

**MANAGING RISK ENVIRONMENTS: AN ETHNOGRAPHIC STUDY OF CLUB
DRUG USE AND HARM REDUCTION IN THE EDM SCENE**

Nick Cristiano

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Abstract

Electronic dance music (EDM) has been linked to illicit drug use, especially the use of ecstasy (MDMA), ketamine, cocaine, and GHB. These drugs are so common within the rave scene that they are often referred to collectively as “club drugs” or “rave drugs.” Surprisingly, little research has been done on how the risks associated with club drugs are understood and managed by the people who use them. The risk/governance literature provides a useful starting point for understanding practices of club drug use and risk management. The literature frames people who use drugs as rational subjects who are responsabilized through expert knowledges about risk. In the present study, I look at how this responsabilization becomes complicated by “context.” The study, which is based on ethnographic fieldwork with people who use club drugs, asks: (1) how do people who use club drugs understand and manage the risks associated with these drugs? and (2) how are their abilities to manage these risks facilitated and/or limited by the social/cultural, legal/political, economic, and physical contexts of club drug use? The findings suggest that, while people who use club drugs are generally knowledgeable about the risks posed by their drug use and the recommended strategies for managing those risks, this knowledge does not always translate into practice due to certain contextual constraints (such as legal and policy frameworks, social norms, and the physical design of spaces). I arrive at the following argument: context complicates the responsabilization of drug-using subjects. On a practical level, I show the need for public health and harm minimization efforts aimed at reducing club drug risk to focus not only on individual behavioural change but also on environmental change.

Dedications

To my fellow ravers:
thank you for all the fun, laughs, and inspiration.

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Introduction

There's so many things I enjoy about raving. The first thing is to feel good at all points in a rave. Before I have even taken any drug, I know that I'm going to have a good day because it's just like, "yes, that's right. This is going to be good." The build-up of pre-drinks and seeing friends, then getting into that entrance and it's like, "okay, here we go." You can start hearing the beats in the background and it's like, "right, this is going to be it." The second thing would be just the whole high of it all – feeling good for seven hours, dancing all day. I love that. And meeting new people as well. For me, that's probably become the best part of going raving now. I've met so many people through it. Every time I go out for a rave, I meet up with people that I've either met at the previous one or new people and I love that. I love interacting with people and I love meeting new people and getting to know new people. It's a really good icebreaker when you're all off your nut and you can do that – meet each other. Everybody's happy. That's what's so good about raves. Everybody's happy. – Jamie

Despite its humble beginnings as a small, underground movement, raving has grown into a massive cultural industry (Malbon 1999; Purcell and Graham 2005; Ravn 2012; Sanders 2006). Around the world, rave parties are being held at nightclubs, outdoor venues, and other spaces, and millions of young people are attending them (Sanders 2006). As Jamie explained in the opening excerpt, raves are a place for young people¹ to socialize with their peers. They are a place to “let loose” and to celebrate the end of the work or school week (Ravn 2012), and to dance to electronic music played by live DJs. They are also a place where many (although not all) consume illicit drugs (Sanders 2006), which are seen as part of the joys and pleasure of raves

¹ In this study, I often refer to the participants as “young people” despite the fact that they are mostly in their late twenties and early thirties. I use this concept to reference not their age but their stage of the life course. There has been a general recognition in the sociological literature that the borders between all stages of the life course have become blurred today (see, for example, Furlong 2009; Heinz 2009; Klein 1990; Tanner and Arnett 2009). This literature recognizes that transitions between stages of the life course have become less about age and more about individual choices and self-determined timing. There has also been a recognition that transitions between phases of the life course are not always linear (i.e. people are going back to school or moving back in with their parents after years of independence). As I will demonstrate in this dissertation, the participants had not quite entered the stage of “adulthood,” as many were still (semi)dependent financially on others (i.e. parents, other family members), were not yet married, had not yet started a family, and were not yet gainfully employed. I therefore prefer to refer to them as “young people” and not “adults.” I still recognize that they are older than most people in the EDM scene and I explore at different points throughout the dissertation how their age uniquely impacts the ways in which they understand and manage club drug risk.

(Allott and Redman 2006; Hutson 1999). The most popular drugs consumed at raves are ecstasy (MDMA), ketamine, cocaine, and gamma-hydroxybutyrate (GHB) (Barrett et al. 2005; Duff 2005; Johnson et al. 2009; Kavanaugh and Anderson 2008; Kelly 2005; Sanders 2005; Sanders 2006). These drugs are so common within the rave scene that they are often referred to collectively as “club drugs” or “rave drugs.”

While subject to forms of hysteria and moral panic (Hier 2002), club drugs do pose a number of significant risks including: neurotoxicity, hyperthermia, hypothermia, depression, addiction, sexual risk-taking, overdose, death, dehydration, adulteration, impaired driving, and assault (see, for example, Crandall et al. 2014; Curran and Travill 1998; Green et al. 2005; Hall and Henry 2006; Hammersley et al. 1999; Kelly 2005; Pedraza et al. 2009; Topp et al. 1999; Veldstra 2012). Surprisingly, little research has been done on how these risks are understood and managed by people who use club drugs (see, for example, Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001; Kelly 2005; Perrone 2006; Shewan et al. 2000). Of the research that has been conducted, most of it focuses solely on ecstasy (MDMA), ignoring other key club drugs commonly consumed within the rave scene (Allott and Redman 2006; Hansen et al. 2001; Shewan et al. 2000). The existing research also tends to give little consideration to the role of alcohol in young people’s club drug using repertoires.

There is an even smaller literature that has looked at the influence of contextual factors on club drug users’ risk management² practices (see, for example, Bahora et al. 2009; Dunn and Degenhardt 2009; Hughes et al. 2017; Kavanaugh and Anderson 2017; Ravn 2012). In other

² In this dissertation, I differentiate between risk management and harm reduction/minimization. I use the term “risk management” to refer to individual practices of use. I use the term “harm reduction/minimization” when referring to the specific field of public health and the associated initiatives, programs, principles, and discourses. Harm reduction/minimization can of course produce information about “risk,” which then shapes practices of use (i.e. risk management practices).

words, there are few studies which have examined how contextual factors (such as legal and policy frameworks, social norms, the physical design of spaces) might limit or prevent people who use club drugs from employing risk management strategies within the rave scene. The present study therefore focuses on how people who use club drugs understand and manage the risks associated with such use, and on how their management of these risks is facilitated and/or limited by the social/cultural, legal/political, economic and physical contexts of club drug use. It focuses particularly on how people who use club drugs are “responsibilized” into drug-using subjects capable of managing their own health and wellbeing, and on how this responsabilization is sometimes complicated and/or impeded by “context.”

In this introduction, I provide an outline of the research study. Before explaining the specific research problem, I provide a general introduction to the research topic. I review three key terms that are relevant to the study: the EDM scene (which refers to the “contemporary” version of the rave scene), club drug use, and harm reduction. After this general introduction, I proceed to outline the specific research problem and research questions that are addressed in the study. I then outline the study’s theoretical framework and methodology. Next, I discuss the study’s theoretical and practical contributions. I end with a summary of the contents covered in each of the subsequent chapters.

What is the EDM scene?

When raves first emerged, they were underground, often illegal, ad hoc parties held in unlicensed and secret locations like abandoned warehouses, factories, garages, parks, and open fields (Anderson 2009). These parties were a place for young people to gather and dance throughout the night until early morning (Wilson 2002). The parties were often dark, crowded,

and loud, with throbbing, bass-heavy music reverberating off the walls, and bright and colourful strobes and lasers flashing along to the beat of the music (Hutson 2008). According to Hier (2002), the phenomenon of raving first gained popularity in the mid-1980s in the U.K., the U.S., and Spain (specifically, the resort island of Ibiza). By the early 1990s, raving had become an international phenomenon. It was at this time that the rave scene emerged in Toronto.

The music most commonly associated with the rave scene is Electronic Dance Music (EDM) (Anderson 2009). EDM is a “catch-all” term used to describe a variety of different sub-genres of electronic music (Hutson 2008). Fraser (2012) describes EDM as music made on computers with sophisticated music production programs. Using these programs, artists are able to produce EDM without ever having to actually play a musical instrument. As Measham and Moore (2009) explain, raves were traditionally based around Acid House music³. There are now hundreds of sub-genres of EDM. Some of the most popular include Trance, Techno, Tech-House, Drum and Bass, and Trap.

Today, the rave scene in Toronto and around the world looks very different than it did in the mid-1980s and early 1990s. What was once an “underground” scene with an anti-establishment, anti-mainstream, and anti-corporate ethos has now evolved into a mainstream, commercial enterprise (see Hutton 2010; Malbon 1999; Purcell and Graham 2005; Ravn 2012; Sanders 2006). This transformation is due in large part to enforcement efforts in Toronto and elsewhere aimed at eliminating the underground rave scene and its associated illicit drug use (Grayson 2008; Hier 2002; Kavanaugh and Anderson 2008). Traditionally, the rave scene has been associated with ecstasy. This drug is thought to enhance the joys and pleasures of raves and

³ Acid house is a sub-genre of house music that originated in Chicago. In the late 1980s, it spread to the United Kingdom and other parts of Europe where it was played at “rave parties” held in warehouses. It became the original “soundtrack” of the rave scene. It has influenced many newer forms of dance music such as trance, techno, and trip hop.

electronic music. Other drugs commonly used in the scene include: ketamine, cocaine, and gamma-hydroxybutyrate (GHB) (Barrett et al. 2005; Duff 2005; Johnson et al. 2009; Kavanaugh and Anderson 2008; Sanders 2005; Sanders 2006). Grayson (2008) explains that, in Toronto, fears over the underground rave scene, and the associated illicit drug use, reached an all-time high in 2000 after the death of Allan Ho. In 1999, Allan Ho died at a Toronto rave from causes later determined (in a coroner's inquest) to be MDMA-related (tests showed that he had consumed a lethal amount of the drug).

The resulting pressure from police, politicians, the media, and the public resulted in two key shifts in the rave scene. First, it forced rave parties indoors into licensed venues, and second, it gave rise to EDM festivals. In particular, rave organizers essentially tried to "legitimize" their parties by moving them indoors to legitimate, licensed venues, and by obtaining all relevant liquor licenses and insurance policies. This transformation of the rave scene was not unique to Toronto. Similar shifts occurred in other cities with established rave scenes including the U.S. and the UK (see, for example, Anderson 2009; Kavanaugh and Anderson 2008; Measham 2004).

The result of these transformations was that the rave scene merged with commercial bar culture (Kavanaugh and Anderson 2017). Rave parties went from being a part of the underground economy to becoming a part of the city's legitimate leisure economy. For Anderson (2009), another key cause of the transformation of the rave scene was the commercialization of EDM. He argues that EDM was "emancipated" from the rave scene. It can be heard today on Top 40 radio stations, in upscale restaurants, at gyms, and in the background of popular movies, television shows, and video games. For these reasons, many scholars and professionals today prefer to talk about the "Electronic Dance Music (EDM) scene" instead of the "rave scene," in order to make a clear distinction between the two. The former refers to a sub-scene of

commercial club culture whereas the latter refers to the underground movement of the 1980s and 1990s.

As part of commercial club culture, the EDM scene has taken on some of the routine elements of club culture style. For example, alcohol is heavily promoted at EDM events (see Kavanaugh and Anderson 2017). Grayson (2008) explains that, while alcohol was traditionally uncommon at rave parties, it has become an important part of EDM events today. In fact, many EDM events are sponsored by major beer and alcohol corporations. In addition, EDM events are increasingly held in nightclub venues which cater to other, non-EDM music genres and clubbing lifestyles (Anderson 2009). EDM events have thus been forced to adapt to the organizational styles of commercial nightclubs.

The introduction of alcohol to people who do not typically engage in heavy episodic alcohol use (i.e. “ravers”) has created a number of new risks including sexual and physical victimization. As Kavanaugh and Anderson (2017) explain, the aggressive promotion of alcohol in commercially licensed venues produces and facilitates direct-contact and predatory forms of harm including physical altercations with other patrons and/or venue staff and security, and aggressive attempts at courtship and sexual engagement. Beyond violence and aggression, the introduction of alcohol to the “rave scene” has also created a number of new risks associated with polydrug use. In commercially licensed venues, heavy episodic alcohol use is condoned and even encouraged, but club drug use is not (see Kavanaugh and Anderson 2017). Ravers may therefore engage in alcohol use when they traditionally might not have. For many, alcohol will be used *in addition* to club drugs, not *in place of* them. The combination of alcohol and club drugs can produce unique effects and unique risks. For example, certain club drugs like MDMA and cocaine can actually mask the effects of alcohol (see Veldstra et al. 2012). A person drinking

alcohol may therefore think they are less intoxicated than they actually are if they are also using cocaine or MDMA. They may consequently engage in higher levels of alcohol consumption than they normally would. I discuss how the introduction of alcohol to the “rave scene” has affected club drug risk and risk management in further detail in Chapter 6.

The second key outcome of the rave scene’s transformation has been the rise of EDM festivals. Montano (2017) explains that EDM festivals became popular in large part due to enforcement efforts to suppress the underground rave scene. Because rave parties were forced into licensed venues, rave organizers were subsequently required to obtain proper licenses and permits for their parties. The result was that the costs of running an event increased significantly. Consequently, event organizers turned to festivals, which they saw as a lucrative opportunity. They believed that festivals would have a wider appeal than traditional, all-night rave parties. They reasoned that people in their thirties might be more inclined to go to day events because they do not run very late. Those who went to clubs in the 1980s and 1990s could therefore start going to events again. Day events also offered a more “toned down” version of rave parties and thus appealed to a much broader audience.

Today, Toronto is becoming home to an increasing number of large EDM festivals. Two such festivals are VELD and Dreams, which are held annually in Toronto for crowds of up to 20,000 young people (Consiglio 2013; Markovic 2014; Rayner 2012). Internationally, EDM festivals attract even larger crowds, with Electronic Daisy Carnival (EDC) in Las Vegas being attended by about 400,000 people over three-days (Kudialis 2017). Clearly, festivals have become an important part of the EDM scene⁴.

⁴At the time of writing, many festivals and EDM events have been canceled due to the Covid-19 pandemic. The future of these sorts of events is uncertain. It will be interesting to see how the festival scene adapts to the “new normal.” I consider the impact of Covid-19 on the EDM scene in more detail in the conclusion when I discuss directions for future research.

What are club drugs?

As noted above, raving has long been associated with illicit drug use, especially the use of ecstasy (MDMA), ketamine, cocaine, and gamma-hydroxybutyrate (GHB) (Barrett et al. 2005; Duff 2005; Johnson et al. 2009; Kavanaugh and Anderson 2008; Sanders 2005; Sanders 2006). MDMA (also known as ecstasy, Molly, or Mandy) is the most common club drug consumed within the rave scene (Duff et al. 2009). The drug usually comes in the form of a pressed pill or capsule and is usually taken orally. MDMA is associated with “feelings of closeness to others, increased empathy and self-perception...and with cognitive and perceptual changes that resemble effects of psychedelics, and with amphetamine-like hyperactivity and increased energy” (Schierenbeck et al. 2008: 383). GHB, on the other hand, usually comes as a liquid, and is usually taken orally in capsules or teaspoons. It is for this reason that it is sometimes referred to as “liquid ecstasy.” The effects of GHB have been reported to be very similar to those of alcohol (Freese et al. 2002). Ketamine (sometimes referred to as Ket or K) is usually sold as a powder and is often snorted. It is usually taken for its dissociative, hallucinogenic effects (i.e. to feel dissociated or disconnected from your physical body and physical surroundings, and to experience visual and auditory hallucinations) (Ravn and Demant 2011). Like ketamine, cocaine, in the context of club culture, is typically snorted as a powder (and not smoked, like with crack-cocaine). The desired effects of cocaine include “euphoria, orgasmic feelings, restlessness, motor activation, and increased alertness” (Schierenbeck et al. 2008: 382).

There are a number of factors that account for the popularity of club drugs within the rave scene. For starters, club drugs provide the energy that young people “need” to get through a long night (or weekend) of partying (Allott and Redman 2006; Bogt and Engels 2005; Williams and Parker 2001). The energetic effects associated with these drugs allow young people to dance for

extended periods of time without ever becoming tired. As I explained earlier, club drugs are also believed to enhance the overall “rave experience.” First, club drugs enhance the music and lighting at raves, facilitating a sort of sensory overload (Allott and Redman 2006; Hutson 1999). And second, club drugs allow young people to feel empathetic and connected with others, thereby providing them with a sense of PLUR (peace, love, unity, and respect). As Kavanaugh and Anderson (2008) explain, PLUR is the ethos of the rave scene, and in many ways, club drugs like MDMA help to facilitate PLUR by increasing sociability and empathy.

What is harm reduction?

While popular in the EDM scene, club drugs have been associated with a number of risks. These risks have, in large part, been responded to, and managed, through harm reduction⁵. Harm reduction is a public-health approach to dealing with drug-related issues that focuses on reducing the negative outcomes associated with drug use. Harm reduction stands in contrast to “use reduction” approaches which emphasize abstinence from, and elimination of, drug use all together (Caulkins et al. 2010). According to Riley et al (1999), there are five main principles of harm reduction:

1. Pragmatism: harm reduction accepts that drug use will never be wholly eliminated.
2. Humanistic values: harm reduction does not condemn nor support drug use – it simply respects the dignity and rights of people who choose to use drugs.
3. Focus on harms: the focus is not on drug use per se, but on the harms associated with such use. The primary objective is to address these harms and not to stop or reduce drug use itself.
4. Balancing costs and benefits: harm reduction is based on cost-benefit analyses of drug-related problems and proposed interventions.
5. Priority of immediate goals: most harm reduction programs focus on addressing immediate needs (i.e. those which are most realistic).

⁵ I use the terms harm reduction and harm minimization interchangeably throughout the study. I have noticed that both terms are used equally in the academic literature and that there is no discernible difference between the two. I have thus decided to use both terms in the current study as a stylistic choice.

(adapted from Riley et al. 1999: 11-12).

These principles inform a number of drug-related harm reduction programs and policies including needle exchange programs, supervised injection sites, methadone maintenance programs, heroin assistance programs, and education and outreach programs and initiatives.

