sort of like, getting your headspace in a place where you’re not thinking. It’s just feeling, experiencing, and all that.

And to me, listening to really repetitive electronic beats and dancing is my space for that. I’m not religious, but I would say house and, you know, tech house, are kind of my religion. And that’s what I wanted at [the after-hours club, where he was still dancing when I left] on Friday. It was like, forget being on E or whatever, because eventually that all wore off. It was just about, pushing my body, and, trying to get my head out of the way and just feeling things, you know what I mean?

Affective change

Raves and festivals are centred around practices of the body and mind, and facilitating connections between the two. Drugs, especially psychedelics and MDMA, are used to build upon

and enhance these experiences—hence both Daniel and Brad, quoted earlier, referring to the type of drug user that they approve of as “enhancers” (rather than “escapists”). These alternate states of consciousness can be achieved through other means, but drugs are a “shortcut,” or a facilitator. To appreciate this, it might help to consider the fact that behavioural practices such as meditation and dance do incite chemical changes in the brain as well. If emotional and spiritual changes can all be traced to chemical reactions in the brain, then drugs can be used as a shortcut to making those reactions happen, which is the principle behind psychiatric pharmacology. This is the way that drug practitioners view the substances they use. They do not see them as simply physical substances, but as vectors—pathways to changes in state.

Carol: It’s not a place where you go so that you can do drugs. The drugs are just to enhance the music and your experience.

The character of the cumulative impact of regular chemical interactions between drugs, the brain, the body, and other people will affect a person’s choices around future substance use. But these interactions affect far more than a person’s consumption choices and risk levels. It is personal and cultural change which happens at these events, facilitated by an ephemeral synthesis of chemicals and *communitas* (Race 2008). It is a series of temporary, singular events whose effects combine and accumulate through the people they are made of into something which tangibly affects these people, the way they live their lives and the way they view the world.

In particular, MDMA’s qualitative effects help to shape the way the scene, and the relationships within it, are maintained (Race 2009:23). With everyone on a drug which produces particular prosocial effects, the environment which is created reflects the collective, altered state of mind in which the *communitas* was founded.

Bonnie: That’s the best thing about drugs, making connections. Bonding.

Margery: You know, one of the things that I love about it, is just spending time with people that you really care about. And being able to have that, with MDMA in particular, being able to express to people how you really feel about them. Which, the next day, especially if they’re not on drugs, it’s really funny, like, ‘You told me you love me like three times’—no, I meant it, I just don’t often say it, you know? So it’s nice to actually get to that. That’s really amazing. I feel like we don’t appreciate each other enough. And there’s like something, the serotonin, the dopamine, the euphoria, it just like, it helps you to kind of be open. I like that.

Daniel, who I introduced at the beginning of this chapter, is an extremely analytical person who has a difficult time “turning his brain off.” He talked to me about how, growing up in a society which does not teach mindfulness or spiritualism, nor place a high emphasis on personal

happiness as a worthwhile goal, drugs were the channel through which he found a path towards wellness.

Daniel: It was primarily ecstasy that had, let's just say an even mix between speed and MDMA. So the speed kept me awake and gave me focus, basically. And then the MDMA, not far off from that, just gave me a bit of like, touchy-feely, empathy for others. So that in combination with another substance [GHB] that just sort of shut down the mind and brought me into the present, and made me not think about five minutes from now, and ten minutes from now, and twenty hours ago, and fifteen years ago, and, you know, the battle of Agincourt fifteen hundred years ago—my mind would race like that. They just worked well and allowed me to be present in that moment, and you know, be cognizant of what I'm doing, and who I'm around, and what's going on.

Hilary: It's interesting because I've read and heard a lot about how both psychoactive drugs and music are increasingly being seen as forms of what is essentially, broadly, meditation, the heart of which is turning your thoughts off. In a productive way. Not drowning your thoughts, but calming them to the point of stillness.

Daniel: Yeah. And that's really what I got out of this. Because I don't believe I live in a society that teaches me any way to do it. All they teach me is, show up at a job at 9 am, stay until 9 pm, hope to get promoted, do what you're told, don't listen to this, don't talk to that person, vote Harper... We just don't live in a society that understands wellness. So in the absence of mental mindfulness and wellness, people will come up with their own solutions. And this is the one that was presented to me. Everyone's seeking it, and it's what I sought out, it's what I found, and it's what I used for a period of time that worked for me.

This was a familiar narrative from many people, usually referring to the rave scene and the search for consciousness alteration in general.

Daniel: I honestly, without equivocation, would say that I am a better human being as a result of drugs, and I am a happier human being as a result of it. And I don't think that's necessarily the solution for everyone, I think that people can achieve whatever it is I got from this by other means. I've known people that have found those means, I kind of wish I was introduced to them. But I wasn't, I just worked with what I had. It was the hand that I was dealt, and I played the cards as best as I could.

Hints of Daniel's underlying difficulties adjusting his blunt, honest demeanor and sharp sense of humour to the sensitivities of most people slipped out at times. These slip-ups gave some context to Daniel's descriptions of the happiness he had felt upon discovering the combination of drugs that worked best for him, ecstasy and GHB. This was not just a physical pleasure, but a change that developed in combination with the music and environment at raves, and developed into a change in perspective and a growth in his capacity for empathy.

Daniel: I was like, holy shit. Like it was, 'I feel amazing.' And it would happen every time. And I was right in with the music, and I..

Hilary: You'd always do them [ecstasy and GHB] together?

Daniel: Yeah I'd always do them together. And it was honestly, the combination of those two, and being there with the music, I finally felt, I think for the first time in my life, like a normal human being. Because I would routinely go to these things, and I'd see everyone going apeshit all over this music, and I would just stand there like a robot, going like "I do not understand why it is that these humans are engaging in this behaviour." Like it was, it was that obtuse.

And then, I still remember to this day the first time I took it, and the way it hit. I was just like, phew... This is awesome! And I didn't care about what I was wearing, I didn't care about how anyone was looking at me, I didn't care about how I was dancing, I didn't care about how I was moving. I just felt amazing. All concern just melted away, and it just felt really good. And for the first time in my life I could just stand there and listen to music and appreciate it and want to move to it. And I found myself doing that with everyone else that was there, it just felt like I was with these people.

Through this lens, what some view as 'escapism' becomes more accurately understood as a sense of transcendence and connection. Rill argues that the common factor in this state of *communitas* is "the dissolution of self as a bounded ego, resulting in a collapse of the typical categories by which personhood is defined" (2010:145). At raves, the self is replaced by an experience of ego death, "wherein the 'I' is superceded by 'We' and thinking is second to feeling" (ibid.).

The community created through this process, and through the various elements of the electronic scene, was cited by most as fundamental to their experience. Some participants did express concern over the practices of exclusion which occur in some aspects of rave scene. Organizers struggle, for example, to create a safe space for women at their events, which sometimes means subtly discouraging, or even explicitly forbidding, groups of single men from attending. I once witnessed Jake being semi-jokingly 'shamed' for wearing a regular collared dress shirt to a themed costume rave, which hinted at the ironic pressure within this and other alternative countercultures to conform to non-conformity. However, most expressed an appreciation for the inclusivity and openness that characterize most events.

Janet: It's not just about drugs. It goes above and beyond that. Electronic music has such a richness to it, in terms of community and culture, now. It's so beautiful. Festivals have this whole other vibe to them completely. It's a sense of community, and a sense of love, and a place of belonging. I had a lot of conversations [at a recent festival] that were unforgettable, and that was only in two days.

The scene, like the community, is so welcoming. You come to a city like Toronto, and it's like, people are pretty cold here. People are not readily willing to have you as part of their life, and to make you their friend, or whatever. But the rave scene is so different. First of all, it's people of all ages. There really are people from 15 or 16, to 50-something, 60-something, you know? And people are partying together. And when you meet them—

and it is partially because of the drugs, right. People are very friendly, they want to hug you, they want to touch you, they are telling you you're so great and whatever. It is more accepting. And part of that has to do with the fact that it's a culture of freaks. Like, it's all for the freaks. It's for people who are the outcasts of society. Right? At least at the underground events that I was going to.

As Janet described, the overall accepting, integrative foundation of the rave community was particularly important for many people who felt disenfranchised from mainstream society.

Daniel: Many people in the electronic music scene are kind of like, dorky, social outcasts anyways, to a significant extent. But you find that sort of, space of acceptance, and then when you find a music that you hone in on and you love, it gives you an opportunity to sort of like, rebuild a new foundation. And that foundation, very often I think, is less substance-based and more about appreciation of that style of music and chasing that feeling that comes from listening to that which you love, around other people that also love it too. And having that feeling like you're not alone in the world.

Which is where really, I think, the magic happens in this scene. When everyone in the room is dancing like there's no one else in the room, together, there's a unity that comes from that. There's a great levelling, a great egalitarianism in that context. Where everyone is equal on the dance floor. It doesn't matter if you're black, you're white, you're gay, you're straight, you're ugly, you're hot, it just doesn't matter.

And that's the thing that when you find it, and you experience it, that becomes what you chase. It's not about, a drug can't replace that. But the experience, you just chase it on its own, and it's a wonderful thing. It just really makes you happy.

Pleasure

The pursuit of alternate states of experience through which to learn and grow are one of two main overall reasons why ravers consume drugs. Pleasure, in all its varying manifestations, is the other reason. Ravers celebrate the desire for pleasure as an integral part of the culture. It is fundamental to the very existence of these events. The multiple kinds of pleasure sought through drug use, whether as directly produced effects from the chemical in question or as an enhancer in conjunction with other practices, include physical, emotional, interpersonal, taboo/nonconforming/resistive, intellectual, and sexual.

Despite this, and despite numerous calls for harm reduction programs to emphasize, or at the very least acknowledge, the role of pleasure in drug use (Race 2008; Duff 2008, 2004; Bourgois 2000; Moore 2008; O'Malley and Valverde 2004), research on the use of party drugs has largely failed to incorporate this key aspect into thought on this topic (Hunt and Evans 2008).

The fact that pleasure is an ambiguous concept which is difficult to operationalize does not excuse its conspicuous absence from the literature. However, this does not appear to be the

real reason for its absence. One key factor is the fact that the entry point for non-users becoming practitioners is most often during adolescence and young adulthood. As a life stage, youth “often marks the beginning of a long-term, even lifelong, engagement in particular cultural practices, whether its practitioners continue to be included in the youth category or not” (Bucholtz 2002:526).

Youthful drug use is viewed as especially dangerous because young people are perceived to be a highly vulnerable sector of the population. Their consumption patterns tend to be risky, or at least framed as such, and it is thus feared they will become “victims of their own irresponsibility” (Hunt and Evans 2008:2). Young people are “viewed as essentially passive and in need of protection” (ibid.) and consequently, their agency is largely discounted. “Given such a perspective on the dangers of drugs, it is not surprising that the active pursuit of pleasure on the part of young people would be downplayed or ignored” (ibid.). With their agency unacknowledged, their reasons for use are not given weight, especially a reason so easily construed as frivolous as pleasure, resulting in this area of research paying “only scant attention to young people’s own interpretations of their relationship to drugs” (Foster and Spencer 2013:223–224).

Even if one chooses to emphasize one given reason (e.g. addiction or peer pressure) at the expense of another (e.g. pleasure), the reasons why people use drugs simply cannot be considered independently of one another if one is to gain a productive understanding of their use. The process of making decisions is not a calculated, rational one involving methodical, discrete lists of rationales, to be called upon as a situation dictates. Physical and emotional pleasure is indeed a main reason, but it cannot be separated from the interpersonal context in which that pleasure occurs, as the shared and environmental nature of it is integral to its experience. Increased bonding and social connections are not only desired effects from the use of party drugs, but they in turn affect which drugs are chosen and how they are experienced.

It is also important to be mindful of the tendency to attach value judgements to reasons for the use of non-prescription psychoactive substances. Their conspicuous absence in the literature indicates that fun and pleasure are considered to be less worthy or understandable motivations for consciousness alteration than religion, addiction, or mental health treatment, especially when youth are involved. This is perhaps why the recent renewed academic and public interest in the benefits of “medical” marijuana, MDMA and psychedelics has couched them in terminology

around mental health, framing their usefulness using the pre-existing infrastructure of DSM-V diagnoses and biomedical treatment paradigms, and distancing them from uncontrolled recreational use. However, whether or not published literature acknowledges their importance or even existence, fun and pleasure are understood as intrinsically worthwhile goals to drug practitioners, including those who use them to for personal growth and healing. Dismissing the valued place that pleasure and consciousness exploration have in the lives of people who choose to use drugs is to dismiss the voice and agency of these people and engage with them through an externally imposed morality framework which, at best, does not resonate with the experiences of practitioners, and at worst, further perpetuates stigma and prejudice against them. If respect for the voices of people who use drugs is not enough of a reason in itself, then at the very least, pleasure must be given actual weight and value in harm reduction campaigns in order for them to be successful.

Moderated pleasure

Frequently during my fieldwork, I would come upon, in a bathroom or side-room or corner at an event, two or more people in the act of consuming drugs (usually cocaine or ketamine, which take a bit more time and teamwork to consume than orally-ingested drugs). Most of the time, seeing that I was ‘one of them’—dressed ostentatiously as I was—they would not bat an eye, continuing with their practice upon judging that I was not a threat. However, occasionally, I would be met with a frozen deer-in-headlights look until I indicated somehow, through a smile or a wave, that it was okay, I was fine with what was happening—no narcs here. I learned that there is a certain kind of anxiety felt among drug users when their choices are confronted by reminders of the mainstream pleasure-demonizing moral hegemony which is relieved only in the presence of other users. Practitioners’ desire for pleasure conflicts with their internalized feelings of guilt due to the moral value judgements attached to consciousness alteration by the society around them.

Illustrating this on an online forum, one practitioner was reflecting on an “incredible” experience they had under the influence of LSD and GHB. One part of their reflection stood out:

Over the next couple hours of my indulgence the only ‘unsettled’ thoughts I would occasionally have were ‘Is it OK to feel this good?’ True bewilderment at the pleasure. I’d felt incredible on LSD before, and I’d felt incredible on GHB before, but the way I felt at that moment was something entirely unexpected. I was waiting for the good feelings

police *a la* Minority Report to rappel into my apartment and lock me up for feeling amazing, and that was fine with me.

Complete with an uncanny reference to the draconian materiality of state enforcement techniques, this comment struck me as a particularly good example of how the demonization and social control of bodily pleasure can manifest as guilt in the practitioner. Enjoying some amount of bodily pleasure is socially acceptable it would seem, provoking few comments about guilt if its origins lie in common activities such as eating or conjugal sex. Even then, there is a limit to how much enjoyment one can derive from these before the pleasure becomes perceived as somehow indecent—see “guilty pleasures” and taboo sexual acts. For many, pleasure-seeking through most forms of substance use is seen as socially unacceptable not only under the law, but inherently through the act itself. Even when a drug is legal, like most Novel Psychoactive Substances are, but uncommon and reminiscent of other illegal drugs, it is not often viewed with much more respectability than its illegal cousins. Users of NPS said that they were often met with stigma upon speaking about the use of legal psychoactives with some people, whose skepticism is based in the ‘unknown’, uncontrolled, and thus assumed to be dangerous, framing of drugs outside of the sphere of state control. This reflects the deeply-rooted extent to which state systems of legal and medical legitimation have become normalized as the only apparatus within which safety lies—anything outside of that sphere is inherently taboo and dangerous.

Race discusses the dichotomy between pleasure and medicine that separates substances which are sanctioned as socially beneficial, or demonized as socially destructive. If a drug is pleasurable, it is seen as unlikely to be ‘good for you’:

Pleasure is more or less absent from serious talk within public health, though it is a common enough motive for, and element of, human activity. When it comes to drugs, it could be said to provide the basis upon which legal and moral distinctions [between illicit and illicit instances] are made. Taking drugs for pleasure would appear to transgress the moral logic of “restoring health” that guarantees their pharmaceutical legitimacy. But the undeniable importance and common appeal of pleasure might lead us to wonder whether this routine exclusion and disavowal of pleasure doesn’t serve to prop up the self evidence of medical rationality (Race 2009:ix).

Similarly, Bourgois found this to be the case in his Foucauldian analysis of the medical establishment’s reluctance to prescribe heroin to heroin addicts, despite studies showing that a combination of methadone and heroin functions better than methadone alone in stabilization and recovery plans:

The state and medical authorities have created distinctions between heroin and methadone that revolve primarily around moral categories concerned with controlling pleasure and productivity: legal versus illegal; medicine versus drug. The contrast between methadone and heroin illustrates how the medical and criminal justice systems discipline the uses of pleasure, declaring some psychoactive drugs to be legal medicine and others to be illegal poisons. Ultimately, it can be argued that the most important pharmacological difference between the two drugs that might explain their diametrically opposed legal and medical statuses is that one (heroin) is more pleasurable than the other (methadone) (Bourgeois 2000:167).

With this in mind, I question the trend towards couching the benefits of psychedelics solely in biomedical/psychiatric “mental health” terminology which downplays subjective and pleasurable experiences, and what that says about which kinds of pleasures and (ostensible) neoliberal-style individual rights are morally sanctioned and desirable.

Chapter 3: Prohibition

One of the strengths of ethnography lies in looking at how macro-structural power dynamics affect the individuals and groups who are subject to them. The prohibition of most recreational drugs, creating legal consequences for users and sellers, has wide-reaching negative effects on drug practitioners' safety, while doing little to prevent use (Levine 2003; Cohen 1999; Bourgois 2008). However, practitioners and drug-using communities have developed creative ways of resisting prohibition and the tentacles of biopower with which it props up practices of governmentality and state authority.

The distinction between legal and illegal drugs is one means through which this power is enacted. As discussed in Chapter 1, it is also a categorization whose utility, and whose very boundaries, fall apart upon closer inspection. However, the ability to deconstruct these definitions does not negate the power of law enforcement to act upon them, nor the popular understanding and interpretation of the terms. The law as written can and does have very real consequences for those who are caught transgressing it, and there are many more secondary consequences of this system for users, sellers and producers of substances which are not sanctioned by the state.

Though most people who do not consume illicit drugs take for granted the logic underlying legal drug scheduling as it stands, and its conflation with moral value, harms, and social acceptability, ravers and other recreational drug practitioners have a different view of the legal/illegal split: they reject it. Drug laws are seen as based on many things, but not logic or morality. Countless times, for example, I heard ravers espouse bitter, resentful feelings towards the absurdity of alcohol's legality relative to other drugs, considering how many problems they had seen it cause.