Harm reduction, as we know it today, emerged in the mid-1980s in response to the HIV/AIDS epidemic (Hawk et al. 2017). Cavalieri and Riley (2012) explain that injection drug use was at the center of this epidemic, as it was one of the primary means by which HIV/AIDS was transmitted (due to the sharing of unclean/unsanitized injection equipment). In fact, in 1997, a public health emergency was declared due to the rapidly increasing rate of HIV/AIDS-transmission amongst people who inject drugs in Vancouver, Canada's Downtown East Side. At the time, Vancouver's rates were highest in the Western world. In response to these increasing rates, Canada, and many other countries (such as the Netherlands, Australia, and the United Kingdom), embraced a public health approach, recognizing that the spread of HIV/AIDS between people who inject drugs (and from people who inject drugs to the general population) was a greater threat to public health and safety than the dangers presented by the drugs themselves. Thus, focus shifted from trying to reduce rates of drug use to trying to reduce rates of drug-related HIV/AIDS-transmission.

Today, harm reduction has been at the forefront of another epidemic: the opioid epidemic. Over the last decade, there have been significant increases in the rates of opioid-related overdoses in North America and around the world (see Fischer et al. 2018; Thomson 2017; Tupper et al. 2018). These rising rates are in large part due to the increasing prevalence of illegally manufactured fentanyl in street drugs (Tupper et al. 2018). To minimize the risk of fatal opioid overdoses, a number of harm reduction interventions have been implemented. One such

example is naloxone, an opioid antagonist meant to temporarily reverse the effects of an opioid overdose (long enough for the person experiencing the overdose to get to a hospital) (Faulkner-Gurstein 2017). Another example is rapid fentanyl test strips (FTS), which are designed to test urine and drug samples in order to detect traces of fentanyl (Goldman et al. 2019; Mema et al. 2018). In Chapter 4, I discuss in further detail how the fentanyl epidemic has shaped club drug-using behaviours.

Of course, harm reduction is not without its criticisms. Supporters of “use reduction” approaches criticize harm reduction because they believe that making drug use safer will encourage more people to use drugs (Hawk et al. 2017). According to Roe (2005), even some supporters of legalization criticize harm reduction. These critics reason that harm reduction, in its current form, sustains flawed prohibitionist policies and practices because it refuses to engage in politics. Roe (2005) explains that harm reduction began as a political movement in the early 1960s and 1970s with a loosely organized group of activists, policymakers, doctors, and healthcare workers who were committed to challenging drug prohibition and the criminalization of people who use drugs. However, as harm reduction began to garner mainstream support, it underwent a paradigmatic transformation. Whereas harm reduction was once political, it has now become medicalized. In this “new” harm reduction, medical professionals are the acknowledged experts, drug use is framed as a “public health” issue, and medical (not rights-based) arguments are put forth in support of these initiatives. The focus has thus shifted towards promoting health and mitigating harm, not addressing the broader issues which underlie drug problems (such as aggressive policing strategies, lack of affordable housing, and prohibition). Rose (2005) explains that, today, there continues to be a tension between those who embrace harm reduction as a

medical means for protecting health and safety, and those who see it as a means for achieving broader change and who thereby want it to return to its political “roots.”

In the present study, I conceptualize harm reduction as a medical/health-based approach to responding to drug-related issues. While I agree with the argument that harm reduction should re-engage in politics, the present study looks at how harm reduction, as a set of medical/public health policies and initiatives, “responsibilizes” people who use club drugs, and more importantly, at how this “responsibilization” becomes complicated by context. Throughout the study, I use the term harm reduction to refer not only to harm reduction services and programs, but also to harm reduction discourse. By harm reduction discourse, I am referring to a specific, medicalized way of thinking and talking about illicit drugs, the people who use them, and the associated risks. This discourse inscribes a particular drug-using subject who is self-regulating and self-disciplined (see Moore 2004). This discourse contains prescriptions about what are “harmful” and what are “less harmful” ways of using drugs. I make this distinction because people who use club drugs recreationally are governed through *both* harm reduction programs and discourse. It is therefore important to look at how club drug-using behaviours are shaped not only through harm reduction programs and services, but also through harm reduction discourse.

Research problem and questions

In this study, I use as a starting point the idea that people who use club drugs are “responsibilized” through harm reduction programs and discourse into subjects capable of managing the risks posed by their drug use. Harm reduction programs like DanceSafe (2020) and the TRIP! Project⁶ (2020) focus on educating young people about the risks of club drugs. They

⁶ DanceSafe and The TRIP! Project are harm reduction organizations that promote health and safety within the nightlife community. They are discussed in more detail in Chapter 1.

provide young people with information about club drug risk as well as advice on how to manage this risk. For example, they recommend that people who use club drugs test their drugs before using them, buy from a reliable source, use in moderation, and avoid polydrug use (DanceSafe 2020; Grip Montreal 2020; The TRIP! Project 2020). The assumption is that young people will accept this information and advice (because they believe it is in their own best interests to do so) and will adjust their drug-using behaviours accordingly (see, for example, Moore and Fraser 2006; O'Malley 2004b). But, as Rhodes (2002) rightfully points out, individual behavioural change is possible only if the environment enables it. Research that seeks to understand and reduce drug-related harm must therefore consider not only the person who uses drugs, but also the environments in which such use occurs. For this reason, the present study seeks to develop a contextualized understanding of club drug use. In other words, it focuses on how responsabilization becomes disrupted and/or undermined by “context.” The two research questions addressed are:

1. How do people who use club drugs understand the risks associated with these drugs?
2. How are their capacities to act on their understandings of risk facilitated and/or limited by the social/cultural, physical, political/legal, and economic contexts of club drug use?

Theoretical framework

The research is framed by the intersections between two literatures: the risk/governance literature and the risk environment literature. The risk/governance literature provides the starting point for the study. It looks at how citizens are governed in late modernity not through force or coercion, but through “expert” knowledge about risk (see, for example, Dean 1999; O'Malley 2004a; Rose 1996). The idea is that individuals are being “responsibilized” into subjects capable of self-governance (O'Malley 2004a). They are provided with “truths” about exercise, dieting, investments, and so on, and are expected to adjust their behaviours accordingly for the sake of

their own health and wellbeing. Drawing on this literature, I approach the present study from the position that young people who use club drugs are “rational” subjects who are governed through public health and harm reduction programs and discourse. These drug-using subjects are governed not through coercion, but through freedom. In other words, they are “free” subjects who are active in their own governance, as they adopt certain public health and harm reduction information and advice *willingly* because they believe it is in their own best interest to do so. My interest, however, is in how the “rational” drug-using subject becomes complicated and/or undermined by the social/cultural, physical, political/legal, and economic contexts of club drug use. I therefore turn to the risk environment literature, which looks at how drug-using behaviours are shaped by the socio-political situations and structures in which such use takes place (see, for example, Mayock et al. 2015; Moore and Dietze 2005; Rhodes 2002).

The “risk environment” is essentially the space where a number of individual and environmental factors interact to produce drug-related harm (Rhodes 2002). In the present study, I use the risk environment framework to explore how context influences young people’s practices of club drug use and risk management. The risk environment framework helps to address one of the key limitations of the risk/governance literature: its tendency to overlook context and multiplicity in analyzing governmental programs and technologies. In particular, the risk/governance literature has been critiqued because of its tendency to focus on identifying and reproducing rationalities and technologies (through documentary and textual analysis) rather than on understanding how such rationalities and technologies actually function in specific contexts (see Brady 2014; Garland 1997; O’Malley et al. 1997). In other words, the literature often treats these programs and technologies as “ideal types,” and gives little consideration to how they are actually realized in practice. By using the risk environment framework, I am able to explore how

“responsibilization” becomes complicated by context. In this way, the risk environment framework helps to both reveal and overcome some of the key limitations of the risk/governance perspective on drug use and risk management.

Methodology

The study is based on ethnographic research with people who use club drugs in Toronto. The purpose of ethnography is to explore the detailed and contextualized realities of a group, community, or culture (Reeves et al. 2008). In my research, I use ethnography to explore the detailed and contextualized realities of people who use club drugs. More specifically, I use ethnography to explore how people who use club drugs understand, experience, and manage club drug risk in different ways in different contexts. My decision to take an ethnographic approach to studying club drug use and risk management is also informed by my theoretical framework. Governmentality research (which is a key aspect of risk/governance research) is typically informed by textual and documentary analysis, and thus, it does not typically examine the actual practices of governance (Brady 2014). Through ethnography, I am able to explore how public health and harm minimization programs are realized in practice. In particular, ethnography allows me to look at the lived experiences of people who use club drugs and to look at *all* that shapes club drug-using behaviours (in addition to “expert” knowledge about risk).

Data was collected through participant observation and semi-structured interviews. For the participant observation, I accompanied the participants on their “nights out.” My field-visits involved all phases of their night-out, including the pre-party, the EDM event itself, and the after-party. I felt it was important to include all of these phases of the “night out” in the research, since there are unique and specific practices for using illicit drugs at each phase (Hunt and Evans

2003). The participant observation data was used to inform the semi-structured interviews. In total, twenty-three interviews were conducted. The purpose of the interviews was to explore how people who use club drugs understand and experience risk, and how they manage such risk. The interviews were also used to explore the barriers and constraints that young people face in trying to manage club drug risk.

I conducted the ethnographic research as an “intimate insider.” I borrow this term from Taylor (2011), who uses it to refer to researchers who work at the deepest level “within their own backyard” (9). Intimate insiders are researchers who study in spaces they regularly frequent and with people they have pre-existing relationships. I consider myself to be an “intimate insider” in this research because I am not only an active member of the EDM scene, but I also have pre-existing friendships with many of the participants in the study. I am therefore writing this ethnography from a very unique position (which I explore in Chapter 2).

Contributions of the study

There are two key findings of the study. The first is that people who use club drugs generally know about, and accept, information about club drug risk as well as advice (provided by public health and harm minimization programs and discourses) on how to manage such risk. I thereby argue that the risk/governance framework is helpful for understanding how people who use club drugs have been “responsibilized” into “responsible” drug-using subjects and citizens. I also find that public health and harm minimization advice is sometimes adopted in practice. In these cases, I argue that people who use club drugs are acting upon their own bodies and souls, employing what Foucault (1988) refers to as “technologies of the self.”

While there is a thin body of literature on how young people understand and manage the risks associated with club drugs (see, for example, Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001; Kelly 2005; Perrone 2006; Shewan et al. 2000), there has been little consideration about how these conceptions of risk and practices of risk management are informed by public health and harm minimization programs and discourses. In this way, the present study provides a valuable contribution to the literature. Additionally, the existing literature has tended to focus exclusively on one specific club drug: ecstasy (or MDMA) (see Allott and Redman 2006; Hansen et al. 2001; Shewan et al. 2000). But, as Parker et al. (1998) explain, people who use club drugs often engage in polydrug use. The present study therefore focuses on how young people understand and manage the risks associated with not only ecstasy (MDMA), but also cocaine, ketamine, GHB, alcohol, cannabis, and other popular drugs consumed within the EDM scene.

The second key finding is that “context” plays an important role in shaping and/or constraining how risk management advice is implemented in practice. The result is that people who use club drugs sometimes engage in “risky” drug-using behaviours despite the fact that they understand the dangers associated with such behaviours. Consequently, I argue that the “risk environment” framework is useful in harm reduction research and practice for making sense of how “context” complicates the “responsible” drug-using subject.

Most of the existing research on how context shapes club drug use and risk management has focused on specific environmental factors. For example, research has explored how increased police presence at music festivals impacts risk-taking and risk management behaviours (see, for example, Dunn and Degenhardt 2009; Hughes et al. 2017). Research has also examined the effects of normalization on practices of club drug use and risk management (see, for example,

Bahora et al. 2009; Ravn 2012). The present study takes a much broader approach to examining how context shapes club drug use and risk management. Through ethnography, the present study explores the social/cultural, physical, political/legal, and economic contexts of club drug use. It focuses on both the micro and macro contexts of club drug use. At the micro level, I focus on the licensed venues and the more immediate social, cultural, and economic space of EDM. At the macro level, I focus on prohibition, the unregulated market, and the broader societal norms around drug use and health.

The theoretical framework of the study is also significant since no study of club drug use has combined, in this way, the governmentality and risk environment frameworks. All of the existing research which has used the governmentality perspective to study risk environments has focused on opioid and injection drug use (see, for example, Bourgois 1998; Bourgois 2000; Fischer et al. 2004; Moore 2004). The present study is therefore significant because it is the first to use these two frameworks together in analyzing practices of *non*-injection and *non*-opioid use.

On a practical level, the study is important for improving responses to club drug risk within the EDM scene in Toronto and elsewhere. The study illustrates how club drugs are being used by young people and how risk is being managed. Because EDM events have become so popular and widespread, it is now more important than ever that we understand the drugs that are being used within these settings. The study therefore provides important information to policymakers, healthcare professionals, festival and event organizers, and harm reduction organizations about the risks posed by club drugs and how these risks are currently being managed by people who use club drugs. More specifically, it is useful for understanding how harm reduction programs and initiatives might operate more effectively by taking into account the ways in which young people's risk-taking and risk management behaviours are influenced by

the social/cultural, physical, political/legal, and economic environments of club drug use. In other words, the study provides understanding of the contextual “barriers” to harm reduction and a series of recommendations for addressing them. It is therefore useful for improving responses to club drug use. Understanding why people who use club drugs sometimes engage in “risky” drug use is important for developing more effective harm reduction programs and initiatives. In this way, the current study demonstrates the need for harm reduction to re-engage in politics. In other words, it shows the need for harm reduction to address the broader social causes of club drug harm (like prohibition). Without broader, systemic change, harm reduction will continue to be a limited (or “bandaid”) solution to the problems that drugs pose to society.

Summary of chapters

Chapter 1 outlines the theoretical framework of the study. I begin with a discussion of the risk/governance literature. I argue that this literature provides a useful framework for exploring how people who use club drugs are actively governed and responsabilized through expert knowledge about risk and the associated strategies and tactics for managing such risk. I then make the argument that, while the risk/governance literature offers a good starting point, we also need to understand club drug-using practices as responses to particular risk environments. I proceed to discuss Rhodes’ (2002) “risk environment” framework, which focuses on the role that “context” plays in shaping drug-related harm. I argue that, together, the risk environment and risk/governance frameworks can be used to study the ways in which people who use club drugs take up and respond to risk discourses in different ways in different contexts.

Chapter 2 outlines the research methodology of the study. In the first part of the chapter, I discuss my research paradigm, methods of data collection, and data analysis. The second part of

the chapter focuses on the unique methodological and ethical issues I experienced as an “intimate insider” doing research with people who use illicit drugs. I discuss what issues I experienced during the research process as well as how I worked through them.

Chapter 3 focuses on young people’s conceptions of club drug risk (Research Question 1). The chapter begins with a discussion of the behavioural advice offered to people who use club drugs by public health and harm reduction programs like the TRIP! Project and DanceSafe. The rest of the chapter focuses on how the participants understood risk and risk management. I conclude the chapter by arguing that, despite the fact that the participants acknowledged and typically accepted harm reduction advice and norms, they often engaged in “risky” practices of club drug use. To make sense of this contradiction, I argue that we must look at how “context” sometimes undermines or constrains the adoption of risk management practices.

Chapters 4-6 focus on how the social/cultural, physical, political/legal, and economic contexts of club drug use shape risk-taking and risk management behaviours (Research Question 2). In Chapter 4, I focus on prohibition. I look at how club drug-using practices are shaped by two components of prohibition: the unregulated market, and the criminalization of drug use and people who use drugs. The former refers to the fact that club drugs are unregulated and therefore the quality, quantity, and content of club drugs is unknown. The latter refers to the laws that are in place for the use, sale, and trafficking of club drugs, and the enforcement of these laws by police and private security.

In Chapter 5, I focus on normalization. Normalization refers to the process whereby a stigmatized or deviant population or behaviour is accommodated into a large group or setting (Parker et al. 1998). In this case, normalization refers to the accommodation of club drug use within the EDM scene. In this chapter, I explore the effect of normalization on practices of club

drug use by focusing on three inter-related themes: accommodation, stigmatization, and age norms. I begin by discussing the participants' experiences and understandings of accommodation. I consider how the participants used club drugs and managed risk in settings where they perceived club drug use to be accommodated. I then discuss the participants' experiences and understandings of stigma. I consider how the participants used club drugs and managed risk in settings where they perceived club drug use to be stigmatized. And lastly, I discuss age norms and club drug use. I look at how there are different norms about what are acceptable and unacceptable ways of using club drugs for different age groups. I discuss how these age norms affect club drug-using practices.

In Chapter 6, I focus on the organization of time and space within the EDM scene. In the first part of the chapter, I look at how club drug-using behaviours are influenced by spatial factors such as crowding, alcohol availability, and sound and lighting. In the second part of the chapter, I look at how club drug-using behaviours are influenced by temporal factors such as length of event, "last call," and set times. My discussion of time and space is framed by a broader discussion of commercialization and the economics of the new EDM scene.

In Chapter 7, I focus on recommendations for policy and practice. In this chapter, I argue that responses to club drug risk need to focus not only on individual behavioural change, but also environmental change. Lastly, the conclusion summarizes the theoretical and practical contributions of the study. It ends with recommendations for future research.

Throughout the dissertation I make the case that "context" sometimes complicates and/or overturns the responsabilization of club drug-using subjects. More specifically, I argue that, as a result of certain contextual factors like legal and policy frameworks and the physical design of EDM venues, young people sometimes engage in risky club drug-using practices despite being

knowledgeable about the risks posed by their use and the recommended strategies for managing such risks. I thereby reveal some of the limitations of the risk/governance approach to drug use and show that the “risk environment” framework can be helpful in overcoming these limitations.

Chapter One: Governing Risky Drug Use

In this chapter, I outline the theoretical framework of my study. To frame my study of club drug use, I first turn to the risk/governance literature. This literature is important for understanding how people who use club drugs are governed through “expert” knowledges about risk. People who use club drugs are provided with information about risk and advice on how to manage such risk. They are expected to adjust their behaviours accordingly. I contend, however, that club drug-using behaviours are shaped by more than just “expert” knowledges about risk: they are also shaped by contexts of use. I argue that the risk/governance literature is limited because it does not consider how context facilitates and/or undermines the adoption of expert knowledge and advice in practice (see Brady 2014; O’Malley et al. 1997; Rose 1996).