Janet: People are really blinkered. Especially about alcohol. Like I know that in the rave scene there is a huge stigma around alcohol use. Because people will say, 'I don't use drugs, drugs are really scary to me.' And then you watch them get blackout drunk, and then the next day you'll be like, oh my God, you were so insane last night. And they'll be like, I don't remember anything. And you're like, but you don't use drugs? You use caffeine, you smoke cigarettes--those are all drugs.

Daniel: It's not by accident that we have this conceptual separation between alcohol, the socially acceptable one, and all the other drugs. That's something that's systematically beneficial to the purveyors of alcohol.

Brad: There's a lot of people talking about how pot can't be legalized because it's the gateway drug to all the other drugs, that's just patently not true. Alcohol is the gateway drug. Without a doubt.

Ravers create their own personal and group categorizations of what substances are acceptable or unacceptable to consume, based on a combination of personal experience, peer group influence, and a cost-benefit analysis of harms and pleasures. The law rarely, if ever, factors into their decisions to do or not do a drug. It does, however, affect how safely they are able to access and consume their drugs of choice.

Middle-class privilege and unintentional 'safe consumption sites'

Before discussing the many ways, both direct and insidious, that prohibition fosters unsafe drug use while doing little to prevent it, it is important to note not only how dismissive of drug laws ravers are, but how relatively immune to the law they tend to be. Studies of risk perception among party drug users have shown that "legal problems were not often perceived as risks of illicit drug use" (White et al. 2006). They do maintain constant vigilance about their online presence, due to the unknowns around government surveillance and police power in that sphere, but they do not generally worry too much at events beyond taking basic practical precautions. Ravers' middle-class socioeconomic status gives them this privilege to reject and ignore the law, in ways that other groups of drug users cannot—such as street addicts, whose lack of housing and access to safe spaces brings them into constant conflict with law enforcement (Bourgeois and Schonberg 2008).

Charlie: Like, my girlfriend knows that I party. And, occasionally she gets really worried if like, I have bought a lot, or something. Or if I'm going to a party and I'm going to be doing it, or if I'm doing it on the dance floor and she doesn't think I'm being subtle enough, things like that. She can get really upset and antsy that like, I'm going to get arrested, or, you know, I'll have a record and then it'll affect her career, and she'll like, totally panic, and I keep on telling her: I'm white, I'm rich, I pay taxes, I have no record. I would have to have a, like, trafficking amount in my house for them to want to make an example of me. You know, I don't feel at risk. If I was poor, or black, I would feel, *so* terrified. I would have to be always being terrified of what that would mean.

Indeed, this socioeconomic juxtaposition often plays out in the physical space of the city of Toronto. There is an infamous after-hours club which is widely known to be a haven for drug use. Inside, empty baggies and vials recently containing GHB litter the floor as patrons consume intoxicants at their leisure, unmolested by staff even when the unwritten (and usually followed)

rules of covert consumption are broken. Upon leaving the club, blinking in the stark sunlight of the morning, patrons walk by an addiction centre where a half-dozen addicts consume drugs out in the open, exposed to the elements and to the risk of being seen by law enforcement. A \$20 cover charge, and the discretion of the bouncers who act as the gatekeepers of these types of exclusive social spaces, is all that separates these two worlds of drug consumption and the disparate levels of safety between them.

Once ravers get past security at the entrance to an event (who often barely search them), they can freely use drugs within these socially-acceptable spaces without fear of recrimination, as long as they follow the unwritten rules that maintain the balance, and do not flaunt this freedom. The fragile balance of “don’t ask, don’t tell” between law enforcement and the electronic music community is based on a mutual unspoken agreement where if ravers pretend they’re not doing drugs, and organizers pretend they’re trying to prevent drug use, then police will pretend to believe them both. I witnessed many instances where MDMA pills or small vials of liquid GHB were consumed in front of venue staff. To security staff, who are charged with maintaining the safety of an event, the act of consuming drugs itself is not a cause for concern. The same staff would react swiftly if someone’s behaviour was visibly becoming a danger to themselves or others, or if the consumption was being done too frequently and too blatantly.

Given a safe space and a socially-supportive environment, few real problems end up happening at raves. This is exactly the argument for safe injection sites for injection drug users, which have shown to be very effective at reducing harm for these users (Hathaway and Tousaw 2008). Essentially, the police largely leave those in the rave community alone because they do not cause problems, but a large part of the reason why they don’t cause problems is because the police leave them alone. Left to their own devices, dance music communities self-regulate through social norms and customs which discourage problematic behaviour and overconsumption.

Selective enforcement

At some events, law enforcement did crack down to pre-emptively (but mostly unsuccessfully) stamp out drug use, such as at one festival which had drug-sniffing dogs in the lineup to get inside the festival grounds. However, at most events, security and law enforcement seemed to be making decisions based not on the word of the law, but through an ongoing ethical

process of determining the actual harms or dangers, if any, that arose at events. At one outdoor, city-sponsored event, I saw a tall, bearded police officer in uniform, smiling enthusiastically and posing for photos with kandi-clad ravers. When I approached him and asked if he was having a good time, he responded by grinning and saying “eat, sleep, rave, repeat”—a quote from a popular Fatboy Slim song about raves and drug consumption. I laughed and told him that that was the working title of my master’s thesis.

Party Cop: Oh really? [Laughs.]

Hilary: Yeah, I’m here doing research on MDMA harm reduction.

Party Cop: You’re studying MDMA?

Hilary: Harm reduction.

Party Cop: That’s a pretty touchy, serious subject.

Hilary: I know.

Party Cop: Considering everybody here is on MDMA.

Hilary: [Laughs in surprise.] Everyone is. Indeed.

Party Cop: [Laughs.]

Hilary: Which actually kind of makes everyone pretty easygoing.

Party Cop: Yeah, there’s not gonna be any problems here. So, this is, you’re working right now?

Hilary: Yeah!

Party Cop: That’s awesome!

Hilary: I know! [We chat for a bit.] So what do you think are the biggest issues? Things that need to change to make things safer?

Party Cop: It’s pretty safe already, everybody’s high on molly. They’re just gonna do whatever they want. Right?

Hilary: [Laughs.]

Party Cop: Seriously. Like, people here just dance. That’s all they care about. You know what I mean? Everybody’s here to have a good time.

This police officer was fully aware of the drug-oriented nature of the event, and hence the ubiquity of illegal drug possession among attendees, but was quite unconcerned about this fact. He told me that he seeks out shifts at these types of events as they are so safe and “fun” relative to his other shifts.

I had few interactions with police officers during my research, but each one highlighted the stark difference between the letter of the law, and its selective enforcement based on officers’ instincts for what actually constitutes a danger to the public. In Denver, Colorado for a conference, I walked out of a building before realising that it was probably not legal to be in public with the plastic cup full of beer I was carrying. Two police officers were directing traffic ahead of me, and I decided, armed as I was with white privilege, to simply ask them about it

directly. They were already smiling and in a good mood when I approached them. I started my question by prefacing it with an admittance that, being Canadian, I was not aware of local laws.

Hilary: So, I wanted to ask, open alcohol in public...?

Cop #1: Can't.

Cop #2: But just drink it fast.

Hilary: Ok, because I just needed to get from here to over there...

Cop #2: [Gestures dismissively.]

Cop #1: [Chortling merrily.] Just don't cause any ruckus on the way.

Hilary: [Smiling] I was worried about walking by cops but then I figured I could just ask you.

Cop #2: Yeah just don't cause any problems, you're fine.

[I thank them and start to cross the street.]

Cop #1: Don't get into any trouble on the way!

Hilary: [Laughs] I promise I won't!

I even met an (off-duty) officer-in-training during my research who was high on MDMA. He told me that since he doesn't think it should be illegal in the first place, he's not being hypocritical—he can enforce the laws without agreeing with them. He argued that he was more likely to be sympathetic to people who use drugs. “It's better to have me as a cop than someone who hates drug users,” he said.

Life under prohibition

Although in many ways, middle-class drug practitioners are insulated from the law, prohibition still lies at the heart of most of the problems and dangers they do encounter in their practice. Many, if not most, unsafe drug use effects and behaviours have their basis in the constraints of prohibition rather than in inherent properties of the drugs themselves or their delivery mechanisms. Though no drug is without risks, used under certain conditions, especially at the infrequent rate at which most ravers use them—once a week or so, often less—many party drugs have not been shown to be harmful or addictive. The main potential negative side-effects of MDMA involve overheating and dehydration in the short term, and possibly neurotoxicity in the long term (Curran 2000), both of which can be managed with harm reduction techniques. Used properly, LSD and psilocybin mushrooms have been shown to be safe, with no negative long-term side effects (Johnson, Richards, and Griffiths 2008; Nichols 2004). The only negative health effect reported from the use of nitrous oxide is a vitamin B12 deficiency when used multiple times daily for several months (Stacy, Di Rocco, and Gould 1992). While the health effects of all illegal drugs remain severely understudied, due to the moratorium on their research, there do not

appear to be many popular recreational drugs which are inherently damaging regardless of frequency or style of use.

Much more peer-reviewed scientific study is certainly needed. Still, with millions of people having used these substances for decades, drug-using communities, especially online, have combined lived experience with the available research to produce a wealth of knowledge about drugs and their use. For each recreational drug, practitioner communities have developed ways of preventing and mitigating its potential harms, as well as enhancing its pleasures and benefits. In the rave scene, harm reduction recommendations shared among practitioners include:

- knowing the ideal dosage of a drug for desired effects,
- knowing the exact dosage one is taking,
- knowing exactly which substance one is taking (much trickier than it would seem),
- knowing the intentions of the person who gave or sold you the drug,
- knowing which other drugs can and cannot be mixed with it,
- spacing out dosages throughout an event,
- ensuring one's friends know which drug(s) one has taken,
- seeking medical attention if overheating or disoriented,
- staying hydrated and well fed,
- getting enough sleep, and
- educating oneself on the effects of the drug and being mentally and emotionally prepared for them.

However, in practice, user implementation of most of these strategies is made difficult in a landscape defined by prohibition. Race makes a parallel to other potentially dangerous, but legal, recreational activities such as football, mountain climbing, and drinking: “One would be horrified if the state tried to make these legitimized forms of risk-taking ... as dangerous as possible in order to discourage people from trying them. But such is exactly what is allowed in the case of drug operations, which in their present form preclude quality control and threaten users” (2009:13).

Hindered harm reduction

Knowing the dosage and substance: There are no certifications or regulatory labels on a bag of illegal drugs indicating what is inside and how to take it. When it comes to powdered or liquid substances, taste, smell, and sight are all but useless for ‘knowing’ whether a drug’s content actually matches up with what it has been called by a friend or dealer. Indeed, fear-based anti-drug campaigns capitalize on this precarious market by playing up this fact. These messages

function to “obscure the sense in which power gives rise to the very risks it warns against, by making quality control impossible and the content of illicit substances unreliable” (Race 2009:13).

Spacing out doses: Spacing out dosages throughout an event to maximize pleasure while minimizing damage is difficult when event attendees are thoroughly searched at the door. When one large mainstream festival was cancelled early in the day due to bad weather, I overheard many distraught attendees say that they had already taken all their drugs just before they got in. This is a common strategy for young people at large events, where security tends to be much stricter than at smaller events. Rather than risk getting one’s drugs confiscated during a search, people will swallow everything in the lineup right before entering, sometimes dosing more than they would normally so that the effects will last longer. The same situation has been found to occur at other events (Race 2009).

Knowing the effects of the drug: Educating oneself on effects can be difficult when an abstinence-oriented educational framework does not hesitate to use misinformation in attempts to prevent usage. Practitioners must navigate through the information presented by their peers and various sources online, armed with nothing but their best judgement to determine what to believe.

Direct effects

Some harm reduction strategies even come into direct conflict with the law.

Harm reduction paraphernalia attract attention: Sally¹³ enjoys altering her state of consciousness using certain illegal chemicals, especially at music events. She cares about her health and wants to do this as safely as possible when she goes to her favourite multi-day festival. For Sally to know the exact dosage of a drug she is taking, a highly recommended practice to avoid overdosing, she needs to have a scale with which to measure out doses—possession of which could be considered evidence of intent to sell by law enforcement. Because of this, when she goes to the upcoming festival, she is forced to choose between the dangers posed by two different forms of risk: that from law enforcement, and that from taking an unknown dose. Being found carrying harm reduction materials such as a scale or test kit could also invite a more thorough search by security or law enforcement, which discourages their use, a phenomenon

¹³ “Sally” is an amalgamated example compiled from multiple stories.

which has been shown in studies of injection drug users as well (Bourgois and Schonberg 2008). So Sally decides to leave her scale and test kit at home, rather than risk being caught with them. She will ‘eyeball’ her drugs instead when she buys them inside the festival. This isn’t ideal, but she isn’t sure what to expect from security at the gates. She could also bring her own pre-measured doses, but this carries its own risks of being caught.

Sally also wants to bring supplements to the festival, such as magnesium and 5-HTP, which help to reduce some of the negative side-effects from MDMA. She wants to bring enough for her friends, too, but when bagged up for easy access, the supplements look a lot like drugs to the untrained eye. Fearing scrutiny or confiscation, she leaves her supplements at home as well.

Purchasing large quantities of trustworthy drugs: Given the difficulties of obtaining pure, reliable drugs from a trustworthy source, some practitioners “stock up” on their drug(s) of choice—purchasing large quantities to last a long time—if such a source is found or a dealer has obtained a batch of particularly good “stuff” (especially MDMA, ketamine and cocaine). “I started picking up larger amounts because everyone around me is buying shit on the dance floor, and they don’t know what the fuck they’re taking,” one woman told me at an event. She did this in order to supply her friends with better drugs, as well as to have her own stash in case her source ran dry. This strategy mitigates the risk of getting unreliable drugs or unpredictable strengths, but puts one at far greater risk if caught by law enforcement with these larger amounts.

Mark: Once, before going to a Beastie Boys concert, I bought a pill off a stranger. And I just felt like absolute shit. I kind of vowed after that point to never do so again, to seek out resources and maybe save up money to buy bulk. Which is beneficial from a cost perspective. And from a safety perspective. Saying no to impulse. That’s a very important harm reduction strategy.

Communicating with EMS: One strategy suggested by some harm reduction campaigns is to write the name of the drug one has taken on one’s hand. This is very helpful to EMS workers in case of a patient’s unresponsiveness, and is particularly encouraged for GHB users, as the signs of a GHB overdose are not always obvious to EMS workers who are not users

themselves.¹⁴ However, the obvious scrutiny this would invite from security and law enforcement make it a very uncommon practice. Even without such an overt acknowledgement of one's drug use, when problems do occur, there is sometimes a reluctance on the part of users to seek medical treatment when under the effects of drugs, for fear of both stigma and law enforcement.

Hilary: Would you trust medical workers, doctors...?

Ella: Not everyone. A rave medic, for sure. For sure a rave medic. And a lot of paramedics. But like, paramedics even outside of drug culture, they don't always have the best information. You talk to anyone about drug use in the medical field, and a lot of them are just gonna be like, "None! No! None whatsoever! You shouldn't be smoking them marijuana cigarettes!"

I actually heard that, oh my god. I went in to get an ultrasound done, and I just heard in the next booth over, this woman's like "I maybe smoke like three joints a day" and the nurse was just like [sharp voice] "Yeah, you shouldn't smoke any of that," and I was just like, are you fucking with me? Weed is the most non... Like, really? Honestly. I mean, weed's got a bad rap. I don't smoke a lot of weed, just because I don't like the high, I like being more alert. But you know, research! Weed is nothing. No one's ever overdosed from weed. What are you doing? You're a nurse and you're freaking out over weed?

Sharing information online: As the central source of information sharing for all the various overlapping electronic music scenes in Toronto, Facebook could be an excellent platform through which to disseminate harm reduction knowledge, especially peer-to-peer knowledge. However, many Facebook users limit their public discussion of drug-related topics due to a fear of the unknown potential presence of law enforcement or state surveillance of their online activities, as well as the more tangible stigma from non-users in their professional lives coming across evidence of drug use attached in any way to their online identity or history. Similarly, event organizers and group administrators usually discourage or forbid drug-related posts, for fear of having their online presence associated with drug use, potentially attracting the attention of law enforcement. This fear hampers the free communication of knowledge and information that would help build a community ethic of responsibility.

¹⁴ Some EMS workers who are also recreational drug users expressed frustration with their colleagues who do not partake, specifically about their lack of knowledge about the signs and effects of different kinds of drug use, as well as their lack of empathy for drug users they deem "irresponsible".

Indirect effects

The main risk cited for MDMA by practitioners is an indirect consequence of prohibition rather than a risk inherent to the chemical itself: “The most prevalent perceived risk related to ecstasy use was the potential harm associated with using an illicit substance of unknown content” (White et al. 2006:139). When it comes to liquid drugs such as GHB and LSD, and powdered drugs such as MDMA, ketamine, cocaine, speed, and 2C-B, there are two ways to be confident that a drug is what it’s supposed to be: using a test kit to determine the substance, and trusting the person who provided it. Neither method is foolproof, and the best method depends on context. Test kits contain chemical reagents which indicate whether a particular drug is in a sample. Most do not show how much of a drug is in a sample, but rather only its presence or absence, meaning there could still be other substances within the sample as well (though in practice, this does not appear to be common). Furthermore, the dark colour reaction produced by a small amount of MDMA can overtake whatever else is in the sample and make a user think that it is pure.

This leaves ravers relying on information sharing and trust networks—and often, rumours and folklore. One sweltering summer night, I shared a bus ride home from a large Toronto EDM festival with a group of kandi-clad young ravers, most still glowing from the final headlining act at the festival. I handed out pieces of gum from a pack as we chatted—commonly understood etiquette says that you shouldn’t share a piece of gum with only one specific person; if you are in a group, you should offer it to at least the people within eye contact. Gum is very popular at raves because a side effect of MDMA and some related serotonergic drugs is bruxism (jaw clenching and teeth grinding).

One young man turned down my offer of gum. “I haven’t chewed gum all day,” he said. “Look at my jaw. Solid as a rock. It’s fuckin’ amazing.”

“Do you use magnesium?” I asked him, referencing a common supplement used to mitigate bruxism.

“No, I just get really clean M,” he laughed confidently.