To understand the role that context plays in shaping club drug-using practices, I depart from the risk/governance literature. I turn to Rhodes’ (2002) risk environment framework which looks at how individual and environmental factors interact to create drug-related harms. I argue that this framework is useful for both revealing and overcoming some of the key limitations of the risk/governance perspective on drug use and risk management. In this way, the risk/governance literature provides the starting point for the research study, as I accept that people who use club drugs are “rational” subjects who are “responsibilized” through public health and harm minimization programs and discourse. My focus, however, is on how the “rational” drug-using subject becomes complicated by context (i.e. how context causes “rational” drug-using subjects to sometimes act in “irrational” or “risky” ways). I therefore turn to the risk environment literature. Thus, I do not draw on the risk/governance and risk environment frameworks equally. Rather, I focus on the intersections between them.

The chapter begins with a discussion of neoliberal governmentality, which is a particular form or logic of governing whereby the state delegates much of the responsibility for managing the conduct of citizens to non-state actors and to citizens themselves (see, for example, Dean 1999; O'Malley 2004a; Rose 1996). I then discuss how risk has been conceptualized within the governmentality literature as a key technology of governance. I proceed to discuss the relevance of the risk/governance literature to the present study – mainly, that it is helpful for theorizing how public health and harm minimization programs and discourses shape young people's practices of club drug use and risk management.

In the second half of the chapter, I discuss the importance of studying how public health and harm minimization programs function in practice. I argue that the risk/governance literature is limited in this respect as it tends to focus on identifying and producing (through documentary and textual analysis) rationalities and technologies in their *abstracted* forms and not on understanding how these rationalities and technologies are actually realized in practice (see, for example, Brady 2014; Garland 1997; O'Malley et al. 1997). I argue that how young people who use drugs take up and respond to risk information in practice will depend on two interrelated factors: trust and context. While my focus in this study is predominantly on the latter, I do, at certain points, touch on the former. I go on to explain how Rhodes' (2002) risk environment framework can be used to put “context” at the center of my study of club drug use and risk/governance. I discuss how this framework can be used to explore the ways that young people's capacities to act on risk information are facilitated and/or limited by the social/cultural, physical, political/legal, and economic contexts of club drug use.

Governmentality

As I have explained, the risk/governance literature provides the foundation for the study. To understand how club drug use is governed through risk, it is useful to begin with a discussion of the governmentality framework. While other frameworks have been used to conceptualize risk (see, for example, Douglas and Wildavsky 1982), the proposed research builds upon the governmentality framework, which conceptualizes risk as a central technology of governance. Many accounts of drug use and harm reduction are informed by a governmentality framework (see, for example, Elliott 2014; Fischer 2004; Moore and Fraser 2006; O'Malley 2004b). In this literature, "risk" is viewed as an essential part of neoliberal governmentality because it enables the state to "govern without governing society" (Dean 1999: 201).

The concept of governmentality refers to the broad range of strategies, techniques, and devices employed by a range of authorities in order to establish and act upon a population and the individuals who make up said population (Rose 1996). The concept originated from the work of Michel Foucault. Foucault (1991) was interested in the ways in which the state exercises control over its populace. He developed the concept of governmentality by distinguishing it from other forms of power, especially sovereign power. Foucault (1991) explained how the purpose of governing by the sovereign state was to secure the prince's principality. In the sovereign state, power was centralized, and people were expected to obey the rules of the centralized power. The prince governed by the sword, as he had the power to choose who lives and who dies.

Foucault (1991) notes how political writings on the "art" of government in the 16th century and onwards began to challenge these theories of sovereign power. In these writings, there was skepticism about the conceptualization of the prince's government as being separate from all other types of government. They pointed out the great range of actors and practices

involved in the governance of populations and individuals. It was also argued that the task of the modern state could not be reduced to the protection of the sovereign's grip over its territory; rather, it was argued that the state had become responsible for governing individuals, populations, and social and economic life in ways that improve health, prosperity, and security. The increasing involvement of the modern state in governing individuals, populations, and social and economic life is what Foucault (1991) was referring to when he claimed that the modern state was becoming progressively "governmentalized."

For Foucault (1991), the "governmentalization" of the state can be attributed to three interrelated developments: the discovery of the population; the re-conception of the economy; and the growth of the social sciences. Traditionally, the "art" of government had been focused on the family. With the discovery of the population as an object of government, the economy was refocused from the family onto the population. The population thus replaced the family as the central model for government. This transformation was possible because of the development of the social sciences which produce knowledge about the population and its regularities and patterns such as birth and death rates. This knowledge, which comes in the form of statistics, demographics, and epidemiology, has been used by the state to govern more effectively.

These developments have given rise to a new form of power which Foucault termed "biopower." As Nadesan (2008) explains, biopower is a technology of power that "concerns itself with representing, explaining and regulating the life forces of populations" which is "meant to minimize societal risk and maximize individual well-being through scientific engineering and individual technologies of the self" (3). This type of power is based not on laws but on norms which are statistically produced based on massive amounts of data about the population and its demographics. As McLean (2009) explains, there are two poles of Foucault's biopower:

biopolitical power (which focuses on maximizing the vitality of a population), and anatomico-political or disciplinary power (which focuses on turning individuals into productive and capable citizens). In this way, biopower is “productive” because it produces self-governing subjects. Biopower is therefore important in neoliberalism where risk and responsibilities have, in large part, been downloaded from the state to the individual.

Garland (1997) explains how statistical knowledge, as biopower, is used for governing populations and individuals. At the population level, this knowledge is used to predict and maintain regularities and patterns. Statistical knowledge also provides a basis for political problematizations such as worries over the national decline or the “ageing” population. In other words, statistical knowledge is used to make certain issues like the “ageing population” appear as problematic and as requiring intervention (or “governing”). At the individual level, this knowledge contributes to the shaping and self-regulating of people’s selves. This occurs when individuals modify their self-images and behaviors in order to conform to a “norm” or to some other statistically generated type (for example, “the healthy”).

A number of governmentality writers, including Rose and Miller (1992) and Dean (1999), have taken up and extended Foucault’s work in analyzing advanced liberal (or “neoliberal”) modes of governing. Rose and Miller (1992) identified three key aspects of the art of governing: rationalities, programs, and technologies. Rationalities are the ways in which phenomenon are thought about and represented. *Political* rationalities, then, are ways of thinking about and representing power. They are made up of: “the changing discursive fields within which the exercise of power is conceptualized, the moral justifications for particular ways of exercising power by diverse authorities, notions of the appropriate forms, objects, and limits of politics, and conceptions of the proper distribution of such tasks among secular, spiritual,

military, and familial sectors” (Rose and Miller 1992: 55). Programs of government, on the other hand, are the ways in which political rationalities are articulated. The idea is that government is a “problematizing activity” (61), as it is linked to the problematizations that it seeks to address. So, programs of government are the plans put forward to respond to the failures or “problems” of government.

Finally, Rose and Miller (1992) refer to technologies as the ways in which a phenomenon is acted upon in order to change it. Technologies of government, then, are the ways in which political rationalities and programs of government are made instrumental. Governmental technologies include “the complex of mundane programmes, calculations, techniques, apparatuses, documents, and procedures through which authorities seek to embody and give effect to governmental ambitions” (55). Insurance is an example of an abstract governmental technology. As O’Malley et al (1997) explain, insurance technologies bring together a complex of routines, techniques, calculations, agents and agencies so that certain aspects of life can be governed, including health, security, and employment. Insurance is thus a “technology” for acting upon certain problematizations such as rising unemployment, or an ageing population. In simpler terms: political rationalities are ways of thinking about power, programs of government are ways of articulating political rationalities, and governmental technologies are ways of deploying political rationalities and programs of government. Together, rationalities, programs, and technologies make up forms of power. They are thereby important in critical analyses of governmentalities.

In the neoliberal state, a range of rationalities and technologies have been employed to govern without directly interfering with the social and economic lives of citizens (Dean 1999). Miller and Rose (2008a) explain that the neoliberal state arose in response to criticisms of the

welfarist state. In welfarism, the state was constructed as the ultimate provider of the welfare of individuals. The idea was that the government should be “social” in order to fight against two threats: unrestrained market individualism and communist revolution. Alongside the development of the welfarist state was the invention of social insurance, social welfare, and the “social” itself. Miller and Rose (2008b) explain that the welfarist state was heavily involved in the regulation and management of the economy. They explain that the government had implemented a number of economic interventionist policies in order to help stabilize the economy. Miller and Rose (2008b) also explain how, in the welfarist state, the citizen was constituted as a social being with “rights to social protection and social education in return for duties of social obligation and social responsibility” (208). Social insurance, together with other regulatory devices such as health and safety laws, childcare laws, and public housing models, had weakened the privacy of the economy and the family and created “new vectors of responsibility and obligation ... between State and parent, child or employee” (208).

Neoliberalism, on the other hand, is based upon the idea that the state should keep out of the economy. Miller and Rose (2008b) explain that, in neoliberalism, many of the functions and activities that were carried out by the welfarist state have been privatized. We can see this clearly in education, healthcare, and security, which are now increasingly controlled by non-governmental organizations. There have also been reductions in governmental regulations, as it was believed that the interventionist state had stunted economic growth and development by over-regulation. Such privatization and de-regulation efforts are meant to counter the “spiraling” costs accumulated through welfarist systems. Alongside this de-centralization of the state, a range of new technologies have emerged that seek to “govern-at-a-distance.”

To “govern-at-a-distance” means to enlist the help of a range of authorities and technologies beyond the state to assist in managing conduct (Garland 1997; Rose 2000). Because the state is expected to stay out of the economy and thus to allow for a competitive free market, the power of the state shrinks under neoliberalism and is diffused to other state and non-state authorities (Dean 1999). To govern, the state must “act through the actions of a whole range of other authorities, and through complex technologies, if they are to be able to intervene upon the conduct of persons, activities, spaces, and objects” (Rose 2000: 323). So, where the welfarist state had assumed responsibility for protecting the welfare of its citizens, the neoliberal state delegates much of this responsibility to non-state actors and to citizens themselves (Dean 1999; Rose 1996). In this view, the state, while less directly involved in governmental activity, is a central point from which all sorts of governmental projects emerge and from which other experts and professions exercise power.

A good example of “governance-at-a-distance” is Project Prevention (formerly the C.R.A.C.K program). Gregory (2010) explains how this program, while not run directly by the state, has links to a number of state-funded agencies. The program, set up by Barbara Harris, offers compensation to mothers who use illicit drugs in exchange for agreeing to limit their reproductive capabilities. Gregory (2010) argues that the program is a “quick fix” solution to prenatal drug use and thus fits well with neoliberal values of privatization, minimal government intervention, free will, and individualization. Instead of coercing mothers into giving up their reproductive rights, the program encourages them to take responsibility for their own actions. This is an example of how the neoliberal state is scaling back on direct intervention into the lives of citizens while enlisting the help of non-state actors and calling upon individuals to be active in their own governance. This example also shows how the neoliberal state continues to play a

critical (albeit less direct) role in governing, as it establishes the policy and legislative frameworks in which programs like Project Prevention operate.

In neoliberal governmentality, individuals are expected to be responsible for managing their own wellbeing and to bear the consequences of their choices (Moore and Fraser 2006; Pennay 2012; Wyn 2009). Problems that were once managed by the state have now been individualized. Parnaby (2006) argues that this individualization is essentially a way to offset the financial and logistical inadequacies of the state. The notion of “responsibilization” is closely connected to the concept of individualization, as it refers to how subjects are made personally responsible for tasks which were once managed by the state (see Burchell 1993; O’Malley et al. 1997; Rose 2000).

Rose (2000) gives the example of welfare programs which aim to reconstruct welfare recipients into self-reliant subjects. He explains, “the problems of problematic persons are reformulated as moral or ethical problems, that is to say, problems in the ways in which such persons understand and conduct themselves and their existence. This ethical reformulation opens the possibility for a whole range of psychological techniques to be recycled in programmes for governing ‘the excluded’” (334). So, the purpose of welfare work programs and other programs for governing “problematic” persons (such as supervised injection sites – which I discuss later in the chapter) is to change the ways in which these persons think and behave so that they become capable of self-governance. Responsibilization, in this way, is the process whereby persons are constructed into self-governing subjects who accept responsibility for their own destinies. Foucault’s (1988) notion of “technologies of the self” is related to responsibilization, as it refers to the sets of techniques which individuals use to act upon themselves in order to promote or enhance their health, wealth, wellbeing, and security. So, responsibilization refers to the process

whereby subjects come to accept certain responsibilities that once belonged to the state, and technologies of the self are the ways in which individuals act upon their bodies and/or souls in accordance with these responsibilities.

An important part of “responsibilization” is the notion of the free subject. In neoliberal governmentality, the subject is conceptualized as free, but the possible field of action is constituted in ways that will produce conformity (Dean 1999; Garland 1997; Simon 2007). Foucault (1982) made an important distinction between subjects and objects: a subject possesses subjectivity whereas an object does not. This means that subjects have agency, as they can experience, feel, and think. Objects, on the other hand, do not have agency. For Foucault, power is the shaping of a person’s subjectivity. This means that he saw individuals as subjects (not objects) of power because he presumed that they have agency. He argued that freedom is needed for power to exist because the exercise of power without freedom is merely physical domination. Power is not forced upon “docile bodies” but rather is exercised through active subjects (Garland 1997). Power is subjectifying, not objectifying (Garland 1997). Individuals are not forced into conformity but rather they are cultivated in ways so to align their “choices” with the objectives of governing authorities (Dean 1999; Garland 1997). This is the ‘conduct of conduct’ (Dean 1999). The individual is free in that they can choose how they act and think, but the possible field by which they may do so is structured by governing authorities (Dean 1999; Simon 2007). The individual is essentially an accomplice to his or her own subjugation (Garland 1997).

Because the neoliberal subject is free, they are governed not through coercion but through expertise. Today, deferring to experts has become a common part of our daily lives. Rose and Miller (1992) argue that the rise of expertise is connected to changes in the rationalities and technologies of government. Specifically, they argue that expertise emerged as a possible

solution to a key problem of liberalism: how to govern without “interfering” in the social and economic lives of citizens, or in simpler terms, how to “govern without governing society” (Rose 1996: 84). Through expertise, citizens are provided with “truths” about dieting, investment, parenting and so on, as well as techniques for enhancing their health, wealth, happiness, and security. In this way, expert knowledge instills within citizens techniques of the self. It thus provides a means by which the state can shape the subjectivities of citizens without direct intervention.

Often, expert knowledge is expressed in the form of scientific calculations of risk. By expressing this knowledge in the form of “risk,” certain ways of governing individuals, populations and collectivities are made possible (Dean 1999). In the subsequent sections of the chapter, I focus on this specific form of expert knowledge. In doing so, I turn to the risk/governance literature. This literature has emerged from the governmentality literature. In particular, O’Malley (2004), Dean (1999), and others have helped to develop a distinct risk/governance literature by focusing on risk as a key element of governmentality and by extending and elaborating on some of Foucault’s (1991) original writings. In the subsequent sections of the chapter, I explain how the present study is informed by some of the key ideas around risk and governance, as well as how it seeks to build upon and extend them.

Risk

In the simplest sense, risk is the probability of experiencing harm (O’Malley 2004). Overdose, for example, is a harm whereas the *probability* of overdose is a risk. While harms are confined by space and time, risks are not. This is because risk exists only in knowledge. This view of risk as a form of rationality is very different from Beck’s view of risk as an objective

entity. Beck (1992) believes that there has been an objective rise in dangers as a result of modern technological advancements, so much so that he claims we are now living in a “risk society.”

Dean (1999) argues that Beck’s conceptualization of risk is markedly different from that of the governmentality framework, where risk is viewed as a form of rationality, as a way of thinking about reality and rendering it calculable. Insurers, for example, are producers of risk in the sense that they find ways to insure what has previously been thought of as uninsurable. In the present study, I conceptualize risk as a mode of calculating, not an “objective” condition. I am interested in how young people adjust their club drug-using practices based on risk information which is disseminated through public health and harm minimization programs and discourse. My allegiance is therefore to Dean (1999) and other governmentality scholars, and not to Beck (1992).

Different political rationalities and programs deploy risk in different ways and with different objectives. Dean (1999) explains that in welfarism, risk was associated with the development of “social” forms of government. The idea was that, if the state was to be the ultimate guarantor of welfare, then it should be responsible for managing the risks presented to citizens. In neoliberalism, on the other hand, risk is individualized, as citizens are expected to take on the responsibility of managing their own welfare. As Petersen (2002) explains, risk plays an important role in neoliberalism because it allows for individuals to be regulated without direct state intervention into their personal lives. This is done through enlisting the agency of individuals in their own governance. Individuals are provided knowledge about risk and are then encouraged to manage those risks on their own. It is assumed that the neoliberal, prudential subject will make “informed” decisions based on rational calculations of the benefits and costs (or “risks”) of certain actions. So, risk is deployed as a means for regulating individuals without

compromising the principles of neoliberalism (i.e. economic liberalization, minimal state intervention, and individualization).

Today, there are many examples of how our lives are increasingly governed through risk. O'Malley (2004a) points out how risk-based routines and practices permeate into all parts of our lives: he points to the exercise and diet regimens that we follow based upon calculations of risk; he discusses the seat belts and air bags in our vehicles that are meant to minimize the risk of serious harm from a car accident; and he highlights the many diagnostic and psychiatric tests that are used to identify health-related risks. All of these practices are based upon large bodies of data, which are used to make calculations and to subsequently identify "risk factors." The point O'Malley is trying to make is that our lives are becoming increasingly regulated through risk factors and predictive formulas generated through "scientific" research. This argument is relevant to the present study because it extends to the area of illicit drug use, as the fields of public health and harm minimization (among others) have produced a vast amount of knowledge which people who use drugs are expected to incorporate into their drug-using routines.

Governing "risky" drug use

These larger developments around risk and governance have had an important impact on conceptualizations of drug use and drug users. In her work *Criminal Artefacts*, Moore (2007) explored how the "criminal addict" identity has been reconstructed in different ways at different points in history to facilitate a given practice of governing. Under welfarism, for example, the criminal addict was someone who was suffering from a disease, which could be cured. Addiction was understood as pathological. Under neoliberalism, the conditions that produced this particular identity of the criminal addict changed: there was privatization, funding cuts, and a reduction of

social services and social workers that once made up a major part of the correctional system. Consequently, the criminal addict was reconstructed from a pathological substance abuser to a rational choice-maker that makes errors of thought. Thus, the emphasis continues to be on changing people, but the kinds of people that are supposed to be changed are different, as they have been reconstructed from pathological to rational. The practices that are used to enact such change are also different as they consist of targeted interventions instead of holistic care. This is because drug use is constructed as a choice and therefore recovery too is based around teaching the subject how to think properly and to make healthy, non-criminal decisions. The addict thus becomes a governable identity to which a range of governing efforts are directed. Moore is essentially arguing that the person who uses (and/or abuses) drugs has essentially been reconstructed into a “normal” subject of government.

O’Malley (2004b) uses the concept of “normalization” to describe this reconstruction of drug-using subjects. O’Malley’s (2004b) concept of “normalization” is different from Foucault’s “normalization,” the latter of which refers to how populations and individuals are brought into conformity based upon constructed norms. For O’Malley (2004b), normalization describes how people who use drugs have come to be reconstructed through the field of harm minimization as “normal” subjects that can be governed.⁷ He explains that this reconstruction has to do with increasing rates of illicit drug use. The idea is that drugs are becoming so widespread that more and more otherwise “conventional” and “normal” people are using illicit drugs. These trends have mandated a shift away from disease and criminal models.

⁷ The two conceptualizations of normalization do overlap in a way. For O’Malley, normalization is when people who use drugs are reconstructed as “normal” subjects of governance. People who use drugs are then subject to “normalization” as conceptualized by Foucault. What I mean is that these people are then governed through norms – in the same way that any other “responsible” citizen is governed.

In the disease model, addiction is treated as a brain disease whereas in the criminal model it is treated as a crime. In both models, people who use illicit drugs are treated as “deviant” and as existing on the margins of society. As Moore (2007) explains, these conceptions of addiction and drug use as deviant and pathological made up the criminal addict identity under welfarism. Because addiction was constructed as a disease, it was assumed that direct intervention was necessary for dealing with the criminal addict.

O’Malley (2004b) explains that there has since been a realization that not all people who use drugs engage in crime and that otherwise “conventional” members of society are willingly choosing to consume illicit drugs (many of whom are never becoming addicted). So, instead of trying to prohibit use, people who use drugs are being provided with information and guidance. Instead of governing against their will, people who use drugs are being governed through their freedom. As Rose (1999) explains, governance through freedom is important in liberalism where the state is limited in support of individual liberty. Individuals are thus expected to act upon themselves as free subjects. If individuals do not exercise their freedom in socially desirable ways, then a strong and coercive state will be required. The conduct of free citizens (including people who use drugs) is thereby civilized through “equipping them with languages and techniques of self-understanding and self-mastery” (69).

We can see this neoliberal emphasis on individualization and responsabilization in the “new public health.” As Moore and Fraser (2006) explain, the new public health, which is based upon preventative medicine and health promotion, encourages individuals to take control of their own wellbeing. Individuals are reconstructed as health-conscious citizens who are capable of making rational and informed decisions in the name of good health. Individuals are told to eat

“healthy,” to exercise daily, and to monitor their alcohol and drug consumption. In this way, responsibility for health is essentially being redistributed from the state to individuals.

In the case of drug use and addiction, harm minimization, in particular, plays an important role in “responsibilizing” drug-using subjects. Harm minimization is a public health approach to dealing with drug-related issues that focuses on reducing the harms associated with drug use, rather than on reducing drug use all together (Caulkins et al. 2010). The harm minimization movement, which emerged in the mid-1980s in response to the HIV/AIDS epidemic, was based around the notion that the spread of HIV/AIDS transmission between people who inject drugs to the general public was a greater risk than the drugs themselves (Riley et al. 1999). As Moore and Fraser (2006) explain, the harm minimization movement played an important role in reshaping views of people who use drugs. Rather than seeing people who use drugs as irrational and lacking control, harm minimization helped to reconstruct people who use drugs as health-conscious citizens who are capable of being rational and making informed decisions in support of their health. It therefore helped to create a new subject of government: the rational drug user who can be inserted into “a nexus of education and behavioral change within drug services” (3037).

Because people who use drugs have been reconstructed as subjects who are capable of self-governance and are thereby in need of information about risk, the field of harm minimization has become central to the governance of drug use. Through harm minimization programs, potential and current drug users are provided with information about risks and are advised to adopt certain strategies for managing said risk. In the present study, I focus on the role of harm minimization organizations like the TRIP! Project in spreading information about club drug risk to current and potential club drug users. TRIP! is a grassroots initiative that focuses on

providing health information to people in Toronto's electronic dance music communities. It provides information about the risks of different party drugs and advice on how to use these drugs in safe ways. These types of programs warn users, among other things, to use in moderation, to sample and test their drugs, to refrain from polydrug use, and to keep hydrated (Moore 2004). The logic is that people who use drugs will then accept this information and adjust their drug-using behaviors accordingly.

Research has generally supported the assertion that people who use drugs are not only risk-aware, but that they also employ a range of strategies for managing risk (see, for example, Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001; Perrone 2006; Shewan 2000). For example, studies have suggested that many people who use club drugs drink water and take breaks from dancing in order to minimize the risk of dehydration and heat exhaustion (Akram and Galt 1999; Allott and Redman 2006). It has also been reported that people who use club drugs limit the amount, frequency, and intensity of their drug use in order to reduce the likelihood of overdose (Hansen et al. 2001). In each of these cases, we can see how public health and harm minimization programs and discourses influence, through notions of risk, the ways that people who use club drugs think and act.

Harm minimization *services* are also committed to the neoliberal goal of shaping people who use drugs into self-disciplined subjects. O'Malley (2004b) explains that, because the purpose is to change and shape drug-using subjects, these services must be voluntary. In other words, people cannot be coerced into partaking in harm minimization services because if they are, they will be resistant to the programs' aims (i.e. to shape them into responsible and self-governing citizens).

Supervised injection sites (SISs) are an example of how harm minimization services are meant to responsabilize users so that they can face the realities of their health and take responsibility for improving it. Elliott (2014) explains how supervised injection sites are ideal neoliberal technologies because they survey, manage, and regulate at-risk populations with minimal state-expenditures. Her study focuses on Insite, a safe injection site in Vancouver, British Columbia. She finds that, despite the fact that the SIS was founded on social democratic values about helping the urban poor, the SIS has been “reconfigured as a site of surveillance, discipline, and regulation” (7). In other words, the SIS has been reconfigured as a site for relocating people who use drugs (who are often part of the urban poor), and for shaping people who use drugs into self-governing, healthy beings.

As Fischer and his colleagues explain, the injection drug user’s (IDU) conduct is thoroughly regulated the minute they enter an SIS (Fischer et al. 2004). They explain how IDUs are expected to register and sign a liability release form upon entering the facility. The IDU is then brought into an injection room, which is typically set up to make surveillance possible at all times. For example, the chairs are arranged in a half-circle with a “monitoring post” in the middle in order to enable staff to observe each individual. In addition, a large mirror is mounted on the wall in front of the stalls as an aid for the staff to use when watching the activities of those using drugs. The clients are then encouraged to stay in a waiting room that is monitored closely by staff. Throughout the entire process, the IDUs are provided with information and advice on safe injection practices. The staff is not able to directly intervene or enforce certain behaviours. Rather, their purpose is to cultivate IDUs into self-reliant and risk-aware individuals who take responsibility for their own governance and welfare. As Fisher and his colleagues explain, the efforts of SISs to shape people who use drugs into “healthy subjects” extends well beyond issues

of drug use to include “teaching personal hygiene, safer sex, and self-help housing, food, unemployment benefits and welfare concerns, as well as the honing of injectors’ abilities to follow through and adhere to appointments, regimens and schedules” (Fischer et al. 2004: 362). In this way, the SIS operates as a mechanism for shaping the drug-using agent into a “healthy” and “responsible” citizen; in other words, it functions to “responsibilize” IDUs.

Needle exchange programs are another example of a harm minimization service which aims to shape the subjectivities of people who use drugs. In drawing on Foucault’s writings on biopower, McLean (2011) explains how needle exchange programs serve not only the interests of the individual drug user, but also the broader population. She relates her discussion of needle exchange programs to the two poles of Foucault’s biopower which I discussed earlier. To reiterate, the two poles of biopower are: anatomo-political or disciplinary power (which focuses on cultivating individuals into productive and responsible citizens) and biopolitical power (which focuses on maintaining and/or improving the population’s wellbeing). McLean (2011) argues that “needle exchange programs are undertaken with the vitality of both the IDU and general populations in mind, whose health and productivity remain a crucial concern to government at all levels” (75). In particular, she explains how needle exchange programs optimize or protect the vitality of the population through the management, surveillance and regulation of individual bodies (in this case, IDUs). These programs, like supervised injection sites, manage drug-related harm not only through changing material conditions (such as through providing safe injection resources), but also by “responsibilizing” drug users into productive members of society.

Of course, not all people who use drugs are governed through “freedom” in neoliberalism; formal controls are still important for those who are seen as incapable of self-governance. Those who have addictions, for example, might be subject to formal interventions

when they are “understood as having given up the calculating subjectivity that is necessary for governing oneself in a neo-liberal paradigm” (Moore 2010: 481). O’Malley (2004b) uses the concept of strategic moralization to explain how moral and coercive strategies are selectively directed at certain drug-using subjects. He argues that, while responsible drug users are governed through risk, those who pose risks to others are governed through moral responsibility and coercion. He gives the example of impaired driving and the many ad campaigns that are meant to morally maneuver subjects to avoid drinking and driving. These ads are meant to make current and potential drunk drivers feel morally responsible, guilty, and remorseful. Breathalyzer tests are an example of coercive interventions for impaired driving. These coercive strategies are seen as justified because risk is presented not only to the subject himself or herself, but also to a third party.

O’Malley (2004b) also gives the example of drug trafficking. Because trafficking is seen as posing risks to others, it continues to be responded to through severe punishment. So, the point that O’Malley is making is that, while moral and coercive strategies have been directed away from responsible drug users, they have been refocused on irresponsible drug users who are incapable of governing themselves and who produce risk and harm for others. This distinction is important in my analysis of club drug use, as it helps to make sense of the seemingly “arbitrary” and “unpredictable” employment of moral and coercive strategies by police and private security in the EDM scene. While people who use club drugs are typically governed through their freedom, formal controls are targeted at those who present risks to others.

For example, formal interventions were deployed when a club goer’s drug use had become “out of control.” On many occasions, I witnessed bouncers forcing people out of venues for being overly intoxicated. Those caught selling drugs were also dealt with through formal

controls. Most often, this meant having their drugs confiscated and being removed from the venue. In some cases, they were turned over to police. The idea was that these people had become incapable of self-regulation and were thereby presenting risk to others at the club. In this way, formal intervention was necessary. In Chapter 4, I discuss how legal and policy frameworks also affect the ways in which private security respond to and manage instances of club drug use, heavy alcohol intoxication, and drug-selling at their venues. As I explain, there are a number of environmental factors that affect when and how “formal intervention” is deployed in practice.

Public health and harm minimization in practice

Thus far I have outlined the relevance of the risk/governance literature to the study of recreational drug use. The risk/governance literature is important to the present study because it provides a useful starting point for exploring how club drug-using practices are informed by risk knowledge. As I discussed earlier, people who use drugs have been reconstructed in neoliberalism as people who are rational and capable of making informed decisions in order to enhance their wellbeing (Moore and Fraser 2006). In this way, drug use is viewed as a choice and not a disease. The responsibility of managing the risks associated with drugs has subsequently been downloaded onto the individual. In particular, people who use drugs are “responsibilized” through public health and harm minimization programs and discourses into self-governing subjects (i.e. they are taught how to think properly and to make healthy decisions with respect to drugs) (see Moore 2007). These subjects are therefore governed through freedom, not coercion.

My research builds from this literature by looking at how public health and harm minimization programs and discourses responsibilize people who use club drugs into “rational”

drug-using subjects who think about and use drugs in ways that seek to minimize risk. My primary focus, however, is on how “context” sometimes complicates responsabilization. This follows from the insight that the governmentality literature, and by extension much of the risk/governance literature, has given little consideration to how context affects the ways in which governmental programs function in practice. Brady (2014) refers to this limitation as the “Achilles’ heel” (13) of the risk/governance literature.

In practice, governmental programs are never perfectly realized. The governmentality literature tends to overlook this messiness, as it is more concerned with identifying and reassembling rationalities and technologies than with understanding how these rationalities and technologies function in practice. As Garland (1997) explains, governmentality scholars tend to “use historical materials *philosophically* to demonstrate that there are different ways of knowing, rather than asking, as a sociologist or historian might, ‘how did things function?’ and ‘what did these things mean?’ The result is the analytical reconstruction of what are, in effect, historically-grounded ideal types” (199). These rationalities and technologies are presented as “ideal types” because they are based on the ways in which they are *supposed* to function in practice. For Garland (1997), these ideal types are not ends in themselves but rather are steps to empirical analysis. The idea is that governmentality scholars should not only concern themselves with identifying and demonstrating these ways of thinking, but also with exploring how these ways of thinking actually function within a given time and place. In other words, governmentality scholars must examine what O’Malley (1997) and his colleagues refer to as the “messy actualities of what actually happens” (509).

As I will discuss in the next chapter, I have chosen to use ethnographic methods in my study in order to overcome these weaknesses of the governmentality scholarship. For Brady

(2014), ethnographic methods allow researchers to enter into the “messiness” of their participants’ everyday social lives. They help researchers to appreciate the complexity and multiplicity that can be easily overlooked when relying exclusively on published documents and reports (i.e. official texts). With ethnography, researchers can appreciate and include other (non-liberal) rationalities in their analyses and frameworks. Ethnographic researchers can explore how neoliberal rationalities and practices relate and join with other rationalities and practices within any given context. Garland (1997), for example, explains that value-rationality (i.e. rationality based on values and emotions) is typically overlooked in the governmentality literature even though it sometimes influences crime control decisions. He explains that crime control decisions are not only based upon instrumental rationalities; they are also sometimes influenced by values and emotions. This type of rationality is also important in explaining drug-use, particularly in considering how “pleasure” comes to shape drug-using decisions and behaviors. Unfortunately, this type of impulsive, emotive and expressive conduct is poorly theorized in the governmentality scholarship.

In the present study, I acknowledge that the governmentality and risk/governance literature is limited by the fact that it tends to overlook multiplicity and context, and I argue that the risk environment framework provides an opportunity to overcome this shortcoming and is useful for exploring how governmental programs for club drug use “actually function” in practice. More specifically, I argue that the framework allows for consideration of how the imputed rationality of public health risk discourses is sometimes undermined and disrupted by the social/cultural, legal/political, physical, and economic contexts in which club drug use takes place. In this way, I am using Rhodes’ risk environment framework to extend the

governmentality and risk/governance literature and explore how risk knowledge is taken up by people who use club drugs in different ways in different contexts.

Moving beyond the risk/governance perspective: trust and context

In this section of the chapter, I consider two inter-related factors which I believe are important in analyzing how governmental programs directed at people who use club drugs actually function in practice. The first is “trust.” I argue that how young people take up risk information in practice will depend on the extent to which they trust that information. The second is “context.” I argue that how young people take up risk information in practice will depend on whether the context in which they are using drugs supports or undermines the adoption of the recommended risk-avoidance practices. In this study, I focus predominantly on the latter, although I do take up some of the ideas related to “trust” throughout the dissertation. By reviewing the literature on “trust,” I am also able to further highlight the limitations of the risk/governance perspective thus reinforcing my argument that it is important to think about the actual *practice* of harm reduction. In the next part of the chapter, I discuss the potential of Rhodes’ risk environment framework for putting “context” at the center of my analysis of club drug use and risk management.

Trust

Trust, as a factor that influences the success of governing efforts, is well documented in the literature. Whether or not risk information is “put into practice” will depend upon whether the source of that risk information is trusted (Alaszewski 2011; Himmelstein et al. 2011; O’Malley and Valverde 2004). Do the people who use drugs see themselves in these discourses?

Are they being provided with information that fits their personal experiences of drug use? Does the information provided take into account their motivations for using drugs? The answers to these questions will influence whether or not people who use drugs conform to the ways of thinking and acting envisioned by the programs of government. Although this is not the focus of my research, I take up some of these questions in Chapter 3 when discussing the participants' conceptions of club drug risk and in Chapter 7 when discussing their recommendations for improving club drug education.

For Himmelstein (2011) and his colleagues, trust plays an important role in the relationship between risk perception and decision-making. Only when the individual trusts the source of risk information will their perceptions of risk have a direct impact on their decision-making processes. In his study of over-the-counter cough medicines, Himmelstein looks at the public's response to the MHRA's (the Medicines and Healthcares products Regulatory Agency) recommendations about not giving over-the-counter cough medicine to children under 6 years old. He found that two-thirds of the parents in his study had heard about the MHRA's recommendations, and of these two-thirds, half did not trust them or did not know what to believe. He suggests that this is because there is a lack of public trust in medical regulatory bodies. Part of this lack of trust in healthcare institutions comes from public dissatisfaction with healthcare systems in general. He also notes that public trust tends to go down as the level of abstraction of the source goes up. He found that doctors tended to be more trusted because individuals have personal relationships with them and they interact with them face-to-face. He believes that this may explain the unwillingness of parents to adopt the advice of the MHRA. He suggests that the MHRA's recommendations would have been more likely to be adopted by parents had they been communicated by doctors directly to patients. Based on this logic, we

would expect people who use drugs to be more receptive to information provided to them by doctors than by large institutions and agencies like Ontario Public Health or Health Canada.

The success of governmental programs will also depend on the extent to which the programs have understood and accounted for the perceptions and experiences of those who use drugs (Alaszewski 2011; O'Malley 2004b). In neoliberal programs of government, certain subjectivities and identities are imagined (for example, that of the "recreational drug user" or the "healthy citizen"). Harrison et al. (2011) explains that "these identities are imagined and constructed as being required to know, understand and regulate the self in ways that are envisaged by these programs" (480). The problem, then, is that the subjects may not recognize themselves in these programs when they do not fit with their own experiences. Thus, they may become skeptical of these programs because they do not see them as grounded in their own realities of drug use. The individuals may then ignore the information and prescriptions put forth by these programs because they see them as mere attempts at social control. For this reason, O'Malley (2004b) argues that educational initiatives need to provide accurate information and not play into myths and misperceptions.