I found myself in a familiar situation, attempting to counter common misconceptions held about safe drug use while trying not to come off as patronizing. I explained to him that even pure, ‘clean’ MDMA can cause bruxism, but he disagreed. “No. Never for me. Every time I get good M, my jaw stays still.”

I acknowledged that jaw clenching doesn't happen to everyone. But he had also brought up another common misconception. I casually mentioned the fact that "There's no such thing as *good* or *bad* M, there's only M or *not* M."

"Yeah exactly. If it's just other shit it's garbage," he replied. "People say, 'oh, but it gets me so fucked up.' Yeah that's 'cause you're on like four other drugs. I only grab shit that's clear white," he told me.

When I explained that real MDMA could be one of a few different shades ranging from white to brown, he shrugged, unconvinced. "I stick with the white stuff. It's what I take. My friend showed me today, he had some of that beige shit, brown. I'm like, buddy, do you even know what you're on?"

It is important to note that, these issues notwithstanding, the difficulties in determining what is actually in a given drug have been capitalized on and exaggerated by fear campaigns to the detriment of accurate information. Though theoretically, one cannot know what is inside a drug, in practice it is almost always benign (Brunt et al. 2012; Morefield et al. 2011).

Drug information: Who to believe?

Drug practitioners trust online repositories of information, such as Erowid.org, Wikipedia, and drug-related forums, more than any other source, with the exception of particularly experienced or knowledgeable friends. In online drug-related forums, peer-reviewed biomedical research paradigms are highly valued and information is subject to scrutiny. Though it is difficult to say how accurate such online information is, much of it often ends up being 'crowdsourced' to what is perceived to be the highest possible level of accuracy based on the shared expertise of practitioners, many of whom have backgrounds in biology, chemistry or pharmacology.

Mark: Those people [on drug forums], it's nice to know that there are other people like me, that have a little bit more of a kind of, deeper interest, rather than just like, 'let's get fucked up,' you know? These are people that actually approach everything from a very, very scientific method. And there's an incredibly high emphasis on safety. So if somebody comes on board and tells them about a trip where they acted irresponsibly, everyone chastises that individual.

A lot of these people seem to have very in-depth knowledge of chemistry and biology. These aren't terms that your common layman knows. These are people with far far more advanced, we're talking about, masters and doctorates, in the matter. And you can just kind of tell... Well no, I'm assuming here. [Pause.] I guess, in a sense, am just taking them for their word. But, the sheer depth and precision of the information they share, just kind of inspires a lot more confidence in me.

While still the best-case scenario for drug culture, this culture of valuing scientific research has a flip side as well. Both online and in person, I often heard individuals utilizing a type of “sciencey-sounding” rhetoric to try to make arguments for or against certain harm reduction techniques or explain the pharmacological action of a drug. Concepts and terms such as serotonin/dopamine receptors, tolerance, and neurotoxicity are used among laymen with varying degrees of understanding to try to make sense of a drug’s effects or determine its potential danger. Regardless of their statements’ accuracy, by displaying a seeming working knowledge of a drug’s biochemical action, practitioners may gain social capital as they are assumed to have done their own research and have expert knowledge.

Hilary: Where would you get your information from when it comes to drugs and their effects, and harm reduction?

Ella: When I was a [teenager] it was always like, some bright young raver who was like, “I know everything about drugs!” and they would launch into this like, they knew all the drug names, like methylenedioxymethamphetamine, and just, dadadadada, and chew your fuckin’ ear off. And it’s like, [looking unimpressed] Mm-hmm. Mm-hmm.

Hilary: So would you trust them?

Ella: In the beginning, yeah. Because I was young, and I was like [faking an impressed voice] “Ooh! You have a wealth of information!” [Both laugh.]

But you know, as you get older... Erowid [an online encyclopedia of drugs] is a great source. Erowid is a fantastic source. Common sense is also something people need to trust a little more. If that guy looks really sketchy, maybe you shouldn’t buy drugs from him. You know what, best place to buy your shrooms: from that kid who looks like just some hipster in college, who’s just selling weed and shrooms to pay the bills. That’s the guy you buy your drugs from. But, yeah, for the most part, Erowid’s a great source. There are some great forums online. Anything where you could have a lot of people weighing in on one subject I find, because you know, if someone comes out and sprouts bullshit, everyone jumps on them.

Clearly, drug practitioners desire scientific, peer-reviewed research to support their practices. More of this type of research would go a long way towards improving user health and safety, but there are many significant hurdles to overcome due to the legal constraints placed on scientists’ ability to study illegal substances, and the drug-negative paradigms that inform pre-existing research.

Misrepresented substances

The problem of misrepresented substances (Hayner 2002), or not being able to know whether a drug is what it’s claimed to be, is by far the main cause of festival overdoses. It was also the main culprit behind most stories of problems that I heard. Janet, Bobby, Mitch, and

others had negative stories of taking a substance they thought was one drug, which turned out to be another.

Janet: It was the first time I did MDMA. Well, I thought that I had done it the summer prior to this. With my brothers. My older brother is quite a recreational drug user. He thought that we had M. It was definitely ketamine, looking back on the way that it interacted with us. We all got super derpy, and sleepy. Everyone's speech was really screwed up. I was like, this is nothing like what I've heard about MDMA.

Users of tobacco, caffeine and alcohol do not have to rely on trust networks, personal experience and guesswork to know what exactly is contained inside their purchased substance. They can simply look on the container or package and see the ingredients and strength, as well as health information and harm reduction reminders such as "drink responsibly." Users of illicit drugs, however, are in the dark. They are at the mercy of their sources for both information and trustworthy drugs.

Mitch: So, if we're going out and a friend asks if I can get something, I say I can, because I have a very very good network of people within the rave community. But I tell them, I can't tell you where it's coming from, I can't tell you what's in it, so it's your call to make.

Responsible dealers (a phenomenon which will be further discussed momentarily), in turn, rely on the feedback of their customers to continue providing safe and quality substances. "Every time a new batch of something comes in, I'll test it and then give it to a bunch of people I trust who can tell me what it's like," one dealer told me. "I get it from sources I've worked with in the past."

All of these constraints that prohibition places on psychoactive drugs and their practitioners creates a reliance on a moral economy. Reciprocity and gifting are paramount when it comes to illegal activity, as there are no legitimate avenues through which to procure illegal substances (Bourgois and Schonberg 2008). When a raver is handed a pill by a friend, the relationship of trust that binds them together in a shared illicit activity and in mutual concern for one another's safety is all they have to keep them safe. This was illustrated simply to me one night at a very small event, when I was speaking, or attempting to speak, with a DJ after his set. He seemed to alternate between seeming distracted, and highly interested in the conversation. Eventually he revealed the reason, when I asked if he was OK. "Oh, sorry," he said. "I'm just really high right now." I asked him what he was on.

"MDMA."

“How do you know it was MDMA?” I asked. “Did you test it?”

“Because I trust the person who gave it to me,” he replied. He added the name of the event organizer. “I’m really fucking high.” He lifted up his hand to show me. It was trembling.

“Holy shit. You’re vibrating like a hummingbird!” I laughed incredulously, masking my mild concern.

“Yeah,” he said. “My mouth is going nuts.”

“Grinding your jaw? I would give you some gum but I don’t have any...”

He opened his mouth to show me the small piece of gum he was already chewing. “It’s not really doing anything.” I told him I’d heard that magnesium helps, but he said he liked the grinding. “It’s how I know that I’m high.” I laughed and he wandered away.

Trusting a drug by trusting the person it came from, and the context of the relationship with that person, is the number one way that ravers generate confidence about the substances they imbibe. Indeed, under the landscape of prohibition, it is one of the only ways available to them.

Trust and the moral economy

Bourgois and Schonberg’s groundbreaking decade-long study of the moral economy among homeless heroin injectors in San Francisco (2008) argued for a reconceptualization of public health researchers’ psychological behaviorist paradigm of “individual health risk behavior”. Following the insights of early twentieth-century anthropological work on reciprocal gift-giving of scarce goods and services among people living in nonmarket economies, Bourgois and Schonberg found that gift exchange among heroin injectors “envelops them in a web of mutual obligations and also establishes the boundaries of their community” (Bourgois and Schonberg 2008:6). They showed how the pragmatics of the social and symbolic hierarchies of respect, identity, and mutual dependence through which practitioners maintain access to drugs take precedence over abstract calculations of risk.

There are vast socioeconomic and structural differences between homeless injection drug users and middle-class ravers which are reflected in their widely disparate levels of risk, but the moral economies in which their drug practices are embedded share many features. They develop as a form of resistance and social support in response to the constraints of the underground economy and the marginalization imposed by legal structures which directly endanger the very people they claim to protect.

The moral economy in the electronic music scene is implicit within networks of trust and sharing, and sometimes explicit in the way that events and festivals are set up. Burning Man, for example, operates on a strict “gift economy”, centralized on the concept of “decommodification” in which no cash can be paid for anything within the grounds; everything must be traded for or given away (Jaenike 2014). These principles are reflected in “transformational festivals” around the world, where people bring what they need to a festival, plus extra, and give away freely: food, water, alcohol, drugs, baby wipes, gum, earplugs, clothing, et cetera. On a smaller scale, this is reflected at other dance music events, where, once inside an event, all attendees must rely only on what has been brought or can be bought. More than anything, however, access to drugs, particularly *safe* drugs, relies on networks of trust. While optional practices of reciprocity involving common goods foster community and connections, these practices are obligatory when it comes to illegal, unregulated, and potentially dangerous goods such as drugs. Under these conditions, in the rave scene, the moral economy and the informal economy are one and the same.

Hilary: That first time that you did it, how sure are you that it was MDMA?

Emma: [Pause.] I’m not sure at all. I didn’t test it. I didn’t have a test kit. I knew who I was getting it from, he was one of my best friends, and he’d been getting his consistently from the same person for years. It was the same stuff every time he did it. He’s very, like I think I trust his judgement a lot. He’s very calculated, he’s an engineer, he measures things—like, before we went you know, he has his scale, and he would measure it into small doses, and he was very careful about it, but... Black and white, no, I don’t know.

Many times, out of necessity, I myself came to rely on the sense of trust that is engendered by the shared experience and goals of raving, especially within the underground scene where far fewer than six degrees of separation seem to connect everyone.¹⁵ Once, when trying to help a dehydrated girl, I went to find water for her as quickly as possible. There is a common distrust of accepting water from strangers at public events because of the (small) possibility of the water containing GHB, which made me wary of asking just anyone. However, the girl urgently needed water, and there were no taps anywhere at this particular outdoor event. I recognized a friend-of-a-friend who I had been introduced to that day. She was holding a red cup of what looked like water. Instinctively relying on my trust not in this person, but in our mutual

¹⁵ When I mentioned this to Zach, he replied, “The first rule of this scene is that there are no separations.”

friend, I asked to borrow the water, and with a meaningfully-worded question about it being “just water,” was reassured by her equally earnest answer.

The word “family” is a term that is used a lot to refer to one’s friend group, especially in younger parts of the scene. “Community” is used even more, to refer to the larger network of people who attend, organize and contribute to the same events. Both words index a sense of belonging, shared experience and interreliance.

Hilary: Were you concerned about bringing test kits across the border [to a U.S. festival]?

Mitch: We didn’t have to, because we actually have rave family down there that we stay with when we go to events. They come up to events here, and we go down there and we party together and have a good time together.

I feel a very strong sense of community. Specifically around my friend group, I have a very very large rave family that I’m lucky to have. People who I trust, who I always have a good time with, who do not cause trouble, who do not do more drugs than they can handle, who know their limits, who are all very friendly and very open, you know, to helping other people, if we see someone having a very bad time at an event. The kandi kids community is huge to me, that’s another way that I’ve really learned to make memories.

These connections are forged and maintained through reciprocity, which is particularly important in a community where there is a key commodity which is not obtainable through the usual independent consumer methods that Canadians use for most goods. To get drugs, especially good, trustworthy drugs, one has to ‘know’ people. “Respect the connect” is a common saying, meaning that once you gain access to a good dealer, you have to respect their rules and treat them well lest they stop selling to you.

As I became more familiarized with the underground scene, I learned about the prevalence of designated, in-house dealers. At some events, the organizers explicitly permit or even seek out a seller to provide drugs to known regulars. “Having me provide the majority of things [at X event] was a good thing,” I was told by one. “I bring quality stuff. I know the people, I’ve already dealt with them before. There’s pre-established trust.” The organizer of this particular event agreed. He and his partners knew that people would be consuming drugs at their event, and they were fine with this fact, but they wanted to make sure that people had access to good, safe drugs. “We’re providing a service,” he said. This service has the potential to reduce the dangers posed by unknown drugs and dealers, despite putting the organizers at extra risk.

A dealer who cares: Roger's story

If ravers themselves are subject to misunderstanding by those outside the culture, drug dealers are shrouded in an entirely different level of mystery. In the rave scene, these are what Mohamed and Fritzvold call the “silent majority” of dealers, “an off-the-radar collection of middle- and upper-class” drug sellers whose practices “are largely unknown beyond the limits of their social networks; whose dealings are typically not directly associated with violence; and whose often flagrant illegal activities are generally carried out without the hindrances of police scrutiny and without the stigma of being labelled a criminal” (2010:2).

Here I wish to tell the story of Roger, a dealer who services middle-class underground ravers and hippies. This is a portrayal of a drug seller who defies all stereotypes, and through his story, a class analysis becomes possible. The socioeconomic privileges of the middle class contrast with the limitations that poor drug users and sellers face, resulting in highly disparate levels of risk for the same profession.

When I sat down with Roger on a sunny patio in Toronto's north end, it was not the first time we'd met. We'd been introduced at a party a few weeks earlier, where I'd felt silly for being slightly surprised that he looked and acted utterly unlike most other drug sellers¹⁶ I'd ever met. None of the classic ‘pusher’ tropes apply to him. He does not have to seek out customers. His products are in demand, and not because any of his customers are addicted. People pay a premium to buy from him because he provides a service which is very unusual for a drug seller. He is a purveyor of drugs, but his specialty is providing not only pathways to consciousness alteration, but peace of mind regarding safety along with them. One of Roger's customers described him thusly:

I'm blessed that I have a drug dealer who's a consummate professional, who has a job, who is not in it to make buckets of cash, who's not in it to get like, sexy young ladies, and get them addicted and have them owe him favours. None of that is on this guy's mindset at all. He's very much about harm reduction. ... If someone's gonna do this, it might as well be someone that cares about doing it right.

It did not take long to notice that Roger is highly intelligent and well-read. Of all of my interviewees, Roger was the only one to answer immediately that caffeine was his first drug. With

¹⁶ In the interest of countering the same negative stereotypes that lead one to believe that “drug dealers” look a certain way, I will refer intermittently to Roger as a drug *seller*.

the possible exception of Margery, few other people I met during my research were as interested in discussing peer-reviewed research as he was. Roger is not one for making casual small talk. Instead, he does things like propose thought experiments, like when he asked for my thoughts about a hypothetical future, extrapolated from our currently overmedicated society, in which our bodies are automatically fed minute, calculated amounts of drugs from an implant depending on momentary “need,” and how and by whom those needs might be determined.

Roger’s journey towards selling drugs could be called unconventional, if that did not imply that there is a standard trajectory for this occupation. After completing a Bachelor of Science in a STEM field, Roger worked an office job for several years. Boredom and a desire to travel led him to quit the 9-to-5 and acquire a flexible blue-collar job. He smiled when I asked him where he worked and admitted it is “hilarious.” Indeed, his day job is very out of character for him. “I can’t have very sophisticated conversations with my coworkers,” he said. “I have to lead almost a double life.” In order to fit in at his job, Roger dresses and acts differently, so as to not stick out too much. “People say to me, you’re really smart, what are you doing here?”

With all the travelling Roger was doing, however, his savings were being “decimated.” He needed something to supplement his income that was still flexible. At the time, he had long hair—“I just stopped going to the barber.” He began to notice that at parties, people would approach him to ask for drugs. He would usually have enough to share with friends, but being pegged visually as a drug dealer by strangers was a new experience. “When you have weed, everyone asks you if you can get more. I would say no, I don’t have anything, get out of here,” he laughed. “But that’s when I realised that there was potential there.”

Roger explained his business practices with the same logical pragmatism of a small business owner. He began selling along with a partner. As partners, they could cover for each other if one person was away, to maintain consistency with their customers. Working together would also make it easier to stick to a critical rule: only selling to friends, and vetted friends of friends.

Restricting his client base to friends, and resisting the temptation to earn more, and riskier, income by selling to anyone, has kept his client base full of “very nice normal friendly people.” Early on, Roger and his partner established rules that they would explain to people before accepting them as customers. Purchases would be by appointment basis only, and never done in public. His phone number was not to be given to anyone. “If we see each other at a party we can

say hi, but don't tell all of your friends that this is the guy I'm getting MDMA from," he would explain. If a client breaks too many rules, such as giving out his phone number, he will drop them. There is always more demand. Roger is also highly selective about which drugs he will sell. For example, he refuses to sell cocaine, despite the large demand for it in the rave scene, in part because cocaine suppliers are "too sketchy." He only sells drugs that he can get from reliable sources, in terms of purity and a certain measure of understanding how to avoid detection by law enforcement.

These strict policies shield Roger from the dangers that street dealers face on a daily basis, from law enforcement, gangs and the unpredictable behaviour of addicts (Bourgois and Schonberg 2008). Street sellers at the lowest levels who are pushed into the game by poverty and desperation do not have the luxury that Roger has of vetting his customers or using advanced phone encryption technology to protect his communications.

Due to their need to remain highly secretive and suspicious of institutions and officials, little light has been shed on the everyday realities of drug sellers. They remain shrouded in myth and stereotype in the popular imagination, and in published research they tend to occupy a fixed and incidental role in relation to the subject of drug use, rendered either as faceless components of markets (e.g., Schensul et al. 2005; Easton and Turcotte 2012), or as brief mentions within passages in service of other points. Ethnographic research has been helpful in countering popular narratives of street drug sellers as predatory and amoral, to offer insights into the structural constraints of economic marginalization and institutionalized racism that leave those entangled in illicit economies few other choices (Bourgois 1995). However, with few exceptions (Waldorf and Murphy 1995), little has been said on the topic of drug sellers who service the middle class.