O'Malley (2004b) argues that individuals will reject the information if their experiences contradict it. The idea is that education programs will be discredited when they provide information that is alarmist and distorted because it can be refuted by the experiences of the users. For example, the claim that cannabis is a gateway drug is often refuted by the experiences of people who use cannabis and never "graduate" to harder substances. This may explain the dismal failure of drug education campaigns like Reagan's "Just say no" and Harper's "Drugs not 4 me," as well as abstinence-only education programs like the D.A.R.E (Drug Abuse Resistance Education) program. D.A.R.E is a school-based education program that operated in the 1980s

and 1990s across the United States and Canada, as well other countries. The program, which was typically taught by a police officer, was designed to help youth “resist” the pressure to engage in licit (mainly, alcohol and tobacco) and illicit drug use. The program is considered to have been mostly unsuccessful due to the fact that youth were able to counter and discredit many of the program’s exaggerations, myths, and misperceptions (see, for example, Beck 1998; Pan and Bai 2009; Rosenbaum and Hanson 1998).

The motivations of current and potential drug users must also be acknowledged and incorporated into the subjectivities imagined by programs of neoliberal government if they are to be successful. It cannot be assumed that individuals will simply accept the risk information they are given about drugs and then rationally act to reduce those risks. These governmental programs must also account for the perceived benefits of drug-taking (which has not traditionally been the case) (Alaszewski 2011). In particular, pleasure tends to be silenced as a motive in harm minimization and public health discourses (see Alaszewski 2011; Bergmark 2004; Harrison et al. 2011; Himmelstein et al. 2011; Keane 2009; O’Malley and Valverde 2004). A number of other motivations of drug use are provided in its place like experimentation, family disruption, peer pressure, and the media (O’Malley and Valverde 2004). Silencing pleasure is problematic since young people are heavily invested in the pleasurable aspects of drug use; they use drugs because they make them happy, they make them social, they help them to de-stress, and they contribute to their sense of self (Harrison et al. 2011). When harm minimization and public health discourses do not acknowledge these enjoyable aspects of drug use, individuals will come to view these discourses and messages with doubt and suspicion and may even see them as scare tactics (Hunt and Evans 2008).

Pleasure is sometimes discursively associated with drugs, but it is usually framed in terms of rational moderation (O'Malley and Valverde 2004). We can see this in alcohol commercials where users are reminded to “drink responsibly” (O'Malley and Valverde 2004). Here, pleasure is equated with the “rational” and “responsible,” and is distinguished from the “carnal.” But for many people who use drugs, pleasure can be both “carnal” *and* “disciplined” (Keane 2009: 141). This is what Measham and Brain (2005) refer to as the “controlled loss of control” (273). This entails “letting go” while remaining within the boundaries imposed by work, family, and study. Most people who use drugs are getting high to achieve intoxication and to “lose control,” but they are still exercising self-discipline and management over their intoxication. In this way, public health and harm minimization discourses that frame discipline and the carnal as opposites may be ignored because they contradict the experiences of people who use drugs.

In summary, “trust” clearly plays an important role in shaping how people who use drugs take up risk information in practice. As I have discussed, this trust depends upon the communication of the information, the source of the information, and whether or not the information takes into account the “target’s” perceptions and motivations for using drugs. In analyzing public health and harm minimization programs, it is therefore important that researchers consider the role of trust in shaping how these programs actually function in practice. Trust, in the way that I have outlined it here, overlaps with another important factor that influences the success of governing attempts: context.

Context

Efforts to shape drug-using behaviors and practices (through providing users with risk information) will be successful only if the context of use allows for the adoption of the desired

practices. The problem is that contemporary discourses of public health and harm minimization, which presuppose a neo-liberal subject which is autonomous, rational, and independent, do not take into account contextual constraints on individual human agency (Moore and Fraser 2006). For Moore (2004), public health and harm minimization discourses inscribe a particular type of environment of drug use that is characterized as stable and ordered (much like the drug-using subject that is imagined). He argues that this is problematic because environments of drug use, in reality, are messy, unstable, and complex. In his study of injection drug use (IDU), he finds that his participants' realities of use differed significantly from that imagined by public health and harm minimization discourses. He explains that the social, cultural, and economic realities of street life had an influence on whether IDUs adopted risk reduction strategies. For example, he explains that IDUs often accepted, but did not always adhere to, the advice to never inject alone. The problem was that the advice to never inject alone contradicted the fact that exploitation was common amongst IDUs (i.e. they often stole from one another), and thus they rarely trusted one another. Despite the fact that they were aware of the risk of using alone, they could not translate this knowledge into action because of these contextual constraints (i.e. distrust and fear of exploitation). Thus, their practices of use were shaped by more than neoliberal rationalities; they were shaped by their understandings and experiences of the environments in which they were consuming drugs.

In his study of homeless heroin addicts, Bourgois (1998) looked at why his participants were regularly sharing drug preparation paraphernalia despite the fact that public health workers had advised them not to. He argues that the "fragile income-generating strategies and tenuous social networks of street addicts mandate risky practices" (2330). He gives the example of the "dopesick" addict who will use any needle to get his or her fix. This may even mean accepting

syringes that are clearly dirty and potentially infected with HIV. In one case, a participant had stolen a loaded syringe that another addict had left behind at a shooting encampment. Bourgois (1998) explains that many of the other addicts had considered this theft to be warranted. They reasoned that they would do the same thing if they were experiencing withdrawal. They were especially sympathetic because the participant who stole the syringe was suffering from physical pain that had prevented him from being able to walk and thereby earn money through panhandling. The fact that the needle had been previously used did not seem to be of priority for them; the participants did not have the luxury to worry about the safety of their syringes when suffering from withdrawal. In this way, the harm minimization advice to never share needles ignores the complex social and economic factors (including social and economic marginalization) that shape “risky” heroin practices.

Ultimately then, how public health and harm minimization programs actually function in practice will depend on the context in which the drug-using subject operates. The idea is that the person who uses drugs might accept risk information, but their contexts of use might not be conducive to the implementation of the recommended practices for managing these risks. Research that analyzes public health and harm minimization programs must therefore be attentive to the role of “context” in shaping drug-using behaviours.

In the current study, I try to develop a better understanding of how practices of using club drugs and managing risk are shaped by contexts of use. I am interested in how risk information is taken up in different ways in different contexts. Thus, the research focuses on “context” as a moderating variable between risk perception and risk behaviors. It is for this reason that I have turned to Rhode’s (2002) risk environment framework to help make sense of the participant’s practices of club drug use.

The risk environment

According to Moore and Dietze (2005), there are two pillars of harm minimization: first, there is the recognition that people who use drugs have agency to change their behaviors and to make “healthy” choices, and second, there is the recognition that their agency is shaped and constrained by the wider environments in which their use takes place. Some examples of environmental factors that shape drug users’ abilities to enact “healthy” changes and to adopt risk reduction strategies include: drug policies; access to harm reduction materials and supplies; and social and economic marginalization. This focus on the environment⁸ came from the new public health movement of the 1980s (Petersen 2002). Rhodes (2002) explains that the movement extended understandings of health beyond the bio-medical to include social and environmental factors. The new public health implied a shift “from previously individualistic modes of self-survival towards social and environmental change” (85). The principles of the new public health movement were endorsed by the World Health Organization and can be found in the Ottawa Charter for Health Promotion (WHO 1986). The Charter outlines five principles, which, taken together, suggest that “risk reduction is an inter-sectoral and multi-level activity encouraging individual, community, policy, and environmental change” (85).

Despite rhetoric about environmental change and improving health inequalities, the primary focus of harm reduction interventions tends to be on the first pillar of individual behavioral change, especially in the developed world. This is likely because policies and initiatives that focus on change at the individual level are easier to implement and are typically less controversial than those that target change at the environmental level. The focus on

⁸ Note that I use the terms “context” and “environment” interchangeably. The reason I used “context” previously is because I believe that the term “environment” is often used in reference specifically to *physical* settings in everyday language. As I outline here, environment, like context, can be used to refer to the social, political, economic, and physical settings in which something (in this case drug use) occurs.

individual behavioral change also fits within a neoliberal style of governing where state intervention is scaled back while individuals are called upon to manage their own wellbeing. The problem with this type of individualization is that it does not account for how the environment might constrain the ability of a person who uses drugs to adopt the prescriptions made by public health and harm minimization discourses.

Rhodes (2002) introduced the concept of the “risk environment” to help overcome the constraints of individualism that are typical of most harm minimization interventions. The risk environment is essentially the space where a number of environmental factors interact with personal characteristics to shape drug-related risks. Rhodes (2002) argues that the risk environment offers “a generative framework into which empirical and theoretical work might give primacy to context when understanding and reducing drug-related harm.” (193). It shifts our unit of analysis from the person who uses drugs to the socio-political situations and structures in which drug use takes place. This does not mean that individual behavioral change is irrelevant. The risk environment framework is essentially pointing out that individual behavioral change can only occur if the environment enables it. For this reason, Moore and Dietze (2005) argue that our focus must be on creating “enabling environments” that facilitate and promote the adoption of individual risk reduction strategies and behaviors.

Rhodes (2002) explains that the risk environment framework is comprised of two key dimensions: type of environment, and level of environmental influence. There are four types of environment: physical, social/cultural, economic, and political. There are also two levels of environmental influence: micro and macro. The micro refers to the immediate setting where drugs are consumed, and the macro refers to the broader context of drug consumption. In the

current study, I use this typology to categorize the different contextual factors that influence the participants' club drug using practices.

Mayock (2015) and her colleagues used the risk environment framework to explore women's initiations into heroin use. They found that gender dynamics, on a micro and macro level, played an important role in their participants' initiation journeys. At the micro level, they discuss the influence of the participants' intimate relationships with men in facilitating their heroin initiation. For example, most of the participants explained that they had begun using heroin after entering into a relationship with a (male) heroin user. Many discussed the appeal of the "bad boy" image associated with their partner's drug use. Many reported that, despite the fact that their partners discouraged their initiation into heroin, the accessible and available supply of heroin meant that opportunities for use were always present. They described their initiation as "inevitable" given their close proximity to the drug. Following their initiation, many reported that their relationship became centered on drug-related activities, so much so that they referred to it as a "drug relationship."

At the macro level, they explain the women's heroin use in relation to gender norms, and structural and material conditions. For example, the women described a lack of control in their relationships which extended to the procuring and administration of heroin. They were reliant on their partners for providing them with heroin and helping them to administer it. Many of the women also discussed their experiences with poverty, trauma, and abuse which Mayock et al (2015) claim shaped their perceptions of their intimate relationships. They were "vulnerable" when they met their partners who offered them the promise of love and companionship and the hope of security and safety. It was within these intimate relationships that they initiated heroin use. Mayock and her colleagues are basically connecting agency and structure. They argue that

the two are not disconnected (as most research has made it appear). They argue that these women shared both accounts of self (agency) and society (structure) when discussing their initiations into heroin. In this way, the risk environment framework is useful for it allows for an examination of how agency is shaped by a range of environmental factors.

Rhodes (2003) and his colleagues used the risk environment framework to look at the micro-environmental factors that influenced injection drug users' (IDUs) practices for managing risk. Using the framework, he was able to explore why IDUs sometimes used drugs in “dangerous” ways despite the fact that they often accepted harm minimization messages and sought to employ the recommended strategies for managing risk. He found that while his participants were concerned with managing risk, they were often more concerned with avoiding arrest. In order to avoid police harassment, they often used drugs in an opportunistic and hurried manner. This often translated to “risky” practices of using drugs. For example, many participants did not carry injecting equipment because they feared being stopped and searched by police. This was associated with an increased risk of needle sharing, as they often found themselves in situations where they had heroin, but no equipment of their own to inject it.

In this study, I use the risk environment framework to extend the risk/governance framework. To my knowledge, only a few studies have used these two frameworks to study drug use and harm reduction. Both Bourgois (1998) and Moore (2004) (which I discussed previously) draw from the risk/governance and risk environment perspectives to study opioid and injection drug use. To summarize, both studies look at how the “realities” of injection drug use undermine and/or disrupt the adoption of harm reduction advice (specifically, overdose prevention advice) in practice. One factor touched on in both studies is “fear of police.” They find that fear of police sometimes makes it difficult to adhere to certain advice like to never inject alone and to use clean

snorting equipment. My research is the first to draw these two frameworks together to study club drug use.

When analyzing risk environments of club drug use, I look at a number of key contextual/environmental factors, including: policy and legal frameworks; the fentanyl epidemic; normalization and stigmatization; age norms; commercialization; and the organization of space and time (to name a few). In terms of policy and legal frameworks, there are a number of policies and laws (federal, provincial, and municipal) which regulate club drug use and the venues and events where such use occurs. At the federal level, the Controlled Drugs and Substances Act (CDSA) prohibits the use and sale of most club drugs in Canada, including ketamine, GHB, MDMA, and cocaine. At the provincial and municipal levels, the Liquor License Act, the City of Toronto Municipal Alcohol Policy, and the City of Toronto Licensing Bylaws regulate nightclubs and other related venues and events where club drug use commonly takes place. These laws set out rules regarding the number of security guards needed for a given event, how and when alcohol can be promoted, how to develop noise control and crowd control plans, and so on. In Chapter 4, I consider how these policies and laws, together with insurance policies, create conditions that are sometimes at odds with risk management.

An important factor related to policy and legal frameworks of club drug use is the fentanyl epidemic. Over the past decade or so, opioid-related overdoses have become increasingly common in North America (see Fischer et al. 2018; Thomson 2017; Tupper et al. 2018). Many of these overdoses have been linked to illegally manufactured fentanyl. This epidemic is a direct result of prohibition and the unregulated market in which the purity of any given substance is unknown. In Chapter 4, I consider how the fentanyl epidemic has affected club drug-using patterns and practices.

Another important factor I consider in my analysis of risk environments of club drug use is normalization. Normalization is a common framework used by drug researchers today. The work of Howard Parker (1998: 2002) and his colleagues has been the most influential in this area. Their basic argument is that certain forms of drug use have become so commonplace that they have been accommodated into our cultural understandings of normality. In other words, the thesis proposes that recreational drug use has been accommodated, at least to some extent, within mainstream culture. In this study, I juxtapose normalization with stigmatization. I use “stigmatization” to refer to the process whereby certain groups or behaviours come to be judged as deeply discrediting or deviant (see Goffman 1963).

A connection might be made between Parker et al’s (1998) conceptualization of normalization, which refers to the accommodation of drug use into mainstream culture, and O’Malley’s (2004b) conceptualization of normalization, which refers to how people who use drugs have been reconstructed into “normal” subjects of governance. The idea is that, when people who use drugs are accommodated into our cultural understandings of normality, they are reconstructed as “normal” subjects of governance. A connection can also be made to Foucault’s conceptualization of normalization, which refers to how populations and individuals are brought into conformity based upon constructed norms. The idea is that, by accommodating people who use drugs into our cultural understandings of normality, they are reconstructed as “normal” subjects of governance, and they are thereby governed through constructed norms. Of course, while these larger shifts in attitudes around drug use (re: Parker’s “normalization”) inform or provide the backdrop for O’Malley’s (2004) concept of normalization (as the reconstruction of drug users as “normal” subjects of governance), O’Malley’s (2004) understanding of

normalization (as well as Foucault's) is distinct in that it is focused on shifts in the governance of drug use rather than simply public attitudes and broader societal norms.

In Chapter 5, I draw on the normalization perspective to make sense of the social and cultural environments of the participants' club drug use. I look at how their practices of club drug use and risk management varied depending on their understandings and experiences of the social and cultural acceptability of their use within a given setting. I look at how constructions of normalization and/or stigmatization shaped their practices of club drug use both within the electronic dance music (EDM) scene and beyond it. Outside the scene, I look at how constructions of normalization and/or stigmatization shaped decisions about whether or not to seek medical assistance or guidance, to talk to others about health problems related to their drug use, to seek out harm reduction supplies, and so on.

In Chapter 5, I also consider how age norms affect practices of club drug use and risk management. I use the notion of "age norms" to refer to normative expectations around family, employment, and marriage for people at certain points of the life course (in this case, late twenties and early thirties) (see, for example, Arnett 1997; Eliason et al. 2015; Hartmann and Swartz 2007). I discuss this in light of what Parker et al (1998) describe as a prolonged period of adolescence in late modernity. The idea is that young people are taking longer than past generations to transition between adolescence and adulthood: they are taking longer to find permanent employment, get married, and have children. The result is that young people today are not "aging out" of drug use until a much older age (if they "age out" at all). I look at how these age norms, and broader changes in what it means to grow up today, affect practices and patterns of club drug use and risk management.

Two more environmental/contextual factors that are important to this study are commercialization and the organization of space and time. The distinction between the traditional “underground” rave scene and the current commercial EDM scene is important. Today, raves are held in licensed venues and are part of cities’ legitimate leisure economies (see Anderson 2009; Kavanaugh and Anderson 2008; Measham 2004; Hier 2002). In Chapter 6, I consider how commercialization has affected risk management both directly and indirectly (through changing the organizational style of the EDM scene).

In this study, I also consider how the EDM scene itself and its distinct norms, culture, and social organization influences practices of club drug use and risk management. As Kavanaugh and Anderson (2008) explain, the rave culture is defined by a distinct ethos known as “PLUR”; an acronym for Peace, Love, Unity, and Respect. Rave culture, which traditionally existed outside mainstream society, offered a place for marginalized young people to gather, dance, use drugs, and experience a sense of belonging. Drugs such as ecstasy have been consumed within rave culture because they induce empathy and thereby help to enhance the PLUR ethos. Kavanaugh and Anderson (2008) suggest that the rave scene has now become commercialized and fragmented. Today, the scene is increasingly specialized and contains both underground and mainstream characteristics. Hutton (2010) argues that club cultures are diverse, and that research therefore needs to acknowledge the subtleties and nuances across global and local club scenes. He explains that there are different sub-scenes based on musical styles and drug preferences. The present study considers how participants adapt their drug-using behaviours depending upon the unique norms, culture, and social organization associated with different sub-scenes.