Here I wish to argue that there exist drug sellers, like Roger, whose position in relation to their clients is neither predatory nor incidental, but who play an active role in shaping the health and safety of their community. Constrained by laws but emancipated by socioeconomic stability and the advantages of access to modern technology, the moral economy of drug acquisition in the rave scene is uniquely positioned to offer insights into practices of interpersonal care and harm reduction. Roger is a respected figure in the community of people to whom he provides drugs. Since he is actively involved in the rave scene, and only sells to friends, he has to maintain accountability to his customers. His reputation is crucial to the maintenance of his business, very much like a small business owner who serves a local community, such as a baker or delicatessen

owner. Relationships with his customers are built on trust and friendship, and as many of his customers are his friends, he cares about them and their wellbeing. Interactions with them invoke an uncanny similarity to a doctor or pharmacist consulting with a patient, with a touch of an altruistic salesman or travel guide. He spends time with customers, answering their questions and giving recommendations, from the pharmacological—don't mix this with alcohol, make sure you take it with food—to the recreational: what do you want to do today? Dance? Relax? Have better sex? Go on a psychedelic journey into the unknown depths of human consciousness? As one customer commented:

So for us, we know that our guy tests everything, we know that he's concerned, we know that he's our friend. And he cares about us and just wants us to have the right experience. He's not even, you know, he's charming and intelligent and eloquent, but like he's not hitting on anybody, he's not out there being like, swaggery, or whatever.

All purchases from Roger are by appointment. When customers buy from him, they can consult with him about the drugs, get recommendations and tips for best practices and safe usage. They can do this because they are safe inside a private home. Street purchases have to be done quickly and discreetly, with no time for an extensive consultation. Roger's customers can afford to pay a premium to buy from him, and they do so because he provides not only high quality drugs, but information on how to use them safely. This good reputation in turn serves him economically as he occupies a niche position in the informal economy which services the urban 'savvy consumer.' He has a minimum purchase amount, which lowers risk by encouraging fewer individual interactions, and further culls his customer base. People pay for the security of knowing that he has vetted his sources and tested all substances. This is a privilege that many drug users, especially poverty-stricken addicts, cannot afford.

His customers are the lucky ones. Under the landscape of prohibition and the unreliable markets it creates, most drug users do not have access to this kind of security. They are left to fend for themselves in a hostile society which denies them the right to choose what to put inside their own bodies, regardless of the reasons—whether a desire to experiment with consciousness alteration, or because if they do not consume the heroin their body needs they could die.

Despite providing a service which is much in demand in a safe and trustworthy way, he remains constantly under the nebulous but omnipresent threat of law enforcement.

Hilary: How careful, or paranoid, do you have to be?

Roger: Well, by definition paranoia is being concerned about things that you don't have to be. My worry comes in waves. It gets better if I'm well slept or talk to other dealers

who are smart and casual about the whole thing. If I see someone else with this lifestyle who has everything together.

Because his business is born of interest and opportunity, rather than poverty or necessity, Roger can afford a level of conservatism and care that many dealers cannot. Technology plays a significant role in Roger's methods to protect himself. Poor dealers may not have access to the technology, or the knowledge, that allows Roger to stay hidden. At one point when his business had begun flourishing, he tried to pre-emptively prepare himself for possible legal repercussions by contacting a lawyer to ask for advice. He found a lawyer who was recommended by a fellow raver, but was turned down by the lawyer, who said he couldn't help him break the law. Apparently, advance knowledge of his activities would preclude him from representing him in court. "I need a lawyer like the crooked one from *The Wire*," Roger mused.

Stigma

Janet: But then I met Thomas. I remember meeting him, and like, one of my friends telling me, "He's just some drugged out raver kid." They were just like, he's just some drugged out kid, he's nothing special. And I completely knew differently, when I first met him.

The effects of stigma permeate the way that practitioners understand and talk about their drug use. As discussed previously, much of the stigma comes from sensationalized media portrayals of drug use, different understandings of who counts as a "drug user", and ignorance about the drugs themselves.

Carol: Parties were like going to see my other family. But my parents were being told that they were huge parties where everyone was getting fucked up. My parents were deathly afraid that I was gonna get hurt. It's the media's job to scare the shit out of everyone and make everything seem like it's awful, so parties weren't any different.

Public accounts of drugs "are typically characterized by narratives of fear, threat and menace and are very similar to the marginalization of other lifestyle behaviours that are positioned as deviant" (Smith and Riach 2014:2). This has multiple consequences for people who use drugs. The way that practitioners hide their use and compartmentalize the raver part of their identities from certain friends, family members, employers, and colleagues reflects their internalization of stigmatized discursive formations about drug use within North American society:

Illicit drugs are widely seen as incompatible with rationality and discipline and are linked with loss of identity and agency. The drug user, most specifically the 'addict,' is a threat to

the modern neo-liberal ideology of autonomy and freedom. Addiction is seen as depriving a person of free will and the capacity for autonomous choice – both key attributes of neo-liberal actors (Pennay and Moore 2010:563).

Canada's first anti-substance legislation was not based on a problem with 'drugs,' it was based on a (purported) problem with opium. But eventually, "a slippage was affected in the lexicon of substance prohibition whereby the term 'drugs' came to stand in for a wide range of substances. This slippage created an entire discourse that speaks of drugs as a generalised category" (Moore 2004:420). This has led to the type of confusion discussed in Chapter 2, wherein the fuzzy definition of 'drug' refers only to taboo and stigmatized substances.

Janet: Some people even say like, 'oh I don't use drugs. I mean I smoke weed every day, but I'm not like one of those gross MDMA users or whatever.' You know? This attitude is really interesting. I mean you see it everywhere. It's not just in electronic music. Like I work in the service industry, it's there too. People have this kind of idea about it.

Today, this stigma applies to all methods of substance-induced consciousness expansion that are not explicitly state-sanctioned. Legality is an underlying factor, but less applicable than the concept of consciousness alteration itself, as seen with legal psychoactive NPS, whose use remains nearly as stigmatized as their illegal counterparts, as discussed in Chapter 2. Any form of non-state-sanctioned drug use, especially injecting drug use, is equated with "disorder, fragmentation and chaos, and is thought to undermine the reason and rationality necessary to practice disciplined pleasure" (Pennay and Moore 2010:563).

Practitioners engage in "identity work" which involves negotiating the stigma of drug use by positioning drug use as desirable and morally acceptable (Rødner 2005). Practitioners often attempt to position themselves as moral by, for example, as we have seen throughout this thesis, comparing their usage as fundamentally equal, or as preferable, to that of legal drug users' use of alcohol. Employing narratives of controlled use is another way in which practitioners manage and resist their stigmatized identity, which I will explore more in Chapter 4. Social stigma is internalized, which results in "the active reinforcement and performance of established cultural requirements emphasizing self-control" (Hathaway, Comeau, and Erickson 2011:451).

Even when stigmatizing language—druggie, junkie, burnout, fucked up, wasted, danger, risk, and the examples seen at the beginning of Chapter 2—is not explicitly used, the beliefs which underlie these terms permeate the way that drugs are talked about in the non-user sphere and trickle out in subtle ways, of which users are acutely aware. At times, it is not even subtle: I heard more than one EMS worker refer to their patients who overindulge in drugs as "idiots."

This type of belief further entrenches the distrust between drug using communities and the outside world which hinders harm reduction efforts.

It may be inevitable that EMS workers, security and law enforcement officers in particular are affected by this attitude. When the people they are most exposed to, by default due to the nature of their jobs, are the most problematic sectors of a community, it is not unreasonable that they end up extrapolating these experiences to all users. They never have to deal with the regular, responsible drug practitioners who don't break any 'real' laws or cause any trouble, so they assume *all* drug users are like the ones they meet through their line of work. Other non-users experience something similar, through their main exposure to drug use being the often sensationalized portrayals of severe addiction. This phenomenon results in a drug user "toupee fallacy." As in: "Toupees all look terrible, I've never seen one that looked real"—the ones that look real are never guessed to be toupees. As a whole, users of illegal drugs tend to be defined by the most visible among them— those who don't have the luxury of avoiding stigma by "passing" as a non-user and keeping their drug use hidden. Most ravers are able to hide their drug user status in everyday life, seamlessly integrating themselves into "regular" society by day, dressing up in costumes and consuming drugs by night.

They hide for good reason. The stigma that all illegal drug users are subject to can have real-life consequences for them. Naomi told me about when her fellow residents at the hospital she works at found out that she had experimented with psilocybin mushrooms (she's used many other drugs as well). "I was shunned," she said. "Absolutely shunned." When 'drug users' as a population are conflated with 'drug addicts' by those who don't understand the difference, and 'drug addicts' are conflated with marginalized populations that are assumed under neoliberal logic to deserve their fate based on their choices, stigma becomes a product of power imbalance, and an effective means of justifying and perpetuating inequality.

Practitioners walk a fine line of managing the different parts of their lives—who knows about their drug use and how much they know. Due to the effects of stigma, they have to build up a relationship with a person first before they can reveal that they use drugs. Dave's story of finding out that Erica was a drug user, as well as Bobby's on page 42, are visceral examples of a non-user's assumptions being confronted with a very different reality based on a pre-existing relationship that won out over stigma. Similarly, some users are protected from stigma by their

mainstream cultural capital or socioeconomic achievement. Brad discovered that the more successful he became, the less his employers cared about his extracurricular activities:

Brad: When I sold my company to another company, I went in for sort of the final paperwork session. And I said, “so before I sign this, I’ve decided that I’m gonna ask you if you’ve done a background check on me.” And they said, “We have done a background check on you.” And I said, “Are you OK with everything that you found? Do I have to hide who I am, in my private life, do I have to lie about where I am on the weekends?” And they were like, “No. We want you to be you, we think that you’re interesting and fascinating, and we think that you’re living a life that you choose, you’re marching to the beat of your own drummer, and that is what we want, that is what we want our company to stand for, and you never have to lie to us.” So, I thought that was amazing.

Some users take pride in embodying a counterbalance to the negative mainstream image of drugs. Jake told me a story of suffering a bout of amphetamine psychosis in front of his teammates at a sports event in high school, and said that what he regretted most was the thought of giving drugs a bad name:

Jake: It sucks being a cautionary tale. I don’t want to be a cautionary tale. I want to be the person that people look at and think like, holy shit, I should do drugs. You know what I mean?

Hilary: [Laughs.] You want to be the positive, shining example.

Jake: Yeah, exactly. Where it’s like, no, drugs are amazing, and you should experiment with them because I’ve got my shit together, and you know, you can experiment with them and not become a bad after-school special.

The stigma against drug users stems, like most stigma, from outsider misunderstanding of a behaviour in which only a minority of people engage. But, like most stigma as well, it has served a useful function for social control and legislating morality, and in North America in particular, racism and mass incarceration (Mauer 2006; Alexander 2010).

Stigma is a concept which must be taken into account for harm reduction practice as well. One effect of stigma is something that I saw affecting young and casual users in particular, with potentially harmful consequences. People don’t want to be thought of, or think of themselves as, a ‘druggie.’ By maintaining a loose connection and minimizing their commitment to drug culture and their knowledge of drugs, casual users minimize the possibility of associating themselves with the label of ‘user’ and the stigma thereof. But this also makes spreading safe practices more difficult. For young and new or casual users, I found an interesting trend where they would avoid putting in more effort and investment in drug use, including educating themselves or acquiring test kits, in order to distance themselves from feeling like a “drug user,” under the loaded common interpretation of this concept.

While criminality or deviance is not central to most users' self-concept, biography or status, 'disidentifiers' [Goffman, 1963] are still commonly employed to distance themselves further from these labels. Two strategies for coping with the drug's illicit status are reduced involvement with the drug trade and avoidance of other types of drug use or drug users. These illustrations demonstrate a fear of unbecoming attributions like 'drug addict' or 'drug dealer' (Hathaway et al. 2011:459).

The more casual and indirect their connections to the world of drugs, manifested in ways such as accepting a pill from a friend or acquaintance when out at an event, rather than seeking out their own more reliable source beforehand, the more they can feel like they just dabble, and therefore avoid having any heavily stigmatized labels or identities apply to them. This behaviour was especially prevalent among young women. Adam described the difficulties of getting some of his more laissez-faire friends on board with harm reduction because of this attitude:

Adam: They've had a bad experience, and then I've given them something, and they were like, 'oh my god, it was amazing, where did you get that, like, nothing bad happened to me,' and I'm like, ah you know, just pay attention, do this, do that, and you'll be fine. And then they take it upon themselves to do it, because they don't want a bad experience again, and it's sort of like a forewarning that happened before, that just makes them take this stuff more seriously.

But some of them will just go back eventually. The problem I think, is that no matter how much you talk to them, and how much prevention you do, sometimes party people are kind of like, very light-headed, and they will be like 'ohh it was just that one time, I'm just going out, it wasn't planned, I just went, and I took something...'

So, I mention it once or twice, but I do not burn bridges over it because it's their decision to make. I can only try and help guide them in the right direction.

Without this fear of stigma, however, users might be more willing to engage with harm reduction education.

Novel Psychoactive Substances: Working around the law

Though the vast majority of drug practitioners use 'traditional' illegal drugs such as MDMA and LSD, there exists a small but growing subset of users who have discovered a way to experiment with substance-aided consciousness alteration without breaking any laws.

Mark: So, since 2C-B is illegal, what they [online suppliers] did is they have, betaketone-2C-B, which is legal. I have that at home. It's a slightly longer-acting version of 2C-B. 2C-B, 2C-D, 2C-E, 2C-P, all that's for sale, legally. 5-MeO-MiPT is actually a tryptamine, I think it's got a lot of promise, especially once the drug geek community discovers it. It's my ideal thing, because it's short-lived, about 3 hours. Minute dosage, about 8-10mg I'd say is sufficient for most people. You have the kind of visual and auditory vibrancy of mushrooms, because it's a tryptamine, but this kind of warm, fuzzy sensation of MDMA. But because it's a tryptamine—you know how after you do mushrooms, instead of a

comedown or hangover the next day, you feel like gold. I personally do. So that's probably one of my favourites.

Hilary: A lot of this is legal stuff, then?

Mark: This is all legal stuff. 100% legal. Well, they call it a “grey area,” because what happens is the moment they outlaw a substance, they just add, like, a molecule to it, or an additional carbon atom.

These Novel Psychoactive Substances (NPS), often referred to colloquially as “research chemicals” or RCs, complicate many ideas about drug use. Most are so new¹⁷ that they are not explicitly illegal, which throws interesting light on the difference between stigma that originates in the illegality of a behaviour, and the stigma of consciousness alteration through chemical means other than popular, sanctioned, established drugs such as alcohol and caffeine.

The growth of the NPS market solidifies the inevitable fact that human beings who desire to alter their state of consciousness will find any methods to overcome prohibition, and continue to use and experiment regardless of the constraints placed on them. In the end, most practitioners are looking for *kinds of experiences* rather than specific *kinds of drugs*. Many NPS are synthesized and sold precisely because they offer equivalent effects to those which prohibited drugs offer, without the inconvenience of putting the user at risk of jail time. Take the chemical composition of MDMA, tweak one molecule here, another there—you are left with MDMC, or methylone, a drug which appears to be the drug most commonly misrepresented as MDMA (Christiansen et al. 2014). Methylone's legal status in Canada is ambiguous, making it highly appealing to producers and sellers, especially those interested in tapping into the exploding EDM festival market. Methylone may or may not be as safe as MDMA, but either way, passing laws making it illegal will do nothing to stop the shifting, adaptable nature of the drug market as it is today. Producers can simply tweak another molecule and synthesize another chemical to work around the new law and meet demand.

The United Kingdom reacted to this drug market development with a highly interesting piece of legislation (Travis 2016). The Psychoactive Substances Bill was designed to ban “legal highs,” but in order to get ahead of the molecule-tweaking NPS market, it also banned substances that *do not even yet exist*, based on their molecular similarity to pre-existing drugs. The bill, which was due to come into force on April 6, 2016, was postponed indefinitely after pressure

¹⁷ Note that many of these substances were first synthesized years before, but have only recently gained popularity, and thus scrutiny.

from legal and medical experts, who called it “unenforceable” (Travis 2016). Quite literally all that is known about these drugs is the reason why people are making them and taking them—for pleasure. With no evidence of harms, this appears to be a clear example of drug laws being based not on whether or not a drug is harmful, but simply whether or not one can derive pleasure from it.

Chapter 4: Reduce Harm, Enhance Benefits

Ask a neighbor or the passenger seated next to you on the plane or the bus to define policy, and you will likely hear a reference to some kind of official text. This definition is problematic in that it dehumanizes, decontextualizes, and dehistoricizes official state policies, and in fact is part of the ideological apparatus by which they are normalized. ... Policy is not a disembodied thing, but rather a situated sociocultural process—the complex of practices, ideologies, attitudes, and formal and informal mechanisms that influence people’s language choices in profound and pervasive everyday ways. ... With its overriding concern with cultural interpretation, ethnography is ideally suited to critically examine these [policy processes], exposing grounded manifestations of explicit and implicit policy-making at multiple levels (McCarty 2011:xii).

In this chapter, I will discuss the insights for harm reduction that have emerged out of my ethnographic fieldwork. However, rather than focusing on producing new harm reduction recommendations based on what I saw, I would like to explicate the community knowledge and practices that have been developed within the underground rave scene by drug practitioners, and explain how they can and should be built upon in the larger sphere of recreational drug use in general. Most importantly, I will argue for a shift in the concept of harm reduction to incorporate ‘benefit enhancement’ as a more realistic way of engaging with practitioners in this context and approaching the safe and ideal use of mind-altering substances.

Anthropologists have a long tradition of studying harm reduction among intravenous drug users. Classic harm reduction methods involve technical adjustments to consumption methods, primarily to reduce transmissible disease vulnerability. In the rave scene, however, harm reduction involves more than the use of sterile utensils and test kits. In practice, harm reduction at electronic music events and festivals is socially integrated into the way drugs are used, shared and discussed, and encompasses a wide range of health-related factors, such as nutrition, sleep, and sexuality.

For organizers, it involves things like ensuring that people have access to a trustworthy source of drugs in the first place. Though this practice potentially puts organizers at much greater risk from outside intervention, allowing certain vetted, responsible sellers to meet the demand for drugs at events lowers the risk for attendees, as it solves the significant problem of unknown and potentially dangerous drugs being taken by unsuspecting users. With this and other safety basics accounted for, curating an ideal environment which supports the process of consciousness alteration becomes about ensuring that partygoers don’t only stay safe, but have the most

enjoyable possible time—like at Haven, where food, nap times, and a carefully curated guest list all factored into the event’s success. Charlie, a DJ and event organizer, explained these subtleties:

Charlie: So for us, we know that our [seller] tests everything, we know that he’s concerned, we know that he’s our friend. And he cares about us and just wants us to have the right experience. For us, what we talk about in terms of harm reduction, is that, and watching out for people who do too much. We know who’s ever been carried out of anything, who’s ever been sloppy, who’s ever been embarrassing. The people who come to get way too fucked up, we let them know that this is not the space for that. And we’ll ask them to leave.

Our bar for harm reduction is significantly higher. We’re not worried about anyone getting hurt. We’re worried about someone embarrassing us. We’re worried about, you know, if the people who run the space are having second thoughts about having us. Right, like, we [talked to private event space proprietors], and I had to have a conversation about like, hey, you know, this is a party and it’s lasting a long time. Some people might get too drunk and embarrassing or something, and, they might be, you know, on stuff other than booze. We can’t stop them. And they were like, ‘if you guys are professional, and you clean up after yourselves, we don’t care what you do.’ And, it’s perfect. My friends are professionals that I don’t have to worry about.

For us, harm reduction is a pillow lounge. [Chuckles.] So that people can chill out and sort of have space that’s private. And they can take a pill without, you know, worrying about how it looks.

So the, like, government-level harm reduction, safe injection sites, you know, those are different levels of harm reduction. Because they’re, that’s the conversation about like, ‘this is illegal but how do we stop people from poisoning themselves or killing themselves or falling into addiction holes’. I don’t need to worry about that in my life because we’re past that. We’re at the point where, like, people are gonna do drugs, how do we keep them safe, how do we keep them happy, different level of harm reduction.

The concept of harm reduction is inextricable from that of benefit enhancement, just as general rave safety goes hand in hand with facilitating fun. When I first interviewed him, Brad pointed out that the narrow conception of harm reduction as concrete practices, as though checking off boxes on a safety list, does not reflect the more subtle realities of effective drug consumption. “We would just consider it responsible drug use,” he said. Brad and other organizers made it clear that when the attendees at one’s events are friends that one cares deeply about, harm reduction is not just about the basics of preventing emergencies, such as providing free water. For them, it is about cultivating an environment in which all the possible benefits of the combination of music, sociality, and consciousness alteration are accessible to everyone, thereby facilitating transformational and healing experiences like those of Adam and Daniel.

What does rave-based harm reduction look like in practice? What do the success stories have in common? How ravers take care of each other is an intricate process involving specific

preparations and interpersonal rituals of care that make their drug use safer. This process is where the differences between benefit enhancement and harm reduction are the most intertwined, and thus where their inextricability is most clearly visible.

‘Type A partying’

The night begins before it begins. Group chat conversations online build anticipation as excitement is shared and outfits are discussed. When we meet up before going out, a few people might have an alcoholic drink or two. Others abstain, knowing that the drugs they plan on taking that night are unsafe or unpleasant to mix with alcohol. We get our outfits ready, sparkles and glowsticks and ostentatious colours, thrown together from Kensington Market thrift shop trips. If the event has a theme, such as a beach party or the 1990’s or Star Wars, outfits will be coordinated to match the theme, and sometimes each other.

“What are we thinking for drugs tonight?” someone will ask. “What’s our game plan?” The group will go over the options. If it’s a regular event, alcohol, 4-FA, MDMA, GHB, ketamine, 2C-B, or small doses of mushrooms are common favourites. Sometimes one or more of these will be combined, and marijuana or possibly cocaine might be added as desired throughout the night. For bigger nights out—special occasions like New Year’s or a popular annual event put on by one of the more well-known underground event organizers—slightly larger doses or further combinations might be in order. Acid could then also be an option. Though LSD is never ruled out entirely for any event, its long duration (10-12 hours) tends to relegate it to multi-day festivals.

“I’m thinking 2C-B would work really well in this space. The décor is gonna be pretty trippy. But maybe just not a full dose.”

“I was thinking 4-FA, but last time I took it I didn’t sleep at all when I got home. So I don’t know if it’s worth it if this thing’s not going until 5 or 6 am.”

“I want to do G because I don’t want to go too crazy tonight, but I’ll need a stimulant to mix with it, some Dexedrine or something. Maybe even just a Red Bull.”

“I have some ketamine, we could try that too? Like, do little bumps throughout the night? Not if we’re doing G, though...”

“I was thinking M because I haven’t done it for a month, but even then I might want to still wait a bit longer before I do it again.”

“What if we did like, half a gram of mushrooms? So we’re not tripping balls, but enough that it’ll mix really well if we do a bit of G or K as well?”

Decisions are made based on how long the event is anticipated to last, how long a person is planning on staying out, whether or not the event décor and vibe are conducive to psychedelics, how tired a person is or might become, what other drugs they have been using recently, and occasionally what kind of music will be played or who else will be at the event. Mainly a substance is chosen based on the type of experience the person wishes to cultivate within a given environment and social context. Sometimes these conversations will happen well in advance of the event, and sometimes they will happen once the group is together on the dance floor. Each person will choose their own personal drug regimen in the end, but the decisions are often made together as a group. This is a process that ensures that everyone is on a similar ‘level’—that the qualities of the group’s individual states of altered consciousness overlap, merge and are shared. Questions are often asked of the most knowledgeable person in the group in order to make an informed decision. This is especially the case when it comes to combinations, which, if not approached carefully, can greatly increase the risk from any single substance on its own.

I spoke with Lauren about how she decided which drugs to take at Haven.

Hilary: So 2C-B, that’s what you took on the Saturday, then?

Lauren: Yes. I brought shrooms with me and then ended up taking the 2C-B. Oh and acid as well. No one in my close crew was taking it, so I was like ‘I dunno.’ But then Ethan was like, ‘I can’t really think of a better environment to do it in. Look, everyone around here is on it.’

Hilary: Yeah, that seemed like the drug of the day. It’s interesting, some personalities, some people will just take whatever they want to take that day. But most people want to be on the same thing as the rest of their group.

Lauren: Or at least you want another friend that’s doing it. And it’s very important to start at the same time as well. Otherwise you’re like, ‘oh, you’re an hour behind me.’ You know?

Once at the event, dosing is carefully timed out for maximum impact. If GHB and a stimulant are to be combined, for example, the stimulant is taken first as it’s likely to last longer. If one person knows that they “come up” faster than their friends, they will take their first dose later, in order for the experiences to line up. When experimenting with combinations, lining up the “peaks” of each drug’s effects is part art, part science. For example, when “candyflipping” (combining LSD and MDMA) or “hippie-flipping” (combining mushrooms and MDMA), the general advice is to take the psychedelic well before the MDMA, to ensure that the MDMA is not

wearing off, which can be an unpleasant experience, while still experiencing the sometimes overwhelming psychedelic peak. This type of specific tinkering and adjusting is very common and the source of extensive information sharing and debate among drug users, especially online.

“Game time” decisions are also adjusted based on how the night is progressing. If it’s a particularly enjoyable event, an extra dose might be taken, especially if it is offered by a friend. If the music is perceived to be boring or the ‘vibe’ is off, plans might be cut short in order to limit unnecessary consumption for what might turn out to be an early night.

Given these practices, underground raves would be more accurately conceptualized as environments of care and experimentation rather than environments of risk. Of course, not all ravers are as careful as the people I was exposed to. Still, clearly, for many practitioners, especially older, more experienced ones, conceptualizations of recklessness or impulsivity simply do not fit. Quite the opposite; decisions are made carefully and with great forethought. Margery calls this oxymoronic style of careful, measured risk-taking “Type A partying.” A particular state of happiness, sociability, embodied sensations, euphoria, energy, and mindfulness is desired, obtainable through the joining together of self, group, music, and environment. The bare minimum amount of a drug to achieve the desired state is taken, and many factors around safety, health and wellbeing are weighed and considered. The differences between benefit enhancement and harm reduction in these practices are difficult to distinguish because of how inextricable they are.

Acknowledging this inextricability has huge potential for shifting harm reduction towards a framework that actually resonates with the lived experience of recreational drug users. The bonding experience from these interpersonal rituals of care situate pleasure “not as the antithesis of safety, but as the medium through which certain practices of safety take shape” (Race 2009:xiii).

‘Spirit guides’ and caregivers

Ella: Friends have actually come up to me and been like, “I’m doing my first mushroom trip, and I want to do it with you.” Like, “I don’t feel comfortable doing it with anyone else but you.” I’m like yay, mushroom queen, that’s me!

There are certain people in the party scene that take it upon themselves to educate others about drugs and who find meaning in introducing others safely to drug use. Within their friend groups, they take on a role of guiding and mentoring less experienced practitioners. An

affectionate, tongue-in-cheek term I occasionally heard used for these people is ‘spirit guide’. This is a person who has long-term experience (at least a year or so’s worth of experimentation) with several different drugs, and knows how to guide a new user through their first time(s). Their goal is to create a positive, successful experience by sharing their lived knowledge, creating and maintaining a supportive atmosphere, and passing on a framework of personal and interpersonal care and responsibility.

Margery: So, I think I was maybe around 20 or so when I tried cocaine for the first time. And I was at a party, and people were kind of experimenting with it, and I had a good friend who was too. A whole bunch of people were doing it, and I’d kind of been noticing that that was starting to happen at the parties I was going to, and I was curious about it. I asked about it, and he said yeah, if you want to try it, I’ll be your spirit guide. [Laughs.] Like, if you’re interested, I’ll watch over you, give you some advice and stuff.

These ‘guides’ usually have a healthy relationship with their drugs of choice and enjoy introducing others to the same positive effects that they have gained from the use of consciousness-altering substances. “You know, you find something cool and you want to show all your friends this cool thing,” said Lauren. They gain great satisfaction from seeing new users shed their preconceived notions of drug use and discover the benefits of certain drugs, particularly psychedelics and MDMA, and from ensuring that their experience is positive.

Mitch: I have a lot of friends who are much more experienced with MDMA, that I’ve met through [the rave scene]. I met one guy, and he was already very well into the local rave scene here, and he introduced me to all his friends. But he also told me a lot about the dangers associated with it, and how to use safely in terms of, you know, specifically with MDMA, not using it very often.

For most, being a guide is not an identity, but rather a role that is situationally adopted. Even when a raver does not seek out or gain particular satisfaction from this role the way that more regularly dedicated spirit guides do, most are familiar with the general responsibilities of taking on the role and will do so when necessary or when the new user is particularly close to them. These values are evident in the narrative in Chapter 2 of Dave’s first experience with MDMA, guided by Erica. Similarly, Bobby’s ‘spirit guide’ introduced him to “a lot of things, but helped me do them in a safer way,” including walking him through his first time trying GHB, an experience that was initially overwhelming. Bobby then ended up saving Daniel from an “episode” with GHB on the first night that they met. Lauren said that she’d never had a bad experience with drugs because of how she was introduced to them and the people with whom she subsequently used.

Lauren: It was good to do [LSD for the first time] with [friend], who had a really good grasp on it—he and his buddy, who’d done a lot of it, they would have these crazy philosophical conversations. We’d go on missions around town and just enjoy the nature, and also kind of had some quiet time to just get lost in your own thoughts. But it was always—I don’t know if I’ve ever had a bad drug experience, period. I’ve always been around good people.

Lauren, in turn, became a guide herself for several friends. She explained how she felt comfortable taking on that role because of her extensive experiential knowledge and her responsible personality.

Lauren: And so I’ve been that person that guided them through their first experience as well. So, if someone’s like, ‘what if I start feeling bad?’, we talk about it beforehand. ‘Okay, so here’s what we do, if you feel bad, you tell me and we’ll work through it and we will get to the next, wherever will take your mind off of it.’

I had an old roommate that I brought to the dark side. She was curious, and I find that—I’m a good person, I do my research, I know what it does to you, how long it’ll last, what your dosage should be. I’m never that person pushing the line. Like, I know if you have GHB you should wait an hour for your next dose, that kind of thing. I feel like I have my head screwed on straight, and I know what I’m doing. I wouldn’t just do something crazy just because.

Hilary: You’re not reckless.

Lauren: Exactly. I make informed decisions. If I’m reckless, it’s because I made an informed decision anyway. [Laughs.]

Hilary: Careful risk-taking.

Lauren: There we go. And so, I feel like some people would benefit from it, or enjoy it, but maybe they haven’t done it yet. And I know it’s like most life experiences, you do something for the first time, and it’s... It’s hard to take that first step. I remember with yoga, I wanted to do yoga for a long time, but I felt like such a beginner, and like I was going to look like an idiot in a class. So I took a session that was for beginners. You kind of need a hand-holder sometimes in order to take that first step, and I’m feel like I’m a good person to do that.

Hilary: Do most of your friends react positively?

Lauren: Yes. I haven’t had anyone react negatively.

A person’s first time on MDMA is well known to be an important liminal event, a “coming of age” of sorts. Upon learning that it’s a person’s first time, most ravers react with delight, warm wishes and excited questions about whether the first timer is having a good night. I witnessed Annie’s first time trying MDMA; all night, her friends, especially the friend who had given her the pill, took very good care of her. They made sure that she stayed well hydrated, offering her water continuously throughout the night. They answered her questions, reassured her worries, and sprinkled encouraging smiles and hugs throughout the evening. All in all, because of the environment of care created for her by her friends, she said afterwards that it was an

“amazing experience.” By contrast, the narratives of the few negative experiences I heard about which were not due to a misrepresented substance often involved being unprepared, alone, or with friends who were too inebriated, distracted, or inexperienced to help.

These insights help to reshape the concept of ‘peer pressure’ into something closer to how peer influence works in practice. Users are not getting their friends ‘hooked’, but rather there is a genuine desire to share positive experiences. “To somebody else, introducing your friends to drugs is like, a shitty thing to do,” one woman at an event explained. “But I mean, I’ve seen the looks on my friends’ faces after the first time I give them MDMA. Their sheer inability to express how grateful they are. And that’s a nice feeling.”

Practitioners are aware of the ‘peer pressure’ perception of introducing others to drug use as a dangerous and selfish act. Hints of their awareness of the taboo, ‘deviant’ conceptions of drug use that still permeate the social consciousness come through in the way shared experiences are discussed. I heard many people jokingly refer to “corrupting” their friends, and of the transition towards drug use as “going to the dark side.” As seen in Chapter 2, Erica joked that she was “the bad influence” in Dave’s life (to which Dave responded by rejecting this negative framing of her impact on him).

Margery: I dragged you to the dark side a few times.

Murphy: Yeahhh, a few times. A few times. [Laughs.] I love peer pressure, it makes me try new things. [We all laugh.]

When I asked Lauren about her use of the term “dark side,” she paused before answering. “Well I guess, drug use is taboo, and it’s illegal. But it’s a lot of fun, and can help people... I don’t know. There’s a lot of benefits to it. And it’s... I guess because it’s illegal, probably.”

These are the people who would reap—and sow—the most benefit from being empowered with accurate information about safe drug use: community leaders and self-motivated practitioners. Spirit guides are the ones already perpetuating responsible practices within the rave scene. If given greater access to accurate information about drug use, they could be an invaluable resource for peer-to-peer education; indeed, they already are, despite being limited by the structural constraints of prohibition. “My friends are mostly reasonable people,” said Adam when I asked if his friends listened to his recommendations about safe use. “The people that I have talked to really trust me, and if I tell them to do something they will.” Practitioners such as Adam and Lauren should be encouraged and called upon in harm reduction campaigns to be sources of information for other users. The outdated and inaccurate concept of ‘peer pressure’ needs

reforming to reflect this reality (Foster and Spencer 2013). Instead of telling people not to listen to their friends—which won't work while they have few other resources they trust—those friends should be armed with information.

Hilary: So, you already said that you're pretty much the resource when it comes to your friends.

Mark: Yeah. They know about my nerdiness. They also probably appreciate the fact that I'll never dole out a substance without having tried it on myself first. Or that I almost interrogate them, like, you better not be drinking alcohol with this, and whatnot. In fact, I issue warnings.

Hilary: Can you define nerdiness for me?

Mark: I don't just necessarily want to feel the effects of a substance, I want to know the hows, and the whys. Which most people don't. But then again I find that to be one of the biggest problems with society. We don't ask why, far too frequently.

Even without a dedicated spirit guide, the main characteristic that stories of positive experiences with drugs have in common is the presence of caring friends or family. The social environment in which drugs are used makes all the difference for successful experimentation with drugs, particularly psychedelics. Bobby, for example, spoke about how consuming with a particularly trusted group of friends made all the difference for the safety and comfort of his usage. He had previously had a negative experience with ketamine, and was wary of trying it again when it was offered to him.

Bobby: We were all sort of hanging out, an after party at someone's house. They kept offering it [ketamine] to me, and I said well, I guess if you guys are all going to do it, you know, I'll do it too, I don't want to be the odd guy out here. So I did it, and, the interesting thing was, this time some familiar feelings came back. I knew I was really really high, and I was thinking to myself, you know what, if I was in the same situation I was in 10 years ago, when I first did this—I had K-holed¹⁸ back then—I think it would be almost the same scenario playing out. But I guess because I was in a safe place with friends in a really comfortable setting, in my friend's comfy apartment, and we were all in it together, it was great.

It can be argued that consuming consciousness-altering substances is a skill that must be learned. In some cultures, alcohol is introduced to new users through religious rites and social customs, under the guidance of family members (Heath 1995). These tend to be the cultures where fewer problems with alcohol are reported. Indeed, several of my participants stated that

¹⁸ "K-hole" refers to the subjective state of acute dissociation from the body which is experienced on high doses of ketamine. Though some users seek out this experience in certain environments, most say it is an extremely unpleasant experience, and at events it can be frightening for others to witness, due to the person's unresponsiveness and the possibility of falling.

they were thankful that it was their parents who taught them how to consume their first drug, alcohol.

Janet: It was always at my parents' house. It was always like, we'd rather have you party with us and just have it be safe, then have you go out to other places when their parents aren't home. And they were super chill about it. They were happy to have us learning how to use drugs, and learning how to use alcohol, responsibly.

Given the near universality of experimentation in one form or another with consciousness alteration, there may be a need for it to be a process which is explicitly taught, rather than leaving youth to their own devices to figure things out for themselves.

Margery: You know, I remember going to university, and everybody could start drinking when they were 19, and people would get totally sloshed and shitfaced. And there were people who really had alcohol problems when they were in their late teens, because... It's like, you can't drink until you're 19. You're an adult for like a year, you have a driver's license, of course people are gonna start sneaking stuff in when they're underage and going way over. All of this stuff, it's like, the completely wrong way to introduce people to substance use, to alcohol, all of it. You need to teach people. There needs to be information. Not this, "oh no, you can't, regulation, regulation."