Conclusion

In this chapter, I have drawn on the risk/governance literature to build a framework to guide my research study. I began with a discussion of neoliberal governmentality where the power of the state is de-centralized, and much of the responsibility for managing the conduct of citizens is delegated to non-state actors and to citizens themselves. I proceeded to discuss the importance of “risk” as a key technology for governing individuals and populations in neoliberalism. I considered how people who use drugs are governed by information about drug-related risks provided by public health, harm minimization, and other related experts. I then made the argument that, while the risk/governance literature provides a good starting point, practices of club drug use must also be understood as responses to particular risk environments. I ended the chapter with a discussion of Rhodes’ (2002) “risk environment” framework and its usefulness for exploring how and why practices of using club drugs and managing risk vary across different contexts of use.

Building on these literatures, the purpose of my ethnography is to paint a more nuanced picture of what informs practices of using club drugs and managing risk. I do this by examining the intersection between risk perceptions and contexts of club drug use. Because this research focuses on how people who use club drugs manage risk, we must first consider how they understand risk. In Chapter 3, I discuss the participants’ risk knowledge. I discuss how their knowledge was informed by both professional and experiential models of risk. I also discuss the strategies that they sometimes employed to manage such risk. In Chapters 4, 5, and 6, I use the risk environment framework in combination with the risk/governance literature to make sense of how the participants took up risk discourses in different ways in different environments. That is to say, I situate their risk behaviors within the social/cultural, political/legal, physical, and

economic environments in which their drug use took place. In the next chapter, I outline the research methodology of the study.

Chapter Two: Doing Drug Research as an Intimate Insider

Jessica puts her hand onto the keg pump and presses down three or four times. She picks up the black spout and holds a plastic red cup under it on an angle to avoid excessive beer foam. She pours the cup a little over halfway and hands it to me. I take the cup and head back inside. As I exit the laundry room I see Martina and Alice heading towards the kitchen. "Is tonight about research or pleasure?" Alice laughs while gesturing to my beer in hand. "I suppose a bit of both" I smile. "Well you can't have it both ways Nick!" Alice shouts with a smirk. The three of us laugh as we head to the kitchen. I wonder, though, does she have a point?

The opening field-note illustrates two unique types of research: intimate insider research (see, for example, Ellis 2007; Irwin 2006; Taylor 2011) and drug research (see, for example, Bourgois and Schonberg 2009; Carlson 2009; Kelly 2010). The former refers to studies where the researcher has pre-existing relationships with his or her participants. In such cases, the researcher never truly leaves the field. The latter refers to research where the participants engage in licit and/or illicit drug use. Together, these two types of research raise several unique ethical and methodological issues that the researcher must negotiate. In the opening field-note, I document two such issues: the struggle to juggle dual roles of friend and researcher, and the struggle to negotiate an "appropriate" relation to licit and illicit drugs while in the field. In this chapter, I explore these issues within the context of a broader discussion of my research methodology.

A research methodology entails far more than the methods or tools we use for collecting data (Guba and Lincoln 2004; Heron and Reason 1997; Naples 2003). Thinking methodologically means thinking critically about the research process, methods, ethical dilemmas, and the production and presentation of data (Letherby 2003). What follows below is a discussion of my methodology and not strictly my methods. The chapter begins with a discussion of my research paradigm. I proceed to discuss the research design, including the recruitment

techniques, the methods of data collection, and the data analysis process. In the second part of the chapter I discuss how doing drug research as an intimate insider produced unique challenges and issues throughout the research process and I describe how I worked through these challenges and issues. My intention is not to provide a universal or standard outline for doing intimate drug ethnographies; rather, it is to raise some of the key methodological and ethical issues I faced so that future researchers are aware of them and are thereby better prepared to make informed decisions when undertaking their own research.

Constructionism

A paradigm is essentially a worldview held by a researcher made up of three types of assumptions: ontological, epistemological, and methodological (Guba and Lincoln 2004; Heron and Reason 1997). Our research paradigm influences everything from how we see our roles as researchers, to what methods we choose, to what ethical issues we face, to how we go about resolving these ethical issues (Naples 2003). In the present study, I worked within a constructionist paradigm. Taking a constructionist approach to research means acknowledging that reality is socially constructed and is thus local and specific (Guba and Lincoln 2004). This means that, on an ontological level, constructionists are relativists, as they reject the idea that there are universal truths about the social world that can be uncovered through research (Guba and Lincoln 2004).

In the present study, I took a constructionist approach by building upon the risk/governance literature and conceptualizing risk as a product of knowledge rather than as an objective condition (see Dean 1999). I recognized that risks are constructed in knowledge and that individuals are expected to acquire that knowledge and adjust their behaviours accordingly.

In the present study, I explored how this knowledge is taken up in different ways in different contexts. I acknowledged that risk rationalities are only one of several rationalities that inform drug-using practices. Thus, I sought to insert myself into the participants' position and see the world through their eyes so that I might understand *all* that informs the participants' practices for using club drugs. In other words, I took a constructionist approach to my study because I was trying to understand the participants' realities of club drug use and how their realities may undermine and/or disrupt the adoption of risk management strategies.

As a constructionist, I worked inductively and remained open about the direction of my research. My initial research questions were meant to serve only as guides for the data collection phase. Creswell (2007) explains that constructionists are unlike positivists in that they allow for their data to guide the focus of their research. Rather than setting out hypotheses prior to the research and then simply testing them against the data collected, constructivists identify broad guiding questions which they then re-focus based on what their data shows and what their participants find important.

Being a constructionist researcher also means acknowledging that objectivity is neither possible nor desired. Guba and Lincoln (2004) argue that constructionists, unlike positivists, recognize that the investigator and the investigated are intrinsically tied and therefore cannot be separated. The idea is that the researcher is actively involved in shaping the story that is being told by their research. This rejection of objectivity has given way to a new literature, which debates the value of doing research with those with whom the researcher has pre-existing empathetic relationships (see, for example, Blackwood 1995; Irwin 2006; Taylor 2011). The argument for intimacy in research is that it will yield better data and more complex understandings of the researched when the researcher has close and personal relationships with

those he or she is studying (Irwin 2006). Thus, not only do constructionists reject objectivity and distance in research, but many also embrace the opposite: closeness. For these reasons, I felt justified in my decision to recruit for my study people with whom I have pre-existing relationships. In the subsequent section, I discuss my role as an “intimate insider.” As I have discussed, this researcher role is supported by my constructionist research paradigm, which rejects the idea that researchers can be objective and can be separated from the production of data.

Intimate Insider

As an active participant in the Electronic Dance Music (EDM) scene, I have a deep personal connection to the present study. My involvement in the EDM scene dates back to my Master’s research on the same topic. While I had been involved in dance music culture since I was fifteen years old, I did not attend my first rave until I began my Master’s research almost a decade later. I remember going to my first rave thinking that my own experiences in the club scene would translate to the EDM scene. In a way I was right. But in many other ways I was wrong. I could relate to the act of going out to dance, to mingle with friends, and to celebrate the end of the workweek. These experiences were not unique to me. But at the same time, the very essence of the EDM scene felt fundamentally different. For starters, nobody seemed interested in the “hookup politics”⁹ which were common within the broader club culture. Very rarely did I notice people dancing on one another or aggressively trying to “pick up” strangers. Also

⁹ I use this concept to refer to the politics of sexual courting, where the purpose is to have a night of casual sex with “no strings attached.” I have adapted it from the concept of “hookup culture,” which refers to a “social environment that encourages sexual contact free from the binds of commitment or emotional intimacy” (Reling et al. 2018: 502).

seemingly missing was the toxic masculinity¹⁰ that drove me away from the dance club scene years ago. In the EDM scene, men did not seem to worry about looking traditionally “masculine” – many wore bright colors, danced without inhibitions, and were visibly affectionate to their male friends (hugging and massaging one another, for example). Perhaps most surprising was the fact that physical fights seemed to be a very rare occurrence. In these ways, I felt like my experiences in club culture did not translate to the EDM scene.

By the time my Master’s research ended, I felt so attached to the EDM scene that I could not fathom “leaving the field” like in traditional fieldwork. It had become a huge part of my life. I continued to participate in the scene long after my research had ended. I now self-identify as a “raver” as well as a “techno snob” (the latter of which is a common label given to older members of the EDM community who think that techno is superior to all other genres of music). I regularly attend festivals and raves throughout the city, sometimes as frequently as once a week. I also find myself searching for rave parties whenever I travel to foreign cities. No matter how many times I attend a rave, it never seems to get old for me. There is something special about how a rave brings together so many people from so many diverse backgrounds and unites them through music. At a good rave, you do not need to talk to those around you on the dancefloor to feel connected – there is simply something about the atmosphere and the vibe that makes raving feel like a collective experience, despite also being a very personal one too.

Because my involvement in the EDM scene and the associated drug scene has intensified since my Master’s research, I began the present study from a very different position. From the onset of the research, I recognized my status as an insider, and more importantly, as an *intimate* insider. Taylor (2011) explains that intimate insiders are researchers who work at the deepest

¹⁰ Toxic masculinity can be defined as “the constellation of socially regressive male traits that serve to foster domination, the devaluation of women, homophobia, and wanton violence” (Kupers 2005: 714).

level “within their own backyard” (9). These are researchers who study in spaces that they regularly frequent and with people with whom they have pre-existing friendships. In intimate insider research, the participants are what Taylor refers to as “friend-informants,” as the researcher knows them prior to the study. This is different from much of the existing literature which looks at informant relationships that develop into friendships through the research process. Taylor refers to this category of participants as “informant-friends.” In the present study, most of the participants fall into the first category of “friend-informants,” as I had previous friendships with most of them before the study began.

There are a number of “classic” studies on drug use and drug trafficking where the researcher was, or became, a part of the community that they were studying. In her study of the impact of over-policing on the lives of young black men, Goffman (2014) had lived and worked in the community that she was studying for years before she began her fieldwork. During the fieldwork, she became romantically involved with one of the participants. She even took in two of her participants as roommates at one point during the study. In his classic text *Street Corner Society*, Whyte (1943) looked at how local gangs are formed and organized in the North End of Boston (which he described as an “Italian slum”). Whyte lived in that district for three and a half years, a year and a half of which he lived with an Italian family. Another classic example is Bourgois’ (1995) *In Search of Respect*. Bourgois looked at the everyday politics of the crack-heroin market in East Harlem. Through observing and interviewing people in the drug trade he was able to get a glimpse into how Puerto Rican immigrants living in New York City experience prejudice, addiction, crime, and inequality in their daily lives. To gain access to the community, Bourgois moved to the neighborhood he studied and spent hundreds of nights on the streets and in crackhouses with his participants. While skeptical at first, Bourgois was eventually accepted

by the crack community in East Harlem after he developed intimate friendships with some of the key street-level dealers. Bourgois became so close to the community he was studying that he found himself, like his participants, in situations where he was at conflict with police. These are just a few examples of how scholarship about doing drug research as an insider and *participating* in research while *doing* research is not uncommon.

One of the main reasons I chose to do intimate insider research is because of the fact that I am an active member of the EDM scene in Toronto, and I thus anticipated that I would have difficulty finding people from the Toronto EDM scene who were not already connected to my social network in one way or another. Even if I found people far enough outside my friendship circles to study, it is likely that I would run into my own friends whilst conducting my fieldwork and they might thereby cross over into my field observations. This reasoning is similar to that which Taylor (2011) gives in her study of the Brisbane queer music scene. She argues that it would have been impossible to avoid observing and involving her close friends in her ethnographic study since she, herself, was fully immersed within the scene. For this reason, she recruited a number of people with whom she had established friendships to be key informants in her research.

There are many other reasons that I chose to do intimate insider research. For starters, Berger (2015) explains that insider researchers have an existing knowledge of the community, and they can thereby use this knowledge to formulate more relevant and meaningful research objectives and questions. Having an existing knowledge of the community also means that researchers know what to look for while in the field. They are aware of unique codes, slang and symbols, which other researchers might miss. For example, my intimate insider status meant that I knew about the many different euphemisms for cocaine common to the EDM community and,

in some cases, specific to the participants' social circle. Some of these included Charlie, nose candy, Darlene, marching powder, and flake. Knowing these code words was important from the outset since club drug use is often kept hidden in certain settings and around certain groups of people (Ravn 2012); the researcher may miss out on important data if they do not know the coded language employed by people who use club drugs. Another advantage of insider research is that the researcher shares similar experiences with their participants, and they can thereby better empathize with them (Berger 2015). Intimate insider research also tends to yield data that is richer in depth and breadth than other types of research because of the greater level of trust and rapport that exists between the investigator and the investigated (see Brewis 2014; Taylor 2011; Zinn 1979).

While being an intimate insider has its advantages, it also has its share of challenges and issues. In the present study, these challenges and issues were compounded by the fact that the "friend-informants" were people who use illicit drugs. In the second half of the chapter, I take up some of these challenges and issues that I experienced during the research process and I discuss how I worked through them.

Reflexivity

As an intimate insider, it is important that I recognize my influence on every part of the research process. The idea is that a researcher's positionality affects everything from the articulation of the research question, to the analysis, to the representation of data (Blackwood 1995; Bryne 2004; Ellingson 1998; McCorkel and Myers 2003; Watt 2007). Positionality refers to the worldviews and positions that the researcher holds in relation to the research study (Blackwood 1995; Bryne 2004; Ellingson 1998; Kleinman and Copp 1993; McCorkel and Myers

2003; Watt 2007). It includes everything from the researcher's ontological and epistemological assumptions to their political positions, religious beliefs, gender, sexuality, race, and class (Muhammad et al. 2015). The point is that our research is shaped by the positions we hold relative to those we study and relative to the wider society. We are not vessels through which "objective" facts are communicated; rather, we are involved in the construction of the knowledge produced in our research. So instead of trying to conceal our subjectivity, we must work to make it transparent. This is especially important in intimate insider research where the researcher has a deep and personal connection to the community and to the participants he or she is studying (Taylor 2011).

Imagine if a friend asked us to describe them. We would give a truthful yet partial account of them. This is because our own experiences and perspectives of our friend would have a significant impact on how we describe them. We would choose to highlight certain aspects of their personality while ignoring others. This analogy illustrates why reflexivity is so important in qualitative research. To be reflexive is to acknowledge how our personal experiences, motivations, emotions, power, ascribed and achieved identities, and connections to community members and academics shape our research (Muhammad et al. 2015). In other words, it means thinking critically about how our positionality shapes the partial accounts presented in our research. This is especially important in intimate insider research because the researcher has a pre-existing knowledge of the participants and this knowledge will thereby have a significant impact on the ways in which the researcher sees the participants and the ways in which the researcher relates to them (Taylor 2011).

In conducting the present study, I actively reflected on my positionality and its impact on the research. I recognized my social position as a white, middle-class, middle-age, university-

educated, cisgender man. I recognized that, in many ways, I was carrying out this research from a privileged position. For example, I recognized that drug prohibition and its enforcement has disproportionately affected people from lower socioeconomic statuses and from racialized groups. I have not shared these experiences. My research has thus been developed and carried out from a position of “privilege.” I looked at recreational club drug use as a “normalized” behaviour without actually considering how it might *not* be “normalized” for racialized groups, lower socioeconomic statuses, or for other groups that have traditionally had negative relationships with law enforcement.

Also important is my position as an insider to the community I am studying. As I explain above, I undertook this research project from an insider position. I have been an active participant in the electronic dance music (EDM) scene for almost ten years. I regularly attend EDM events. At these events, I engage in the same activities as most other participants of the scene: dancing, socializing, and drug use. Not only do I regularly attend EDM events, but I also listen to EDM leisurely (outside of the EDM scene) and I commonly participate in online communities centered around EDM and raves.

Throughout the research process, I asked myself how my own experiences and worldviews of the EDM scene and club drug use were shaping my research. I considered how my insider status might have been causing me to focus on certain data that fit my own experiences at the exclusion of other data while in the field. For example, I had neglected to consider the role of cannabis at EDM events because the drug was not part of my own experiences in the EDM scene. I, personally, do not use cannabis at EDM events and thus, I did not ask questions about cannabis in our interviews nor did I pay much attention to cannabis while in the field. My logic was that cannabis is used to relax, and the EDM scene was anything but

relaxing. I soon learned that cannabis played an important part at EDM events for some of the participants. While I personally could not understand the appeal of cannabis at an EDM event, I had to try and understand why some of the participants sometimes used it. This is an example of how I had mistakenly assumed my own experiences were the same for all the participants, but then shifted perspective as the research unfolded. In addition to acknowledging how my own experiences in the EDM scene influenced the research, I also thought about how my friendships with the participants (and my desire to maintain these friendships) influenced the ways in which I interpreted and reported my findings. Ultimately, I considered how and why I was telling the participants' stories in the ways that I was.

In Anderson's (2009) study of the EDM scene she argues that, because she was an active member of the scene, she needed to make her dual role as a member and as a researcher visible throughout her book. She puts herself at the center of her ethnography by critically analyzing her own interactions with people in the scene and reflecting on her own experiences, emotions, and perspectives. In my ethnography, I have taken a similar approach. I have chosen to write in first-person and to include analyses of my own biases and emotions (adapted from my fieldnotes) throughout. This is also the reason that I included in this chapter a detailed description of my personal connection to the EDM scene and to the participants. The purpose of including myself in this ethnography is to show readers that these accounts are not "objective" or complete retellings of what occurred during the fieldwork, but rather they are partial and fragmented retellings that are colored by my positionality. In other words, my intention is to make clear that I, as the researcher, have played an important role in producing the knowledge that is presented in this ethnography.

Being reflexive is also important for becoming aware of, and managing, the power dynamics in the researcher-researched relationship (McCorkel and Myers 2003). This is important in illicit drug research because people who use illicit drugs already experience stigmatization and oppression in certain settings and by certain people. For this reason, I took steps to minimize the potential for such damage. For example, I was very careful about the language I used in my research (see for example McCorkel and Myers 2003). I referred to the participants not as drug users but as “persons who use drugs.” The point was to avoid reproducing stereotypes that people who use drugs are defined solely by their use. This is important because drug use and addiction is often viewed negatively. So, it is important that people are not solely defined by this behaviour (i.e. drug use or addiction). This is an example of how I thought about the ways in which I was enacting structure while doing my research (see Irwin 2006).