Daniel: In a way [friends are] kind of doing what family should have done with alcohol years ago. 'Cause I never had any adult supervision, my parents were like, just, "no alcohol."

When you have a society that doesn't preach harm reduction, that doesn't educate people, that encourages people to not drink until later, that doesn't introduce alcohol at an early age, so that that's supposed to be your first experience with something that alters your mindstate is alcohol. Imagine how much more mature people would be with every other substance imaginable if they were introduced to alcohol at 12 and 14 like they are in France, and Germany.

Use vs. abuse: How much is too much?

Conflating all substance *use* with substance *abuse*, as far too many studies do, is counterproductive as it makes it difficult to disentangle harmful use from benign or beneficial use, a process which should be the starting point for any study or intervention. Indeed, it presumes that there is no difference, and that any use at all is harmful, which is not the case, and which limits our understanding of the complexities of drug abuse and addiction. Practitioners are aware of this conflation, and so attempt to present themselves as inherently different from 'drug abusers,' both in terms of their own conception of use/abuse and as regards the common stigmatization of drug abusers. This 'othering' serves as a strategy for positive self-presentation (Rødner 2005).

So, how can we disentangle these concepts? How do successful, responsible practitioners know how to set their limits? How do users define abuse? Is this the right way to go about it? What is the best metric? Speaking with practitioners about these questions, there are several “anchor points” (to borrow Jake’s term) which they use to situate their own use as non-problematic.

Jake: If you have other things in your life you’re connected to, whether it’s people, activities, goals, whatever it might be. Things that are important to you, that you’re not willing to sort of let go of completely and allow this one thing to consume you. And like, forget about drugs. If your obsession, is like...

Hilary: Video games...

Jake: Yeah, exactly. Right? If you allow one thing to consume everything, that is detrimental. So, as long as you have some form of balance in your life and you have anchor points.

You know, for me it’s always been, you know, my parents, have been anchor points. You reflect back, and you realize, holy shit, you know [laughs], these adults never gave up on me, they never came down on me super hard, but they still love me. That makes a huge difference in your life.

It’s not just your parents, it’s, you know, your friends, whoever that person is in your life that you feel responsibility to, and love, and feel that connection towards. Where, if they tell you, look, you need to knock this shit off, you need to do this. I think that can be the sort of, the north star that keeps you on the path in terms of not going completely, you know, bonkers, off the rails.

The trust that most practitioners place in their friend network extends to the community standards around over-consumption. Ravers will frequently discuss how much is too much, or which drugs are problematic, setting and confirming the social norms they rely on to judge their own usage. However, most practitioners’ rationale almost always comes back to economic productivity: “Will I still get up and go to work in the morning?”

Brad: For us, we think of addiction as something that’s perpetuated by a lack of purpose. We could wake up in the morning and there’d be a pile of drugs left over, but, we have work. And we’re addicted to success, and accomplishment, and pride.

Janet: I’ve had the same job for three and a half years. I make a lot of money at my job, I owned a business for two years. I study, I consider myself to be a pretty successful person.

Using employment as a marker of one’s drug use being responsible reflects how public narratives of fear and deviance are “in part driven by an assumption that drug taking is antithetical to full participation in economic life” (Smith and Riach 2014:2). “I have a job, I swear I’m not a sketchy raver,” one person joked defensively when I recognized him at the after-hours club for the second week in a row. The shifting moral landscape of drug use is increasingly

informed by the growing dominance of “neoliberal expectations of productive selves. ... This in turn discursively shapes what it means to be an economically productive citizen” (Smith and Riach 2014:2).

Smith and Riach use the concept of the “employable citizen” to argue that the positions found within contemporary narratives surrounding drug use are “part of a broader ideological process through which drug takers are discursively positioned as economically impotent” (2014:2). Central to this idea is the position of ‘work’ as producing or sustaining a socially and economically productive citizen. Users have internalized this and other markers of neoliberal responsibility, such as self-control and self-education,¹⁹ to cultivate an identity which resists the stigma associated with conceptions of the uncontrolled, unproductive junkie.

Roger once mentioned that there are many drugs he still hasn’t tried yet, simply due to a lack of time. “The only reason I don’t consume more is that I don’t have enough time. All I do is work.” The implication of this scheduling difficulty is not that he cannot find any time in which to try a new substance, but that he does not have the time in which to do so *properly*, scheduled around his prioritized responsibilities and incorporating “Type A” style planning and harm reduction. For stable, middle-class drug users, work and life commitments always take precedence over partying. This metric is not reliable, however, in the absence of personal economic stability in the first place.

What makes these practitioners different?

Most of my interviewees were experienced ravers, and indeed, I found age and experience to be the most significant factor influencing responsible use. The people I did much of my fieldwork among were in their late 20s, 30s and early 40s, well older than the active users represented in most studies. Though ‘maturity’ is highly subjective, Brad, Margery and others expressed that they were happy that they waited until they were older (usually referring to no longer being a teenager), more emotionally mature, and armed with more life experience when they first tried psychedelics.

¹⁹ “Knowledge is power,” one woman told me in a discussion about test kits. “I’ll never understand people who do a substance without learning about it first.”

Mitch: The other thing is, I'm 24, so I was extremely lucky, in my opinion, to discover drugs at such a late age. Because I felt like I'm mature enough to understand the risks that come along with it.

Chris: Your psychedelic life begins at maturity. Because you have a greater context for the experiences.

Jake: I did LSD back when I was in my teens, but I never felt like I had these types of experiences that I had in my adulthood with it. When I was a teenager, I think it was much more self-centered, and it was much more introspective. Which can have a very positive effect as well, but I don't think I got the same kind of feeling of euphoria and connection and happiness and positive, life-affirming kind of experiences.

Margery: Now that I'm a little bit older and looking back on this stuff, I see... Like especially at [big festivals], I see a lot of people who are, 18, 19, 20, tripping out on 'molly', at their first EDM festival. And I wonder like, is everybody approaching this the same way that I am? Which is like, [counting on fingers] make sure you're with people you trust. Make sure that you only get stuff from people you trust. Make sure that you know a lot about it, know your limits and don't go beyond them. And make sure that while you're in the fuzz, you still have enough sense to think, OK, how are my friends doing, am I drinking enough water, you know, all that kind of stuff, right.

The rapid growth of mainstream electronic dance music (commonly referred to as 'EDM', used earnestly in the mainstream scene and as a term of derision in the underground scene) has implications for the way drug use knowledge is shared among users. Traditionally at underground raves, older ravers pass on knowledge to younger ones as they enter the scene, which grows only through word-of-mouth and involves much more interpersonal communication, cultural exchange and community-building. But today, the commercialization of EDM is bypassing this exchange as it is overwhelmingly young, inexperienced people who are the direct targets of marketing and have few resources through which to learn about safety.

Women in the rave scene

Daniel: Vibe is almost a different narcotic of its own. Vibe is... it's intangible, you can't touch it, you can only feel it, sense it.

Vibe is a term that comes up frequently when talking about electronic music events. A search within my interviews and field notes found it mentioned 88 times. It's a term I found myself using and implicitly understanding long before I began to think about what it really means. The vibe of, or at, an event can be all levels and qualifiers of 'great' and 'amazing', or it can be 'chill', or it can be strange, aggressive, sketchy, even hostile. It is "a subtle form of

communication among people. It is both body language and an intangible energy that is given off by people and can be felt by others” (Rill 2010:144).

Hilary: So you say the crowd is really important to you. Can you describe the kind of vibe that you enjoy?

Mandy: Um... Open-minded. Uh, I like weird people. [Laughs.] Like, a diverse crowd, I think. I can tell when people are there for something other than the music. And then it kind of just ruins, like, the vibe.

Steven: All the frat boys were showing up and pissing on the trees, and it was just not the right community or vibe anymore.

Emma: You get a certain vibe when you go into places. Like, I don’t know, I’m a very intuitive person, I feel like I read people well, and I just know whether I’m like, in a safe place or not. [Laughs.] It sounds so corny, but it’s true.

Factors that affect the vibe of an event include the décor, the lighting, the music, the attitude of staff members (especially security), the size of the event, the theme (if any), the type of clothes people are wearing, the time of day or night, the type of drugs being consumed, and the age of attendees. This may seem trivial, but it turns out that the vibe of an event indexes much more than it would appear. Dwarfing all other factors in its impact on the vibe, and on safety, is one key element. Pinpointing and exploring this element became an important focus of my research, as it underlies one of the main problems at raves, particularly mainstream ones, which young people are more likely to attend.

Eleanor: I don’t know, the vibe is good [at X venue], you know what I mean, yeah...

Hilary: What do you like about it?

Eleanor: Um, like it’s chill, everyone, like I’ve been to some of those more mainstream ones as well, I went to Guv before and stuff, and I don’t know, the vibe is different, cause when you go to Guv or whatever, it’s still kinda like a big club, sort of, that plays electronic music. But I don’t know, the ones I go to, it’s not like that where it’s like, random guys being all “Ooh a girl, let’s dance” [makes face imitating a leering man] and that sort of thing. You know, I’m not really into that, so yeah. That’s a factor. [Laughs.]

Brad: And the vibe has gotten very macho, very sketchy. It used to be subtle, we’d all be happy and dancing, and now suddenly there’s a lot of fucked-up people. And like, stuff is being stolen.

Ella: I posted on my Facebook, ‘Those people were really rapey last night, I wasn’t cool with the vibe, I wasn’t cool with having to explain consent to people.’ And like, the owner of the club got involved, and she was like, any time--the bouncer even added me as a friend [on Facebook] to be like, if anybody bothers you, you come to me, and I will kick them out. So it’s like, great vibe there.

Probing my participants’ thoughts about the vibe at raves, it became clear that how the men at an event behave, particularly towards women, is the key factor. Mitigating the problematic

behaviour of some heterosexual men is the principal locus of attempts by organizers and the community as a whole to foster welcoming environments. While out at mainstream, and even a few underground, events, I frequently dealt with a constant barrage of men striking up casual conversations with transparent intentions—these being the polite ones, of course; some were much more unpleasant. I became familiar with the types of events, or times of night, at which I could expect to have to police my behaviour, ensuring I did not make eye contact with or smile at male attendees for fear of this being taken as an invitation to proposition me. Most were polite, but the constant nature of it grew exhausting.

At one crowded mainstream event, when a man squeezed up beside me and began grinding his crotch against my hip.²⁰ “You’re too pretty to be texting. Get off your phone!” I was told, more than once, inciting in me a cacophony of resentment and impotence. Another popular variation was, “You’re too pretty to be dancing alone!” When I responded to one individual by asking “What does that even mean?”—his smirk immediately turned into a scowl. “I don’t know, take a compliment, jeez,” he growled before walking away. Once I was physically picked up by a Turkish man I had just met who began doing squats with me as I protested. The following week at the same venue, I had a conversation with another man about my marital status, which he dismissed by saying, “I’m married too. But you come here and you’re free.” He then tried very hard to convince me to come to his car to do some MDMA while I attempted to ignore him by typing on my phone. At one point he waved away a friend of his, who leered at my body and said, “This young lady? Good choice!”

As a woman, the shape that my research ended up taking was significantly influenced by this dynamic. As much insight as it gave me into the experiences of women in the mainstream scene, it was exhausting and disheartening. I began gravitating towards events where I did not experience these encounters. The events which are more welcoming to women, where security personnel are highly proactive about preventing problems and react swiftly to seeing women be touched without consent, also tend to be the events at which drugs are consumed more responsibly, and at which alcohol occupies a minor role. Concerned about my own comfort and

²⁰ To his credit: I turned and stared at him, about to tell him off, but I was astonished when he seemed to come to the right conclusion all on his own. He backed away, thought for a moment, said “words are good, too,” and left.

safety, I tended to interact more willingly and openly with those whose behaviour was more controlled and respectful, which was reflected in their drug use as well.

These situations happened almost exclusively at mainstream events, particularly ones where alcohol was the drug of choice. This gender dynamic is greatly disliked by many men as well, both straight and LGBTQ-identified, who are themselves made uncomfortable by an overly testosterone-filled vibe and feel hurt by the automatic defensiveness of women, who have come to expect this type of behaviour from all men. For most women at these events, who are not doing research and have even less interest in any kind of conversation with male strangers who are looking to hook up, this kind of behaviour is a constant source of frustration. It was a problem in one form or another for most of the woman I spoke with, though most also made it clear that they find it to be far less of a problem in the rave scene than at regular bars and clubs—frequently referred to as ‘meat markets’—and in public in general.

Carol: Another time a guy picked me up by the side of my waist and carried me sideways. These weren’t raves though, they were regular bars. And that’s why, I said to my friend after the second time it happened, I was like, I like it better where people do drugs because people are nicer on drugs. [Laughs.] Alcohol is vicious.

Janet: It might be a little bit better in the rave scene. Sexism abounds everywhere, it’s such a huge part of our society. As a woman and as a feminist and working against these things, being in the rave scene is cool because people feel safer there. I love our events because we do have a lot of people of colour, trans people, people who have different gender identifications, non-binary, people from all of the spectrum come to our events, and that’s really cool and really awesome.

It’s hard for me to see past it into whether or not it’s ingrained in the rave scene because it’s so engrained in society in general. People are always struggling for power, everywhere you go people are struggling for power.

I’ve had women hit on me pretty hard as well. I’ve had some women be incredibly inappropriate to me, and part of sexism is thinking that it’s OK for a woman to treat another woman that way. And it’s not. It’s not OK. It’s still, once again, a power dynamic. You’re trying to exert your power over me, and make me feel like I can be under your control. You’re trying to oppress me.

Event organizers spend much effort attempting to manage and control the gender dynamics at their events. Some control the space by setting a financial barrier for entry. Brad charges a slightly higher-than-average door price for his events, not because he needs the money, but as a way to filter the crowd he hopes to attract—and repel. “I basically want the six bros [young, hyper-masculine alcohol drinkers] who come up, to be like, ‘Twenty dollars?!’ and walk away,” he told me. “That’s the sort of way I keep them out.”

In general, the impact that organizers have on the maintenance of cultural norms in the scene cannot be overstated. Underground events have a certain amount of organic growth and grassroots, cooperative development (some far more than others, especially those which are focused more on making a profit from ticket and alcohol sales), but in the end they still are paid events where the organizer's word is the final say. The impact this has on the dynamic of the events, including the safety of attendees, is something that could be better harnessed to reduce the potential dangers from riskier consumption patterns at mainstream events.

On the well-earned distrust of researchers

For harm reduction campaigns to work, users must not only have trust in their recommendations, but in the people recommending them. Drug users only truly trust other drug users, or people so explicitly non-judgemental they can't tell the difference. There is a shared sense of risk and culpability when both parties partake in the same illegal and taboo activity, but more importantly, there is an implicit understanding of the lived reality of drug use. As discussed in Chapter 1, this perspective is not understood by most non-users.

Early in my fieldwork, I posted calls for research participants on several Facebook groups. In the largest group, Toronto Rave Community or TRC, which had about 40,000 members at the time, I was interested to find that I attracted my own personal online "troll." He followed me around, calling me a "narc" on various postings of mine. Most people were very supportive of my research, and I had lots of encouragement from others telling me to not worry about the trolls. But it stuck with me as indicative of the fear of outsiders, born of stigma, misunderstanding, and legal oppression, that all drug users carry with them, to various degrees.

Later, concerns about me being a narc were echoed in some of my interactions, usually through humour. Brad was particularly vocal about the dangers of talking to me at all, despite—or perhaps because of—how open he was about sharing. The reasons for calling me a narc, whether it was someone online trying to antagonize me, or used as a joking term of endearment by my research participants, seemed to lie somewhere between an ironic self-awareness of how insulated middle-class ravers actually are from consequences for their drug use, and genuine unease at fact that most of the drugs they use *are* illegal, and police busts *have* happened at raves before, and, surrounded by the recent whirlwind of uncertainty about online privacy, the prospect that no one really knows who could be paying attention and for what reasons.

I posted another call for participants a couple of months later in a different group. This time, among the positive affirmations and helpful responses to the post, I got a more thoughtfully crafted accusation of being a narc from a person I'd never met, Tom:

Tom: Anyone who would answer yes to using anything is fucking things up for everyone, as they give a reason for cops to raid events and push the argument that it's all drug related. I don't know what [your] research is about, but unless it is including consciousness expansion and other benefits of taking drugs, I believe taking part in this would be collaborating with a snitch.

When I read this, I instinctively flushed with annoyance at the idea of someone holding such a misguided opinion of my intentions. After getting a grip and thinking it through, I reached out to him privately to engage with his concerns, feeling a responsibility to assuage reasonable fears among community members.

We chatted for a while, and I was able to satisfy him that my intentions and ideas were not malicious. In fact, it was interesting—and validating—that he had specifically pointed out the importance of issues around “consciousness expansion and other benefits of taking drugs” which were indeed becoming integral components of my research.

He had every reason to be skeptical, as these aspects have been very little explored in previous research. Users are aware of this fact, which exists for a multitude of reasons, mostly political—none of which change the fact that most research has been status quo to the point of detrimental to drug using communities. As most research is done under the constraints of prohibitionist policies and funding (Agar 2006), it usually ends up reproducing stigma and compartmentalizing ‘drug use’ as pathological behaviour worthy only of intervention, and drug users as unworthy of agency.

The concerns Tom had brought up and our subsequent conversations stuck with me long afterwards. “So while I do not believe you have bad intentions,” he told me, “Documenting what you are documenting is not ‘safe’ for the community. Your research gives a voice to people who will use it without even considering our perception.” He is not wrong about the potential ramifications of shedding light on clandestine and illegal practices. Is there any worth, then, in studying, and publicly publishing about, a culture whose secretive ways are exactly what keep them safe?

The rave community has developed significant customs and unwritten rules of discretion which have been carefully cultivated to protect a community which is, and I say this now with the

weight of my research experiences behind me, put far more at risk from outside intervention than from their own internal practices. The worst effects of drug use at raves do not come close to the average levels of humiliation and agony experienced by those placed in the carceral system for their own drug use. Ravers may not go to jail very often, buffered as they are by various privileges, but others do for using, purchasing or selling the same drugs. So, I wondered, if my research could aid the oppression of my research participants in any way, is it worth it? Can I do this research in a way that causes no harm and only benefits the community? If my research results are cherry-picked and decontextualized by antagonistic parties such that I inadvertently cause short-term harm by accidentally giving ammunition to law enforcement campaigns and structural oppression against drug users, could the long-term benefits from research that calls for an end to the prohibition that oppresses them possibly outweigh these harms? Is this kind of cost-benefit analysis not problematic in its own right?

There are no easy answers to these questions. But I did have these conversations with many people in the community in which I did my research, who communicated their desire to have these stories and perspectives shared as an important and currently undervalued part of a larger public conversation, and expressed confidence in my ability—or at least my desire to attempt—to treat the subject with the necessary care and thoughtfulness. I also shared this thesis with key research participants before final submission to ensure that I received their feedback and approval.

The supposed value neutrality of harm reduction

Harm reduction means that instead of just telling people to not use drugs, we acknowledge that eradicating the human desire for consciousness alteration is an unachievable goal, at the very least in the short term, and thus we instead teach users how to use drugs safely. It's the pinnacle of reasonable health measures, intended to be a counterbalance to historically inadequate, damaging and pathologizing abstinence-only prohibitionist responses. Because of the power of its supposed value neutrality—a welcome antidote, in an era that prizes empiricism, to moralistic responses to drug use—it is a measure that has the ability to appeal to capitalist rationales around health care costs as well as the compassionate concerns of activists and health care workers. It is a response which began as radical and has now begun to conquer the

mainstream (Cavalieri and Riley 2012). But conveniently, it often does a very good job of paternalistically ignoring the need to listen to drug users themselves.

The idea of using a pragmatic rather than ideological approach to the “problem” of drug use is indeed highly useful to appeal to an empiricist mindset and steer the conversation away from the subjective morality that has long dominated drug policy. However, there is a double edge to this sword. By distancing the harm reduction movement from subjective values, it ignores the subjective experiences of users. Harm reduction professes to use objective cost-benefit analyses (Hathaway 2001), yet with so little attention paid to the ‘benefit’ side of the picture, “any cost–benefit analysis of drug use will inevitably drift toward evaluation of the costs alone” (Mugford 1993:28). And as Tom made clear before, the benefits of drug use are a significantly understudied component, leaving the picture of drug use only half drawn.

The paradigm of harm reduction is heavily influenced by studies of drugs whose usage is motivated partly by addiction and which require, and are hence compromised by, heavily technical practices. There’s so much that can go wrong with needles, and in focusing on those problems one can much more easily avoid the elephant in the room of prohibition, poverty, and marginalization as the ultimate source of harms. A researcher can skirt around it, stay comfortably apolitical, relegate controversial and attention-attracting denunciations of prohibition to timidly hedged conclusion sections and footnotes. In this way, the focus of action and responsibility stays on the individual bodies of users, the choices they make and the resources they have access to. This is like throwing buckets of water on someone as they stand at the window of a burning house begging for the actual source of the fire to be put out for good. Treating prohibition as an indisputable fact of life may help with shaping the practicalities of short-term interventions, but without vocal critique, it’s normalized again and again as a *de facto* structure to which interventions must yield.

With the many clear harms of highly addictive drugs, this system works well enough for empirically-minded drug researchers working with heroin and crack addicts, or enough that it has gone relatively unchallenged. But with party drugs, used recreationally on weekends, what harm reduction recommendations for users have I uncovered? Well, specific recommendations differ for each drug, but in general: Test your drugs because since they’re illegal, there’s no one making sure that they’re safe. Know how to hide them from law enforcement, who will bring more harm to your life than the drugs themselves. Create a trust network for sourcing because sellers of illicit

drugs have no accountability like suppliers of legal food and drugs do. Learn and spread community knowledge to counter the misinformation spread by abstinence-only fear campaigns. Practice dosing because there's no instruction guide and no labelling on your drugs like there is for drug users who prefer alcohol or nicotine. Harm reduction recommendations for party drugs, the way they are most commonly used, make it undeniably clear that the dangers come from the constraints of prohibition rather than from qualities inherent to the drugs themselves. Indeed, as discussed in Chapter 3, many of the reasons that drug use within the rave scene is really quite *unproblematic* are because ravers are relatively immune to many constraints that prohibition places on socioeconomically-disadvantaged users.

These are all insights that would not have arisen without centering in my research a significant respect for the lives and voices of drug practitioners. Traditional, and especially non-anthropological, research has not often made room for this perspective, choosing instead to take for granted the same assumptions that have driven research for decades, causing drug practitioners such as Tom to assume researchers are all “narcs” and part of the same system that oppresses and threatens them. However, if researchers do not actively take a stand against this system, we may as well be.

Hathaway argues that “despite having short-term political advantages,” by attempting to forge the common ground in drug debates, harm reduction’s “‘value-neutral’ style of discourse undercuts deeper moral foundations” (2001:125). The idea of harm reduction as value neutral is betrayed by its very focus on harms, and in doing so, it hinders progression of a human-rights-focused argument, centred around the agency of users and communities themselves. And with tens of thousands dead in Latin America from the U.S.-led War on Drugs (Breslow 2015), and millions of structurally oppressed peoples being held against their will in prison for responding to the innate human desire to have autonomy over their own bodies and to alter, enhance, dull, or escape normal consciousness, drug use is indeed an issue of human rights.

This illusion of neutrality is “rarely respected outside academic circles” (Hathaway 2001:134). With prohibition being the most significant factor in the dangers around drug use, harm reduction research has to be politically engaged if it is to truly combat harms. If it is not, we are simply further validating the status quo that is endangering users in the first place. But more importantly, it shouldn't take this kind of research to uncover the dangers of prohibition. Drug

users themselves have been saying it for years. “Your entire thesis should just be two words,” I was told by one practitioner. “Legalize it.”

Harm reduction in practice: Policy recommendations

If, through this thesis, I focus only on critiquing prohibition and the sociopolitical structures that keep it in place, I may end up neglecting the practical solutions that could have a real effect on unsafe drug use practices, which do happen, even in the safest parts of the rave scene. But if I make specific harm reduction recommendations the main focus of my results, I might be further reifying the focus on individual users as the locus of attention, and harm as the main framework through which to view drugs. So, what to do with this conundrum? Bourgois discusses how “treacherous” this challenge can be:

In an attempt to reduce structurally imposed social suffering by applying one’s knowledge to promote one particular drug treatment modality or public policy over another, the specific intellectual risks merely tinkering with the efficiency of biopower and missing the more complicated picture of the multi-faceted ways power operates. Even the best of intentions to help or to serve the socially vulnerable can also simultaneously perpetuate – or even exacerbate – oppression, humiliation and dependency of one kind or another (2000:168).

What helped me to sort out this problem in the context of my research in particular was to look at the actual harm that drugs were causing among my participants. In six months of fieldwork, plus subsequent ongoing near-weekly trips to Toronto, I can count the number of truly concerning experiences on one hand. Yet in the same amount of time, I saw a vibrant, healthy community and culture based around music and consciousness expansion, both legal and illegal. Harm reduction in this context can only do so much under the current political circumstances. It has hit a wall, and that wall is prohibition. With this in mind, rather than further entrenching systems of governmentality and control, drug researchers should begin supporting bodily autonomy and individual and community agency as essential arguments alongside harm reduction.

The most important recommendation for harm reduction which has arisen out of my fieldwork is one which must be implemented at the level of policy: event organizers must be given immunity from accusations of ‘condoning’ drug use through their attempts at harm reduction. This is the most important policy change which needs to be implemented immediately. Its effects will be wide-reaching, as it will allow organizers to actually implement the harm

reduction methods they are already aware of and already want to implement—such as providing testing kits and incorporating safe drug use recommendations into official festival information resources—but are not able to for fear of attracting the attention of law enforcement or losing their insurance (CBC 2015). I myself was almost kicked out of a large, mainstream camping festival when security found out that I had brought a number of test kits with me to share, even though test kits are perfectly legal to buy and possess. They provided little reasoning for harassing my campmates and I about this issue, other than vague notions about “paraphernalia” and “sending the wrong message”.

If the above change were implemented, the integration of technology into the scene has huge potential for spreading harm reduction. There are various ways that social media and smartphones can be used creatively to promote safety, such as having messages about rave safety and drug use information shared through both official and unofficial channels. But this and many other potentially helpful campaigns all depend on policy change which reframes harm reduction outside of ‘condoning’ drug use, and eliminates the moral stance on which this judgement is based.

Benefit enhancement in practice: Policy recommendations

Duff (2004) argues that harm reduction programs have little to offer for the vast majority of drug users because harm reduction is not targeted towards them. Drug use prevention efforts target only casual or non-users, and treatment efforts target full-blown addicts, leaving the needs of the majority who fall in between unaddressed.

If like most drug users, one’s use is social or recreational, and one doesn’t arouse the interests of law enforcement authorities or treatment services, then essentially one is left to one’s own devices in this country, irrespective of how harmful or problematic this drug use may be at present or in the future. ... I would argue further that the problem lies at root in the very conceptualisation of harm minimisation. It should not be surprising that a policy that concerns itself almost exclusively with the harms associated with illicit drug use should find it so difficult to address the concerns of more than a small minority of drug users. The failure here lies in the failure to conceive of drug use in more heterogeneous and dynamic ways (Duff 2004:388).

Contemporary drug policy tends to focus on the ‘problem’ of harms while downplaying or sanitizing considerations of pleasure or benefits, but the principles of harm minimisation “will remain indifferent to the concerns of most individuals who consume illicit substances until it is able to conceive of this issue of pleasure” (Duff 2004:388). Harm reduction should, as a practical

goal, include pleasure and the benefits of drug use as fundamental concepts through which to relay messages about safety, as these are the concepts through which users experience drug use. Exploring ravers' lived experiences with illicit drugs in the underground scene show mainly narratives of pleasure, fun, bonding, learning and personal growth. Indeed, I heard people say "I love drugs" and "drugs are great" so many times that I eventually stopped writing down those phrases in my notes.

Margery: Drugs have really changed my life. They've really helped me become more of a better person and expanded how I view the world, and how I look at consciousness, and intelligence, and all that stuff.

Potential harms were acknowledged readily by all users that I spoke with, and attempts are frequently made to avoid them. But risk, danger, harms, problems, negative consequences, abuse—these are not the concepts through which drug use is viewed and experienced overall by actual users. For most of them, this is not because they are unaware of how dangerous drugs can be. It is because these generalized narratives of risk and danger do not actually correlate with their lived experiences.

If the existence of benefits is to be acknowledged for the sake of harm reduction, this has wide-reaching implications. The natural extension of this acknowledgement is that these benefits can be augmented for their own sake, so that the average story associated with drug use looks something like Daniel's or Margery's. Doing so will bolster the prioritization of *health and well-being* rather than solely the *reduction of harm*, such that the overall experience of responsible recreational drug use can have a net positive effect on those who use them. Furthermore, despite my emphasis on the advantages provided to ravers by their socioeconomic status and specific culture, the potential benefits of careful and guided usage do not need to be limited to them. As such, what might applications of benefit enhancement to harm reduction look like in practice?

- Allowing drug-positive messages alongside harm reduction information—potential risks as well as potential benefits.
- An ethics of moderation, rather than abstinence, to replace the all-consuming fear of 'promoting drug use' that hinders effective communication: "Take only one pill, not three." Suggest less harmful drugs: "MDMA is great but it can really mess you up if you use it every weekend. Try small, spaced-out doses of GHB, or a joint instead". This of course is predicated on the shift, argued for above, toward understanding what makes a drug harmful

in what context, and further research on both the potential and most common harms of each drug.

- Encourage users to take time to meditate while on psychedelics.
- Recommend that MDMA and psychedelics be used with close friends and family rather than at parties.
- Develop and suggest advice on how to integrate experiences and insights gained while in altered states of consciousness into everyday perspectives.
- Teach the idea, from a young age, that drug consumption is an activity which takes practice to become adept at, like any other form of consciousness expansion. “You have to practice doing drugs, including alcohol. You don’t want to K-hole in the middle of a dance floor. Experiment and find your limits in a safe space. At home, with family or trusted friends.” As well, emphasize that this is a process which should only be explored by adults—not because “we say so” or “that’s the law” (a type of reasoning which young people resent), but because research has shown drugs’ negative effects are more harmful to youth, and their positive effects are not as available until the brain has reached maturity.
- ‘Bad trips’, or ‘learning experiences’? Building on grassroots psychedelic peer education, such as the Zendo Project’s ‘Psychedelic First Aid’ (Anon nd.), it would be productive to reframe negative psychological experiences outside of shame and fear and into tools for learning. This will reduce the potential for emotional trauma stemming from ‘bad trips’ and increase the chance of positive long-term outcomes. Some dangers and harms are not perceived to be overly costly in the overall cost-benefit ratio if a user is well-prepared for them. This is especially considered by practitioners to be the case when negatives are one-time events such as vomiting or nausea.

Jake: I kind of feel like you have to have a valley that you go through with something, in order to teach yourself how to deal with those situations. It helps you deal with those things going forward later on. So, for me, that was my whole challenge. I wanted to put myself in those types of positions, and then be able to handle them. And now, I feel totally comfortable with that.

You know, my fiancée, I’ve tried to encourage her to get to this place where she is able to sort of let go. It’s about freeing your anxiety. A friend of mine, she has a very similar personality type to my fiancée, in the sense, where, she’s a person that’s very sort of, type A. Wants to control things, and she suffers from a lot of anxiety. And we were having this whole discussion with her, where, it’s like, I think you should do something like this, because it helps break some of those barriers. Once you’ve done something like

that, you've ingested it, there is no going back. Like, I can't take it out of your brain, so, you're on this ride, and you just learn to let go and enjoy it for what it is.

All of these ideas would require more study and consultation with users in order to develop more rigorous guidelines and recommendations. Overall, users should be encouraged to look at their drug use not as a habit or a pastime, but as a *relationship*—one that can be a positive influence on their life, or a negative one, depending on how it is cultivated.

Chapter 5: Conclusion

Arguments for including the benefits of drug use in crafting harm reduction policy and messages have begun to gain strength. Harm reduction campaigns must acknowledge the benefits of drug use “to ensure health promotion messages are considered credible and acceptable to users” (White et al. 2006:137). I propose that studying the benefits of chemical-based consciousness alteration, whether clinically or through qualitative, user-experience-based research, should be done not just to aid harm reduction, but for its own sake. Clearly there is (to channel the words of Agar), *something happening* with these substances and the communities of people who are utilizing them. Something important and meaningful. So to relegate the potentially profound significance that these chemicals offer to pragmatic considerations of harm reduction, while continuing to view drug use overall through an abstinence-oriented prohibitionist framework, is to ignore the reality of consciousness alteration through chemical means as a global, cross-cultural, and highly varied phenomenon. The ‘drug warrior’ paradigm has been handicapped by politics from the start in the way that few other fields of study have been (Agar 2006). Researchers must stop focusing solely on those problematic aspects of drug use that suit the dominant paradigm, and build a new paradigm which actually reflects the diversity of drug use experiences.

However, the implementation of benefit enhancement has broader political implications. If pleasure and benefits are acknowledged, we will be confronted with the possibility that these drugs, ostensibly so dangerous and destructive with no redeeming value, have been miscategorised and misrepresented. For if the benefits of and pleasures derived from certain illicit substances are given weight, and compared reasonably to the few actual harms caused when used under ideal conditions, then one might have to wonder why they are illegal at all. Indeed, “arguments for legalization are certainly no longer novel or marginal” (Muehlmann 2014:15). This message, while rapidly gaining strength among activists and policy advocates, is still politically contentious. This leaves us at an impasse with regards to moving forward with improved harm reduction structures, practices, and messages.

Meanwhile, practitioners themselves are unanimous on this issue. No question that I asked people had greater consensus than this one: “What should be done to make drug use safer?”

Alan: Legalize it. Alcohol's legal. Tobacco's legal. Legalize it, tax it, and take that money and pour it into the health system. Education, infrastructure. Don't let private prisons make money off a health issue. Education. State the facts about drugs, what to watch out for. Have places where young people can go and get that information easily. I think it should be taught in schools. Maybe not in kindergarden, but in middle and high school. People are gonna do drugs. [Shrugs.] People are gonna do them.

Adam: I would legalize that stuff. And I would make people get it on a prescription basis. I would make sure that it's being given to people unadulterated, in correct dosage, and that they are informed as with any other medication, of what the benefits and side-effects and how much they can take on the box. I think it could be no more harmful than an anti-depressant. And of course we would have people that would take more of it, but that's the case with anything. I mean, people die of drinking, people die of eating entire boxes of anti-depressants.

Carol: Legalize it. I think it just makes sense. I think all drugs should be legal and we should tax the hell out of them. In Amsterdam, they've taken away the taboo. Drugs being legal would make them harder for teenagers to get ahold of.

Chris: It's the fact that it's illegal that makes it dangerous. That's the simple reality. When you had [alcohol] prohibition, it was the laws that made moonshine illegal to begin with that were responsible for the production of a toxic product. People suffer the consequences of it not being legal, and therefore not being monitored. And what happened was the state tried to use those few incidences to justify, through fear tactics, cracking down on moonshine. And this is reflected right now in a lot of our drug culture. It's a culture of fear that we have here. It's that almost idealistic sense that if we make rules, that will create the society that we want, then it eventually will become a reality. In ignorance of the realistic aspect, which is, people are going to do this, and we have to take measures to minimize the negative effects.

Eleanor: Make them legal. So that, like, with shitty research chemicals, okay, they make some illegal, and then people just make more research chemicals to evade it. But then it keeps going, so they're like, OK, time to make the next round of research chemicals illegal, so it just keeps going and people make more, shittier ones. But then it gets even more dangerous. M isn't even dangerous.

Right now, there is a clear dichotomy in the content of messages about drug use offered from two different perspectives. Descriptions of the negative effects come from official literature, prevention programs, politicians, journalists, teachers, et cetera. And the positive stories and descriptions come from users themselves. To be clear, I have noticed that drug users consistently temper their information far more than the former group. They almost always hedge their positive descriptions with caveats. Brad, for example, during our interview, would always preface stories about a drug's wonderful effects with a qualification about how dangerous it can be when misused.

Hilary: Is acid still your favourite, would you say?

Brad: Yeah. I mean, acid's dangerous. Don't let anyone say it's not.

I have not found any sources of information that are entirely positive in nature about drug use and which contain no reference to any negative side effects or cautions. I have, however, found many sources of information, perhaps even the majority, that focus entirely on the negative effects and dangers, with absolutely no reference to positive effects other than, perhaps, one sentence about users' reported feelings of pleasure (usually described in a mechanistic, neurobiological reference to serotonin release). Still, sometimes, especially as regards marijuana, there is such a focus by advocates on the benefits that the rhetoric as a whole is simply off-balance the other way.