I also used regular member checks. What I mean is that I checked in with participants to ensure that my interpretations were correct and that their voices were not being represented in ways that would cause them harm. Watt (2007) suggests that we do member checks throughout the research process so that participants can shape the process as it happens. This is preferred to doing member checks only after the analysis phase. In the present study, I did this so that the participants had a voice in setting and changing the course of the research. I consulted three of my key informants prior to holding my first interview. I sent them a preliminary interview guide and asked for their feedback. They mostly offered advice on the language I had used. While I did not myself recognize this language as problematic, they pointed out certain words as being loaded or as “too academic.” For example, I had included questions with the term “normalization” in it. They indicated that the definition was not clear to them and they

anticipated that other participants would merely answer the question to be polite without fully understanding what I was trying to get at. In this way, the exercise was very useful for managing the power dynamics of the researcher-researched relationship. Not only was the exercise useful for empowering participants to take some control of the research, but it also helped to minimize some of the problematic language in my interview guide, which might have contributed to the power imbalances between myself and the interviewees.

I also checked in with the participants as I began analyzing the data and writing up the findings. Because I analyzed the data simultaneously while doing fieldwork, I was able to have ongoing conversations with the participants in the field regarding themes that were emerging in the data. Many of them were supportive and offered feedback. A good example comes from a discussion I had with Christian¹¹ and Ella at a pre-party at Alice's apartment. I was sitting on a computer chair in Alice's room chatting with Christian and Ella while we took a break from all the commotion in the other room. Christian and Ella asked me how my research was coming along. I told them about how an emerging theme from my data was the fentanyl crisis and how it has affected club drug-using practices. Ella agreed that it is a relevant theme. She explained that she carries both fentanyl testing strips and a naloxone kit in her purse. She reached into her purse and pulled out the naloxone kit. It was still in its package. It was a nasal spray kit. She walked me through how it works. She told me I should explore it more through my research. "You should see if people are carrying them or not," she shrugged, "it could be interesting."

This field observation is an example of how I sought to give a voice to the participants in shaping the direction of the research. I regularly checked in with the participants in this manner. In addition, I sent the participants blurbs from my written analyses and asked for their feedback.

¹¹ The respondents' names in my study are all pseudonyms. I provide a more detailed account of how I represent the respondents in this study later in the chapter.

Sometimes they would just laugh or comment on how much they enjoyed the way I made their life “sound like a novel.” But other times they offered criticism and advice, suggesting that I misunderstood certain parts of their interviews or I was framing something as more significant than it really was. In these instances, the participants felt empowered in shaping the research.

In participatory action research (PAR), member checks are redundant because the community works in partnership with the researcher throughout the project (see Flicker 2006; Khobzi and Flicker 2010). While I believe PAR is the ideal approach for managing power differentials in research, I accepted the fact that my time and financial constraints would not allow me to do justice to PAR if I undertook this method in my dissertation research. Nonetheless, I borrowed from PAR some of its values and themes around participation and collaboration. I worked to involve the participants in the research process wherever possible. I gave them the opportunity to give feedback on my research objectives, questions and agendas. Because I have pre-existing relationships with many of the participants, I was able to consult them before the data collection phase to get their input on the project. I asked them for suggestions regarding research topics, questions, sites, and recruitment. As noted above, I consulted with the participants again when I was putting together my interview guide. I worked with them to reshape and reorder the questions. I included questions in the interview guide which asked for the participants’ suggestions on how to address club drug risk within the EDM scene. I used their suggestions in formulating a list of recommendations for policy and practice (presented in Chapter 7). And finally, I asked them for feedback on my analyses. I gave every participant in the study the opportunity to review the analyses and to offer their input. In these ways, I gave the participants the power to influence the research process and its outcomes.

Ethnography

I chose to do ethnography for the present study because of its suitability for exploring the detailed and contextualized realities of a group, community, or culture (Reeves et al. 2008). The purpose of ethnography is to see life from the participants' point of view (Burawoy 1991). The ethnographer essentially comes "to enter into the matrix of meanings of the researched, to participate in their system of organized activities, and to feel subject to their code of moral regulation" (Emerson et al. 1995: 2). In my research, I used ethnography to explore how and why people who use club drugs take up risk discourses in different ways in different contexts. As an ethnographer, I immersed myself into the parts of young people's lives which revolve around club drug use. Here, I was able to explore how the cultural, political, economic, and physical realities of club drug use influence whether or not people who use club drugs adopt risk reduction strategies. The final written ethnography contextualizes the risk behaviors of people who use club drugs by providing a glimpse into their lived realities of club drug use and by showing how these realities differ from those imagined by public health and harm minimization discourses.

My decision to do an ethnography is also based on the fact that ethnographic methods are well-suited to studies of risk environments. Kelly (2007), for example, takes an ethnographic approach to his study of club drug use and risk-taking amongst "bridge and tunnel" youth in New York City. He is able to explore how their risk management practices are rooted in their conceptions of risk. He finds that, where some of their practices are based on conceptions of risk developed from organized harm reduction movements, others are based on the user's own experiential knowledge of risk. Through ethnography, Kelly (2007) is able to show how their risk practices are dependent upon context. One example he gives is the advice to "stay hydrated."

He notes that, despite the fact that most clubbers have adopted water consumption as a standard practice, water is sometimes not provided other than for purchase at nightclubs. He has even observed heaters being blasted in a nightclub so that clubbers would be more enticed to purchase water. Kelly (2007) is able to obtain this kind of data through ethnography, where the researcher immerses him or herself into the culture they are studying. Rather than relying solely on the participants' recounts of their experiences (through interviews), the ethnographer is able to participate in and observe these experiences firsthand.

Similarly, Bourgois and Schonberg (2009) use ethnography in their famous study *Righteous Dopefiend*, which explores how environmental factors shape the risk behaviors of a group of injection drug users (IDUs). They give the example of how their participants' fear of arrest was sometimes cause for risky injection practices. They explain that, because their participants were afraid to carry syringes, they would hide their paraphernalia in unsanitary locations. This meant that their participants would often inject in unclean and unsafe areas where there was no running water. Both of these studies demonstrate the usefulness of ethnography for research on risk environments. They illustrate how ethnographic methods allow researchers to produce data not only through talk with participants, but also through experience and observation. Through ethnography, Bourgois and Schonberg (2009) and Kelly (2007) became immersed in the lives of their participants and were thereby able to explore the ways in which risk behaviors are shaped by both the immediate and broader contexts in which their drug use takes place.

Ethnography is also useful for addressing one of the key limitations of governmentality research: the neglect of the failures, limits, and messy realities of governmental programs. Brady (2014) argues that ethnography gives researchers "greater insights into the multiplicity of power

relations and practices within the present, as well as the actual processes through which subjectivities (such as an enterprising self) are formed” (13). Ethnographic methods allow us to focus on a particular group or space and to really “dive into” the “messiness” of social life. It allows us to pay attention to resistance, contestation, change, and new forms of governance. Ethnography thus allows for the examination of both the applications and the limitations of the governmentality approach.

Moore’s (2004) ethnographic study of injection drug use, which I addressed in Chapter 1, took a governmentality approach in looking at how heroin overdose prevention discourses are contested and challenged by injection drug users (IDUs). In his study, Moore looks at how overdose prevention discourses, in attempting to “responsibilize” injection drug users into self-regulating subjects, assume that IDUs are rational and autonomous. They assume that IDUs will freely make rational decisions if provided with “objective” information. Through ethnography Moore shows that these discourses ignore the complexity of the IDUs’ risk practices. He highlights, for example, the issue that many IDUs fear the police. In this way, IDUs might not report an overdose to police if they are fearful that they may be arrested or charged. This clearly shows the importance of ethnography for overcoming some of the limitations of the governmentality approach. Mainly, it shows how ethnography allows researchers to appreciate context and multiplicity, both of which are easily ignored in the governmentality literature because of its overreliance on documentary and textual analysis (Brady 2014).¹² As Moore

¹² I recognize that there is debate over whether a Foucauldian approach is suitable for ethnography. For example, Dean (2015), in his response to Brady’s (2014) piece about governmentality and ethnography, argued that there are ontological and epistemological contradictions between ethnography and Foucault’s “body of scholarship.” He argues that Foucault’s focus was on understanding how things come to be constructed as “real” and the effects of such constructions. His focus was *not* on understanding “reality” itself or the way that things “really” operate. He therefore believes that ethnography, which focuses on understanding a culture in its “real” form, is incompatible with Foucault’s governmentality scholarship. In my opinion, Dean’s argument rests on the assumption that all ethnographies assume a realist ontology. But not all ethnographies are realist. In fact, many ethnographers today are quite critical and reflexive about how their data is produced and what shapes their data (i.e. personal experiences,

(2004) has demonstrated, we are better able to see all that shapes our participants' thoughts and behaviors (in addition to risk discourse) when we immerse ourselves, through ethnography, in the everyday lives of our participants.

On a practical level, ethnography can provide important information that can be used to develop and improve prevention and intervention programs. Carlson (2009) and his colleagues explain that ethnography has been traditionally important for understanding and preventing risk behaviors related to HIV-transmission. During the HIV epidemic in the late 1980s, many studies were conducted to look at how paraphernalia laws and other aspects of the local context impacted the risks of needle and drug sharing. Carlson (2009) and his colleagues note that ethnography has since become useful in studying how people respond to intervention initiatives. In the case of my research, the findings show how people who use club drugs take up the advice offered by public health and harm minimization programs in different contexts. In particular, the findings reveal barriers to the adoption of recommended risk reduction strategies. Such information may be useful for developing interventions that target environmental change so that individual behavioral change is possible.

Recruitment

The participants for the present study were recruited from my own social network. For confidentiality purposes, I will not disclose any details about my relationships to the participants other than to point out that I had pre-existing friendships with most of the participants prior to

worldviews, socio-political factors). I would also argue that Foucault's focus on how people come to see their experiences as "real" through power-knowledge relations is complemented, not contradicted, by ethnographic methods. In the present study, I use ethnography to look at how young people are "responsibilized" into responsible drug-using subjects through public health and harm minimization programs and discourses, and at how this "responsibilization" is sometimes complicated or undermined by context. I am thus using ethnography in a way that supports Foucault's focus on how things come to be constructed as real and the effects of those constructions.

the study and I plan to maintain these friendships now that the study has been completed. As a member of the electronic dance music (EDM) scene, I had many friends I could recruit. This was an important asset for my research because people who use illicit drugs are often inaccessible and/or difficult to recruit (Griffiths et al. 1993; Kelly 2010). One explanation for their inaccessibility has to do with the fact that drug use is illegal and stigmatized (in certain contexts) and people who use drugs may therefore be secretive about their use and suspicious of researchers (Griffiths et al. 1993). In this way, I was fortunate to have a number of friends who use club drugs and were willing to participate in my study. This does not mean that I personally knew everyone in the study beforehand. I relied on my pre-existing contacts to introduce me to their own social networks and to assist in recruiting additional participants. In this way, my friends acted as key informants.

As key informants, my friends provided me with important information and facilitated my access to other people within the EDM scene (see, for example, Irwin 2006). Alice and Martina, for example, had introduced me to their friend Kandi at a rave one night. When I was alone with Martina in the smoking pit outside the club, she joked that she had brought Kandi out tonight just so that I could recruit her for my research. I laughed. I asked her if she thought Kandi would be interested in participating in the study. Martina recommended that I contact Kandi the following morning and explain the project. I did, and Kandi enthusiastically agreed to join the research study. This method of recruitment, whereby the participants refer the researcher to other possible participants, is known as network or snowball sampling (see, for example, Kelly 2007; Williams 1989).

In addition to relying on the participants for recruitment, I also recruited new participants myself while in the field. As an insider, making new friends in the EDM scene can be easy. On

many occasions, a simple conversation with a stranger would turn into a “night-long” friendship. Typically, the stranger would be welcomed into the social group for the rest of the event as if he or she had always been a part of it. This is what Michael jokingly refers to as “adopting strangers” at festivals. This occurred quite frequently. After bonding with strangers at events, I would later reach out to them to ask if they wanted to be a part of the study. I met Jamie, for example, while dancing with the participants at a crowded outdoor festival. Jamie had initially complimented the tank top Tim (a friend/participant in the study) was wearing. I soon found myself in deep conversation with Jamie about fashion and music. For the rest of the day, he was part of our group. He danced with us, chatted with us, and even offered us some of his drugs. Jamie asked us to add him on Instagram. A few weeks later I messaged Jamie on Instagram asking him if he would be interested in participating in my research. “Absolutely” he replied, “I’m an open book so you can ask me anything.”

My recruitment technique is similar to what has been used in many other contemporary club studies (see Perrone 2006). The idea is that dance club participants do not always go out with the same people every weekend. In my study, different friends went to different events. At some events, the “core” group of the participants’ friendship network would all attend. At other events, only a few from the “core” group would be there along with friends outside the core group whom I had never met or had met only briefly. Sometimes, months would go by where I would not see certain participants because they were busy or were taking a break from partying. The participants also made new friends at events and these new friends sometimes joined them on their future nights out. In these ways, the social group I was studying was fragmented and diverse. For this reason, I remained open to having new participants join the sample throughout my fieldwork.

In total, twenty-six people agreed to participate in the project. Seventeen of the participants were part of both the participant observation and interview phases of the research. Six participants were interviewed but did not participate in the participant observation. Three participants were part of the participant observation but were never interviewed. Table 1 illustrates this breakdown.

Table 1. Total sample

Interview and participant observation	Only interview	Only participant observation	Total sample
17	6	3	26

All but five of the participants in the sample were white. This is an important limitation of the sample, as racialized people might have very different experiences in the EDM scene and with using club drugs than white people. For example, there are long histories of negative relationships and tensions between racialized people and law enforcement. Unwanted police attention might therefore be a more significant risk related to club drug use for racialized people than for white people. I discuss this limitation at various points throughout the dissertation.

All of the sample were employed or in school. The sample included thirteen men and thirteen women. Only one of the participants identified as gay, and the rest identified as heterosexual. Their highest levels of education varied, with the majority of participants having either a college diploma or university degree. Their ages ranged from twenty-two to thirty-four, with the majority of participants falling into the categories of twenty-five to twenty-nine or thirty to thirty-four. The participants were on average much older than the majority of people who frequent the EDM scene. This is another important limitation of the sample, as the experiences of

the participants in this study might not be generalizable to younger “ravers.” In Chapter 5, I discuss some of the ways that age impacted how the participants understood and experienced club drug use and the EDM scene. As I argue in the conclusion, future research is needed to explore how older “ravers” practices of club drug use and risk management compare to younger “ravers” practices. (See Table 2 for a breakdown of sample demographics).

Table 2. Sample demographics

Demographic factor	Sub-category	# of participants
Age		
	<19	0
	20-24	2
	25-29	11
	30-34	12
	35+	1
Race		
	White	21
	Black	1
	Asian	1
	Hispanic	2
	Indigenous	
	Other	1
Sexual orientation		
	Heterosexual	25
	Gay/Bisexual	1
	Other	0
Gender		
	Male	13
	Female	13
	Other	0
Education		
	< High school	0
	High school	3
	College	13
	University	7
	Graduate or post-graduate	3
Employment type		
	Trades	5
	Professional	17
	Student	4
	Not employed	0

Almost all of the participants in the study use club drugs regularly. Only three of the participants did not use club drugs. One of these participants was a risk management strategist.¹³ An opportunity arose to interview this individual (they had reached out to me after coming across some of my work online), and so I included them in my study. Another participant who did not use club drugs had previously been a user of MDMA but has since become adamantly against all club drugs. When asked why he changed his stance on club drugs so abruptly, he cited two reasons: he had a “bad trip” the last time he used MDMA, and he has friends and acquaintances who have suffered fatal overdoses from club drugs. He still attends these events but uses only alcohol and cannabis. The other participant who abstained from club drug use claimed that he was waiting for the “right circumstances” to try club drugs for his first time. This participant was much younger than the rest of the sample (22 years old) and was fairly new to the EDM scene. Only one of the participants in the study self-identified as a “drug dealer,” although I witnessed quite a few others in the sample engage in “social supply” (i.e. small-scale drug transactions between friends including gifting drugs, sharing drugs, or “designated buying” whereby a friend buys drugs on behalf of the group) (see, for example, Coomber et al. 2016; Taylor and Potter 2013).

Participant observation

Participant observation is a key tool of data collection in ethnography. It involves spending long periods of time interacting with participants in their natural setting (Burawoy

¹³ Event companies typically consult risk management specialists to help assess and develop “plans of action” for managing risks. The specialist I interviewed helped event companies with everything from planning the festival layout to hiring security personnel to liaising with government, public health, and other related representatives. I made an attempt to interview other club owners, organizers, promoters, and risk management specialists but I was unsuccessful. For the most part, those involved in the planning and operation of EDM events were hesitant to agree to an interview when I explained that I would be asking about illicit drug use at their events/venues.

1991; Creswell 2013; Rhodes and Coomber 2010). As the term suggests, participant observation involves both participating in the day-to-day activities of our participants as well as observing them (Northcote and Moore 2010). In my research I conducted participant observation so that I could gain contextual understandings of the participants' drug-using behaviors (see Reeves et al. 2008). In other words, I used participant observation to explore how the participants experience and make sense of the environments in which they are using drugs as well as to explore how these understandings and experiences shape their drug-using practices.

In conducting participant observation, researchers must decide how far they will immerse themselves into the culture they are studying. Burawoy (1991) explains that at one end of the spectrum are those who argue that the ethnographer should remain distant from those being researched so that objectivity is maintained. Here the ethnographer is detached and unemotional. On the other end of the spectrum are those who argue for deep immersion in the culture being studied. Here the focus is on empathy. Emerson (1995) and his colleagues advocate for deep immersion because they believe it is necessary in order to understand what is meaningful and important to participants. In my research, I adhered to the latter approach, attempting to see life from the participants' perspectives, to find what they find meaningful, and to see how they negotiate and make sense of their everyday experiences. This meant that I both participated in and observed their day-to-day activities. Despite participating in many of the activities of the participants, I was not a "complete participant," as those in my study knew about my status as a researcher (see Gold 1958). In this way, I was a "participant-as-observer" as I joined them in their nights out rather than simply observing the EDM scene naturalistically from a distance.