Brad: Everyone goes through a phase when they start dabbling in substances where they're like, "everyone should do this, and the world is totally wrong and they're just trying to control our brains." Like, no, there's a dark side. There absolutely is.

Both of these perspectives need to be tempered. If official sources were more willing to be forthcoming about all the genuine and widely cited positive effects that users experience on these drugs, then perhaps users themselves, especially young and inexperienced ones, would not feel the need to counterbalance the overwhelmingly negative rhetoric by exaggerating the positive effects of these drugs to their peers, and would temper their own positivity with some of the realities of unsafe use. Marijuana's incongruous illegal status plays a significant role in its portrayal as "barely a drug" among users. However, as benign (and indeed, potentially beneficial) as it is in terms of its health effects, there are real negatives, such as its behaviourally addictive potential, that can get lost in the rush to counter the fear-mongering hysteria that surrounds it.

Right now, drug users are learning about both the positives and negatives of the substances they consume, one way or another. This often happens through personal experience; many users I spoke with held the firm belief that "trying it for myself" is the only source of information they trust, which, though obviously potentially problematic, is not an unreasonable position given the dearth of balanced and accurate information available and the prevalence of misinformation. Thus many practitioners end up getting, overall, a balanced amount of information. But many of them do not, as evidenced by the many instances of harmful or troubling use I witnessed over the course of my research. I would feel a pang of frustration every time I saw someone wash down a shot of GHB with beer, or take two pills at once. In the end, practitioners and non-practitioners alike mainly end up receiving information which vastly over- or under-exaggerates potential harms and risks of drugs, depending on who they trust most.

Bobby: You only hear the negatives from people, normally. And that's the problem, that's the stigma.

Janet: People who don't use drugs don't understand the benefits of using drugs. And people who use drugs don't understand the downsides. It tends to be one way or the other. People are really blinkered.

This is a system that is not working on either side. Users should not have to rely entirely on sources of information which are subject to severe biases and inaccuracies based on the goals and politics of their proponents. Even sources of information that claim to be giving unbiased fact tend to lean towards only the negatives (e.g., Kuhn, Swartzwelder, and Wilson 2014). It would seem that this is because the negatives are the only aspects that are backed by peer-reviewed science, however, as discussed in Chapter 1, when that science is funded by sources which assume *a priori* an inherent moral stance against drugs, how reliable can the results be?

Meanwhile, the voices of millions of practitioners' lived experiences are considered merely anecdotal under this model, as they have rarely been recorded with scientific rigour. If 80% of user experiences with MDMA are positive—a very conservative estimate, by my count—then 80% of the overall story should focus on that. I can think of no other phenomenon which is as perpetually subject to the political and moral sway of those who have no experience with the phenomenon itself, a state of affairs around which people who use drugs have begun to organize (Canadian HIV/AIDS Legal Network 2006).

Bobby: No good will ever come from drugs like meth, and crack, and heroin. And cocaine as well. You'll never hear someone say, 'oh cocaine really changed my life'. You know? You're never going to hear that. But, on the other end of the spectrum, you will hear that quite a lot about ecstasy. And LSD, and things like that.

And this is why I still continue to do things like ecstasy and MDMA regularly. Because I still get those same feelings like I felt the first time. Today. And I've come a long way, it's opened me up. For me, in the very early years, it allowed me to come out of my shell. Because I was bullied and picked on a lot, all the years growing up in school. So I finally found people that all just loved and accepted me for who I was, and just didn't care, we were all out to have a good time.

But I was able to actually like, take that away from that, those feelings I would have, and just sort of dropping those barriers around me, being able to talk to people. I had a hard time just meeting someone new, and breaking the ice. Once I knew them I could talk to them for hours. But up until that point, it was really hard for me with those social barriers. So I was able to take that away with me to normal life, and it improved my life immeasurably. Immeasurably.

This is what has come out of my fieldwork. It is not enough to speak only of pleasure and benefits as a function of safety and risk reduction. There are concrete, identifiable benefits to be

found in the use of drugs in their own right under specific circumstances, from alcohol and caffeine to amphetamines and LSD. This statement should not be controversial when one considers that clearly, drugs, especially non-addictive drugs, which have no benefits at all would not be used by anyone, let alone millions of people. This reflects the cognitive dissonance that illegal drugs have been subject to in public and academic discourse for decades.

Thus, we should draw upon the lived experiences and knowledge of drug practitioners and ‘crowdsource’ this knowledge into workable avenues for future research. Biomedical research on these topics has just begun. However, users have developed “some fairly detailed strategies and technical vocabularies” around the use of consciousness-altering substances, “from which there is something to learn” (Race 2009a:xiii). Further ethnographic insights about the social context of use could greatly benefit studies that are being done on the therapeutic potential of psychedelics and MDMA, drugs which show great promise but which are clearly not magic bullet solutions on their own, as seen from patterns of abuse, which exist even for psychedelics.

There is work to be done in order to excise the moral valuation, the judgements of good versus bad, and the biochemical determinism from the interdisciplinary study of drug use. The discussion would become far more productive by focusing on the *intentionality* of drug use, and the *contextual* use of mind-altering substances—how drugs interact with the body, the community, the mind, the immediate social and physical environment in which they are used. With its methodological advantages, as shown through this thesis, anthropology in particular stands well-positioned to help mediate these spheres of knowledge.

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Appendix A: List of drugs

Mushrooms (shrooms)

Psilocybin mushrooms are the psychoactive substance which tends to be most closely associated with use specifically in natural settings. Outdoor festivals and cottage or camping trips are the main environment in which mushrooms are consumed. However, they do enjoy some popularity within rave settings. They are often the third or fourth drug (after alcohol and cannabis) that users try.

Ella: Personally, I don't do chems anymore. The most I do nowadays is like, shrooms, smoke a bit of weed, but mainly just shrooms.

Hilary: Growing-in-the-ground style stuff.

Ella: Yeah. You know, it's a lot less, dirty-feeling. Yeah, like there's that weird chem feeling you get, like the next day, where you're like, ughhh, my insides feel like they need to be scrubbed.

GHB (G)

A central nervous system depressant, GHB's effects are often compared to alcohol and cannabis with "a hint of MDMA-like euphoria." It is popular at raves in part because it is known to be a harmless drug when used properly. With proper dosing and administration, there are no negative side-effects and, significantly, no hangover the next day.

Daniel: When it kicks in, it feels like meeting an old friend for the first time.

The main downside to GHB lies in its finicky dosing: 2-5mg is the general range for a dose, but this varies greatly by person, and consuming even one or two milligrams too much can cause nausea. Two or three milligrams too much can cause the person to "G out"—to fall into a deep, unrousable 4-hour sleep, not something which is ideal to experience on a crowded dance floor. These dangers are greatly exacerbated by the difficulty of knowing the exact strength of the GHB a person has purchased, unless it is purchased regularly from the same source. The other main danger with GHB is in combining it with alcohol, which can significantly augment its effects and can lead to nausea, vomiting, and in very severe cases, death. Whenever I asked medics what the most problematic drug in Toronto is right now—initially assuming, based on the media hysteria around it, that they would say MDMA—they always said GHB.

Marijuana (weed, pot)

Marijuana is very commonly used at events, both outdoors and sometimes indoors, on dance floors and in smoking areas. It is considered to be the most benign and least harmful of all recreational drugs.

EMS medic: Overdose on marijuana?! Get him a nap and a bag of Doritos, stat!

However, for some users, marijuana's very innocuousness causes it to become problematic and habit-forming. It is often used in conjunction with other drugs for various reasons, such as to aid with the comedown from MDMA, or to enhance a psychedelic experience.

4-FA

4-FA's effects are often described as "halfway between MDMA and speed." This drug has experienced a particular surge in popularity among one particular group that I spent time with during my research. Most were over the age of 27 or so, and all had gone through a "love affair" period with MDMA, many experiencing the increasingly unpleasant side-effects often associated with long-term MDMA usage. As such, most were pleased to find that 4-FA could occupy the niche that MDMA normally does—energy, euphoria, sociality, dancing ability and enjoyment—but without the hangover effect.

Ketamine (K)

Ketamine is a dissociative which is quite unlike most other rave drugs.

George: Stimulants bring you up. Depressants bring you down. With ketamine... You go sideways.

Users find ketamine's effects very difficult to describe, though most state that the effect it has on the sounds and sensations of music to be the most enjoyable and desired part of the experience. It is snorted in powder form, causing dosages to be trickier than that of pills or even cocaine; it is overly difficult to take too much ketamine if a person is not paying attention.

Charlie: If you've ever watched someone K-hole, it's awful. It's really unpleasant for everyone involved. It's totally like, you think, I'm never gonna touch this substance. But it takes a lot, to do that. If you use a microdoser, which basically puts out a tiny little bump, and it only lasts like, you know, five or ten minutes, it's very much like a Tuesday night kind of thing. You can just do it and you'll be at work the next morning and it's nothing.

2C-B

A “light” psychedelic, often compared to a “less intense” version of LSD or mushrooms, with the notable difference of having a much shorter duration (around 3-4 hours), and primarily involving visual and tactile/embodied sensations rather than thought processing.

Hilary: How was 2C-B?

Eleanor: It’s good [laughs]. I feel like it’s better when it’s like mixed with something. Cause on its own, like yeah it’s a psychedelic, but it’s kinda like, empty, I guess. It feels more like, drug candy or something. [Laughs.] I don’t know how to explain it.

Hilary: Interesting.

Eleanor: Yeah, like the visuals are like acid except the headspace is not. It’s really, I dunno, not trippy. Like with shrooms, it really mindfucks you, you’re just like ‘oohh what’s going on’, it’s like ‘my brain feels really weird’, that sort of thing, but 2C is not like that. The headspace is really chill. You wouldn’t ever freak out on it, it’s not like that. So yeah. It’s a good noob [new person] drug I guess. It’s good for mixing.

Amphetamines (speed, ADHD medications)

Amphetamine (speed) is often cited by older ravers as having been popular in their youth. Today, it still enjoys some popularity, especially at longer events and festivals. However, ADHD medications such as Adderall or Dexedrine are sometimes used in place of speed because they are very similar in their chemical makeup and effects, but their regulated pharmaceutical purity makes them safer than black market amphetamines.

Methamphetamine (meth, crystal)

Only one of my interviewees, a former user whose heyday was in the original late-1990s rave scene, cited this as one of her favourite drugs. It is not uncommon in the larger electronic music scene, but among most of those I personally spoke with its use was almost unheard of. It tends to be quite stigmatized, along with crack-cocaine and heroin.

Nitrous oxide

Sometimes jokingly referred to at festivals as ‘hippie crack’, nitrous oxide can be legally purchased at bakery supply stores in Canada. It is normally used by filling up a balloon from a whipped cream canister and inhaling the gas from the balloon. It is especially popular at music festivals, as one of its most common uses is in conjunction with psychedelics such as LSD, which many people use at festivals. Though legal to buy and not harmful, like most substance-based methods of consciousness alteration, it is heavily stigmatized, sometimes even among casual

users of illegal drugs. Several people mentioned that their main concern with nitrous was based on the environmental wastefulness of its delivery system (one-time use cartridges).

Others

There is a host of hundreds of other compounds, most discovered by Alexander Shulgin, which are also used by a small number of ravers and dedicated psychonauts. The most popular of these 'Novel Psychoactive Substances' among my study population were 2C-B and 4-FA, described above.

Appendix B: Photographs

Figure 1: A bag of supplements, intended to mitigate the potential neurotoxic damage from MDMA use as well as to enhance the high.

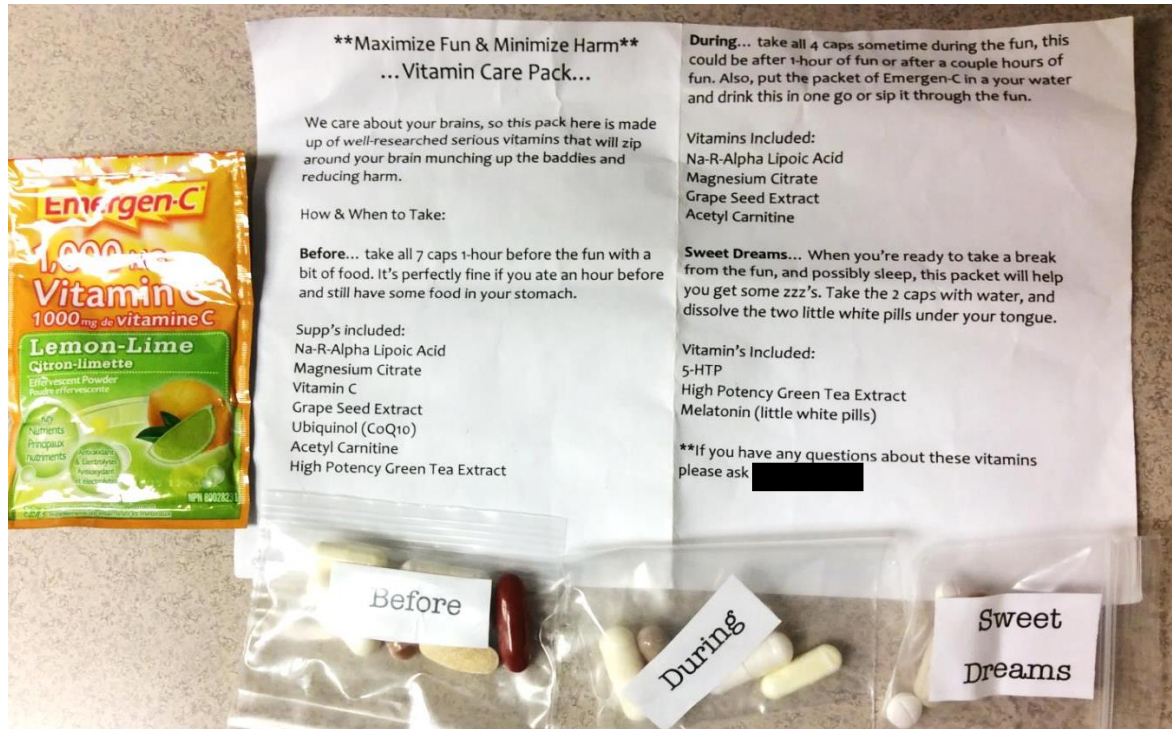
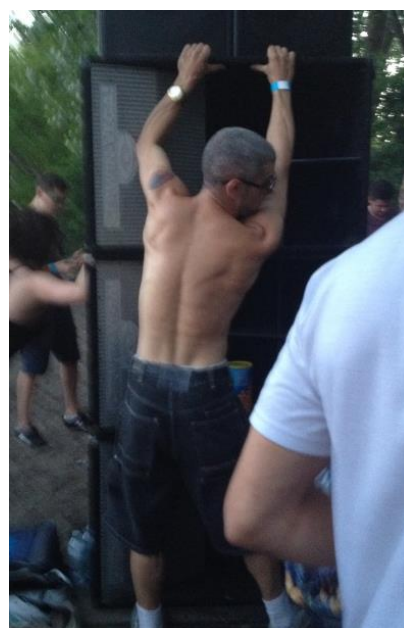


Figure 2: T-shirt for initial fieldwork outings.



Figure 3: A man hanging off of speakers at an event.



Appendix C: Ethics Approval



Research Ethics

**Western University Health Science Research Ethics Board
NMREB Full Board Initial Approval Notice**

Principal Investigator: Dr. Kim Clark
Department & Institution: Social Science/Anthropology, Western University

NMREB File Number: 106431
Study Title: Harm Reduction in Ontario Rave Contexts
Sponsor:

NMREB Initial Approval Date: April 10, 2015
NMREB Expiry Date: April 10, 2016

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Revised Western University Protocol		2015/03/26
Revised Letter of Information & Consent		2015/03/26
Recruitment Items	Call for participants (social medial postings)	2015/02/26
Instruments	Interview Topics	2015/02/25
Instruments	general topics for observation	2015/03/26

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Appendix D: Curriculum Vitae

EDUCATION

- Master of Arts (in progress), Anthropology, The University of Western Ontario, London, ON. 2014 – present
- Bachelor of Arts (Honours, with distinction), Anthropology, The University of Victoria, Victoria, BC. Minor in Hispanic Studies. 2006 – 2011

EMPLOYMENT

- Teaching Assistant, University of Western Ontario, Dept. of Anthropology 2014 – 2016
- ANTH 3340A, Biomedical Anthropology and Evolutionary Medicine
 - ANTH 2216G, Cultures of Latin America
 - ANTH 2211F, Cultures of the Caribbean

AWARDS

- SSHRC Canada Graduate Scholarship - Master's 2015
- Regna Darnell Graduate Award for Fieldwork in Sociocultural Anthropology 2015
- International Drug Policy Reform Conference Scholarship (declined) 2015
- Western Graduate Research Scholarship 2014

PRESENTATIONS AND CONFERENCES

- Presenter, *Western Anthropology Graduate Student Conference*, University of Western Ontario. “Part of a system one hates: Creating practically-oriented solutions while critiquing structural and theoretical constraints” March 2016
- Invited Guest Lecture, Anthropology 2201F: Urban Anthropology, University of Western Ontario. ““Drug practitioners’: Questioning assumptions in drug ethnography” November 2015
- Attendee, *114th AAA Annual Meeting*, Denver, CO. November 2015
- Presenter, *Western Anthropology Graduate Student Conference*. “Who Defines the Addict?: The Imposition of Labels in Anthropological Studies of Drug Users” March 2015

SERVICE

- Contributing Editor, *Cultural Anthropology* (AAA journal) 2014 – present
- Section Editor, Social Media, Society for Cultural Anthropology 2014 – present
- Reviewer, *Totem: The University of Western Ontario Journal of Anthropology* 2014 – present
- Social Media Coordinator, Alcohol, Drug and Tobacco Study Group, Society for Medical Anthropology 2015 – present
- Departmental Representative, Western Anthropology Graduate Society 2015 – present
- Communications Committee, Western Anthropology Graduate Student Conference 2015 – present
- Logistics Committee, Western Anthropology Graduate Student Conference 2014 – 2015
- Undergraduate Liaison, Western Anthropology Graduate Society 2014 – 2015
- Co-President, The University of Victoria Anthropology Students' Society 2010 – 2011