The participant observation was not restricted to the nightclub or festival setting itself. Electronic dance music culture and its associated drug culture transcend the physical space of

nightclubs or other EDM venues. More so, an “outing” does not simply begin and end at an EDM event. Hunt and Evans (2003) find that “nights-out” are generally divided into three phases: the pre-party, the party itself, and the after-party (see also Pennay 2012). Before the event, participants typically get ready in their homes or they may meet up with friends in a bar for some drinks. Following the event, the participants usually “come down” or “chill out” at someone’s private home. In each phase and setting, there are unique rituals, practices, expectations and sanctions that can determine or influence an individual’s drug-using behaviors. As such, my field-visits included not only EDM events themselves, but also (at times) pre- and post-parties. Including all of these different phases was important given that the focus of my research is on how practices of club drug use and risk management vary across different settings. Most of the field-visits took place on weekends, although a few took place on weekdays. The fieldwork began in January 2018 and ended in September 2019.

In Chapter 6, I offer a typology for the different types of EDM venues I attended during the fieldwork. The four types of EDM venues I identify are: business-commercial nightclubs, social-intimate nightclubs, temporary venues, and after-hours nightclubs (a typology I adapt from Kavanaugh and Anderson [2017]). In Appendix B, I provide a table to summarize the differences between these venues. Another way to organize the different sites that made up the “field” in my study is to distinguish between daytime and nighttime events. The former typically took place at outdoor venues like parks, beaches, forests, and parking lots. Daytime events usually ran from 1:00pm till about 11:00pm. Daytime events are typically hosted by multiple DJs (not just one). In a way, daytime events offered more of an “experience” than nightclub events. For example, there were sometimes yoga stations or clothing markets or interactive art displays or food truck “districts.” On the other hand, nighttime events were typically held at indoor

venues like nightclubs and after-hours clubs. Sometimes, nighttime events were held in temporary, indoor venues like churches, concert halls, warehouses, and stadiums. A typical nighttime event started around 11:00pm and went anywhere from 3:00am to 6:00am (with the exception of after-hours clubs which typically opened around 2:00am and went until 10:00am or later). At these events, there tended to be only one featured DJ. Overpriced alcohol and water were available at the bar. Food was available sometimes, but it was uncommon for patrons to order it.

Recording observations while in the field would be difficult and intrusive. For this reason, I utilized a comprehensive note-taking strategy (Wolfinger 2002). Upon leaving the field, I systemically recorded everything that happened in my notes (sometimes I did this a day or two later, especially when it was a multi-day event/festival). By organizing my notes temporally, I was forced to recreate the events of my visit in the order that they really occurred. Such a strategy was useful in remembering the details of my field visits.

Interviews

Like participant observation, interviews are useful for understanding the lived experiences of people who use drugs. Interviews are useful for exploring knowledge, values, experiences, meanings, and perceptions (Bryne 2004). In my research I used interviews to complement the participant observation data. I drafted a preliminary interview guide and adjusted it as new themes emerged from the participant observation research. I used the interviews to qualify and verify certain themes as well as to explore new ones. For example, “age norms” was a dominant theme that emerged from my fieldnotes, which I had not originally given much thought to. On many occasions, the participants made comments about how they were

getting too old for their “party lifestyles” and how they felt pressure from friends, family and society to “settle down.” Because this theme kept coming up again and again in the participant observation data, I decided to explore it further in my interviews. I added new questions to the interview guide that asked how, if at all, their practices have changed as they have aged and when, if at all, they saw themselves giving up their club drug use. These interviews showed that “age norms” were, indeed, important social and cultural factors that influenced the participants’ drug-using behaviors.

In total, I conducted twenty-three interviews (not all who participated in the participant observation phase were interviewed and vice versa). All but six of the interviewees were connected (in some way or another) to the core social circle of my key informants. As previously mentioned, one of these interviewees who was not part of the core friendship group was a risk management strategist who organized and worked at EDM events. One of the other participants who was outside the friendship group was recruited when I purchased a ticket from her for an event that the participants had invited me to at the last minute. When I met her to get the ticket, we got into a lengthy conversation about music and raving. I felt comfortable disclosing to her that I was researching club drug use in the EDM scene in Toronto. She was very enthusiastic about my proposed research and she recommended that I include her in my study. I reached out to her a few weeks later to set up an interview. While she was not part of my key informants’ core friendship group, I still ran into her in the field at different events and so she crossed over into the participant observation data, albeit only briefly. Another two participants outside the friendship group, who were much younger, were connected to me through a colleague towards the end of my data collection phase. They each participated in an interview; however, neither partook in the participant observation phase. Lastly, two participants were recruited through

social media after I had posted on a rave-related page asking if anyone was interested in being interviewed for a study. They each took part in an interview but were not part of the participant observation.

Typically, the interviews were held at the participant's home or at my office on campus. I let each participant choose which location he or she was most comfortable with. I began conducting these interviews about halfway through the participant observation phase so that the two methods could mutually inform one another. In other words, I used the participant observation data to inform the topics of my interviews, and I used the data from the interviews to redirect my focus when doing participant observation. The purpose of the interviews was to explore how people who use club drugs understand and respond to the risks associated with their use. I asked the participants about how they understood risk and how they sought to manage risk. I asked them about the barriers that prevented them from enacting risk management strategies. I concluded by asking them about what changes they would make to better facilitate risk reduction in the EDM scene (refer to Appendix A for interview guide).

Rapport is important in interviews. McConnell-Henry (2009) and his colleagues argue that interviews will produce richer data when there is a positive relationship between the interviewee and interviewer. For most of the participants, this was not a problem as I had pre-existing friendships with them and thus rapport and trust were already established. Nonetheless, the interview is still a contrived and intimidating setting and the topic of illicit drug use is, for many, taboo. There were also a few participants who I did not know very well before the interview, as I had only met them once or twice while in the field. In these cases, I tried to build rapport by sharing my own involvement and experiences in the EDM scene. I also began the interview with a few general icebreaker questions before moving on to more sensitive topics. For

example, I began every interview by asking the participants what they enjoy about raving. I also asked them to describe a typical night-out from beginning to end. These questions helped to set the tone of the interview and to ease the interviewee into more personal and taboo topics regarding their drug-using practices.

Analysis and dissemination

Ethnography is both a process of doing research and a way of writing up data. Creswell (2013) describes the written ethnography as a “holistic cultural portrait” of a group, community or culture studied (72). Typically, the written ethnography includes a mix of both the participants’ views as well as the researcher’s views. To produce this “portrait” the ethnographer will usually analyze the data in a thematic and inductive manner (Reeves et al. 2008).

When should an ethnographer begin analyzing his or her data? For Byrom and Downe (2010), data analysis should be interactive and ongoing throughout the research process. They suggest that researchers simultaneously analyze their data while collecting additional data to confirm or disconfirm emerging themes. As Creswell (2013) argues, data collection, data analysis, and report writing should not be distinct phases of doing research but rather should be interrelated and concurrent. In my research, I engaged in this circular process until I reached what Glaser and Strauss (1967) refer to as theoretical saturation. This is the point at which the data becomes repetitive and the same themes emerge again and again. Taylor (1991) suggests that we stay a little while longer in the field after we reach this point of theoretical saturation. By doing this, he explains that the researcher has an opportunity to confirm their preliminary interpretations and to find better examples to illustrate the themes they have identified through their data analysis. In my research, I continued my fieldwork for about two months after I

noticed I had reached this point where the data was becoming repetitive so that I could focus on finding additional examples to support some of my key themes.

To analyze the data, I used a thematic and inductive approach. I drew on the principles of grounded theory.¹⁴ Grounded theory is an inductive approach to analyzing data that is based on a three-step coding process (Grbich 2007). In the Straussian version of grounded theory, the three steps of coding are: open, selective, and theoretical coding (Urquhart 2013). The data analysis software “NVIVO” was used to assist with the coding process.

In the open coding phase, the researcher breaks the data apart through line-by-line coding (Charmaz 2006; Urquhart 2013). In this study, I began this phase by coding seven interviews and five fieldnotes. I went through the interview transcripts and fieldnotes and I coded the data line-by-line, giving a label to each meaningful segment. I then assessed the codes that had been developed. I looked for overlap between the codes and I eliminated those codes that were redundant or that seemed insignificant. I then coded a few more interviews while writing memos along the way about how these codes might be grouped into categories and how these categories might be related.

In the axial coding phase, the researcher looks for broader themes and categories that bring together multiple codes (Urquhart 2013). After I worked through the open coding phase (for the first seven interviews and five fieldnotes), I slowly began bringing together multiple codes under broader themes and categories until I was left with three: prohibition; normalization;

¹⁴ I do not claim to have taken a grounded theory approach to my research per se. I recognize that grounded theory is used for studies on research topics with little to no pre-existing literature. I also recognize that the purpose of grounded theory is to generate new theories from the data. In my study, I did not generate a new theory, but instead built on/extended existing theories (i.e. risk/governance and the “risk environment” framework). I did, however, use the grounded theory three-step coding process because I wanted to take an inductive approach to my research. In particular, I wanted to allow for the data to drive the focus of the study. After coding the data (and seeing what it was “telling” me), I refocused my research questions and theoretical framework. This is why I say that I engaged in inductive coding, while *drawing* on the principles of grounded theory, rather than saying that I *took* a grounded theory approach to my research.

and the organization of space/time in the EDM scene (each of these themes is a chapter in the present ethnography). This became my primary coding scheme. I read through the rest of the interview transcripts and fieldnotes using this coding scheme, re-shaping it along the way.

In the selective coding phase, the researcher seeks to determine a core concept/category under which all of the remaining categories fall (Grbich 2007). In my research, the central category was “contextual factors that influence risk management.” My categories of prohibition, normalization, and the organization of space/time in the EDM scene all fit under this core category. The final product was an ethnography that detailed how the lived realities of people who use club drugs influence the ways in which harm minimization and public health calls for risk management are taken up in practice.

The key themes and findings in the present study are informed by my position as not only a researcher, but also a participant in the EDM scene. In particular, my experiences with raving and drug use have undoubtedly shaped my interpretations of the data in the present study. I cannot separate my experiences as a participant from my research, as they have shaped the ways in which I make sense of the EDM scene and club drug use. In particular, I have come to view the scene and the associated drug use in a positive light. What I mean is that, based upon my own experiences, I have come to reject many of the negative stereotypes of the scene as dangerous and chaotic. My research findings, then, were never going to paint the scene in negative and stereotypical terms. I was never going to conclude from my research that the EDM scene and club drug use needed to be abolished. Instead, I intended to show that club drug use can be responsible and controlled, and to show that the environments of use (not the users themselves) needed to be the targets of intervention. In these ways, my position as a participant of the EDM scene has informed the key findings of my research.

In addition to sharing the findings with other academics through journals and conference presentations, I plan to disseminate the findings through mediums that target public audiences. I am committed to engaging in what Burawoy (2005) refers to as “back-translation.” This is the process whereby we bring the knowledge created through our research back to the public where it came from. This is part of a broader call for a public sociology or criminology that bridges theory and practice in our discipline (Burawoy 2005; Eisler and Sanders 2015; Turner 2005). The idea is that knowledge should not simply be produced for knowledge’s sake (Loader and Sparks 2010). Knowledge about drugs and its control, for example, should be used to engage and influence public responses to drugs. For this reason, I have included a chapter on policy recommendations. It is my intention for these findings to be used to inform public health and criminal justice policies, initiatives, and programs.

The ethics of doing drug research as an intimate insider

My research, which was approved by York University’s ethics review board, presented a number of unique challenges and issues due to my position as an intimate insider studying people who use illicit drugs. In this second part of the chapter, I analyze some of these challenges and issues and I describe how I worked through them.

Confidentiality

Confidentiality is very important in research with people who use illicit drugs as participants may experience harm (e.g. embarrassment, criminalization, and loss of employment) if their identities are revealed. Tolich (2004) explains that there are two types of confidentiality that researchers must deal with: external confidentiality and internal confidentiality. To explain

the difference, he gives the analogy of an iceberg. He refers to the part of the iceberg that is visible above the water as external confidentiality. This type of confidentiality is known to all researchers and is addressed in any ethical code. It essentially refers to the promise to keep participants' identities concealed from those outside the communities we study. Tolich (2004) differentiates this from internal confidentiality. This is the less apparent aspect of confidentiality. It refers to the ability of those who participated in the research to identify one another in the final report. In the iceberg analogy, it is the aspect of confidentiality that is "underwater" since it is generally unacknowledged in ethical codes and is often overlooked by researchers. A good example of a failure of internal confidentiality is Ellis' (2007) "Fisher Folk" where she studied an isolated fishing community. In the study, Ellis revealed secrets about her participants without any concern for how she might hurt them. Her participants were embarrassed because they could easily identify themselves in the report and they thereby believed that others in the community would also be able to. This type of confidentiality is an important concern in my research because, like in Ellis's study, the participants have personal relationships not only with each other, but also with me, the researcher.

In my study, an important issue was that the participants often revealed information about themselves and others that they did not want other participants knowing about. This most commonly related to cocaine use. Not all of the participants approved of cocaine use. Cocaine use was often hidden from nonusers, even if the nonusers were part of the core friendship group. In some cases, participants also hid their MDMA use, or at least the extent of their MDMA use, from partners and friends in the study. I, then, was in a difficult position of deciding how to write up my findings without causing harm to the participants. On more than one occasion, I wrote in my field journal about, how, if at all, I could work through these problems related to internal

confidentiality. In one entry I wrote: “How can I include this important and interesting data without damaging the relationships I have with my participants and the relationships my participants have with one another? Will I have to omit so much of it [data] that my ethnography will lack all detail? Is there any way to include this data while still protecting my participants’ identities from one another?”

Ellis (2007) explains that there are a number of strategies that researchers may try in dealing with issues of internal confidentiality: “you might omit things, use pseudonyms or composite characters, alter the plot or scene, position your story within the stories of others, occasionally decide to write fiction” (24). In my study, I used a combination of these strategies. I found it particularly useful to mix and blur certain events, comments, and character traits so that it would be difficult to link them back to specific individuals. For example, I took an incident that happened to one participant but wrote about it as if it happened to another. By mixing and blurring events and behaviors with the associated participants, I was able to make it difficult for participants to identify one another in the written report. This was particularly useful when participants wanted to keep their cocaine or MDMA use a secret from other participants in the study. Through this mixing and blurring technique, I was able to make it difficult for “disapproving” nonusers to identify (with certainty) the identities of the participants who used cocaine and MDMA. For some participants, I created a second pseudonym/character so that I could include certain data pertaining to them without compromising internal confidentiality.

I also left out potentially great data when I feared that it would cause the participants harm. Adler (1993) explains that she, similarly, had to omit certain data and details to protect internal confidentiality in her study with drug dealers and smugglers. She explains that the dealers would often reveal details about themselves and others, which she would have to pretend

to not know when she interacted with other members of the trafficking network. She explains that this became particularly complicated when she went to write the research report and was conflicted over whether she should include details to enrich the data or skim over the details to protect confidence. Like Adler (1993), I was forced to make many complicated decisions about what to include and what to omit from the final written ethnography. As a general rule, I tended to err on the side of caution and to leave out data if I worried it might harm the participants. As I explained above, some participants kept certain aspects of their drug use hidden from other participants. If this information were to be revealed, it might cause harm to their relationships. Hence, I did not include this information in the final report if I felt like there was no way to include it without compromising internal confidentiality. In many cases, I checked with the participants to ensure they were okay with certain details being included in the written report.

There were also unique challenges related to external confidentiality that I had to work through. The problem is that researcher confidentiality is not protected legally like it is for doctors, lawyers, and psychologists (Lowman and Palys 2000; Sandberg and Copes 2012). This means that a researcher can be forced to give up confidentiality by court order (Lowman and Palys 2000; Sandberg and Copes 2012). In my research, this is problematic since the participants are engaging in an illegal activity and could thus be subject to criminalization or stigmatization if their identities are revealed. The Russel Ogden case at Simon Fraser University is a clear example of the limitation of confidentiality in research (see Lowman and Palys 2000). While conducting research on assisted suicide, Ogden was subpoenaed to appear in court. Not only was Ogden forced to fight for the protection of his participants' confidentiality, but he was forced to do so without the support of Simon Fraser University. In the end, he was released after the Coroner agreed that, without confidentiality, research on euthanasia and assisted suicide would

not be possible. Even though being released from the threat of contempt was a feat, Ogden was still left with expensive court costs (of which SFU covered only a small fraction). His case made two things clear: that researchers are not above the law, and that Canadian universities will not support researchers in the effort to protect researcher confidentiality.

One way I managed the issue of limited confidentiality was by being upfront with the participants and disclosing to them the conditions under which confidentiality may be breached (Anderson and DuBois 2007; Sandberg and Copes 2012). Singer (2001), for example, had heard that one of her participants was planning to avenge his brother's death so she advised him before her interview not to reveal any details about upcoming or unsolved crimes. In a similar manner, I asked the participants to refrain from talking about specific people, giving specific names, or discussing future criminal events (see Sandberg and Copes 2012). If I do not have this information, then there is nothing that can be subpoenaed and passed along to police. Another way I dealt with this issue was by using pseudonyms in my field-notes and interview transcripts. I did not keep any master record or list of the true identities of the participants. I allowed the participants to sign the consent forms using a pseudonym (see, for example, Librett and Perrone 2010). As noted above, I also used the mixing and blurring technique when writing my field-notes so that it would be difficult to identify any specific individual in the very rare case that my notes were subpoenaed.

Informed consent

Getting informed consent can be difficult in drug research, as people who use drugs may fear signing an official document. As I explained above, these people are justified in being cautious about signing these forms since the confidentiality we grant them is never absolute

(Librett and Perrone 2010). For this reason, I often waited until I left the field to recruit new participants for my study. Thorne (1980) explains that asking for consent in the field can be off-putting because it transforms a seemingly natural and informal encounter into one that is official and legalistic. After meeting potential new participants in the field, I typically messaged them on social media a few days later. In my message, I explained the project and then offered to meet with them in person if they were interested in learning more about the research.

Adler (1993) and her husband took a similar approach to getting informed consent when studying an elite Southern California community of drug dealers and smugglers. She explains that she and her husband juggled between overt and covert roles while conducting their field research. They were often “covert” when they first met new dealers and smugglers in the field because they did not want to “scare” them away. They let their key informants decide when (if at all) to disclose their status as researchers to others and when to remain “covert.” In my study, I was usually “covert” upon first meeting potential new participants in the field. Sometimes this was unintentional, as I simply did not consider certain people I met in the field as potential new participants at first. For example, when I first met Michelle I had not given much thought to including her in my study. I met her only briefly through Michael and Sebastian when they bought MDMA from her, and I had not anticipated that we would meet her again. The second time we saw her at an event she spent most of the day with us, leaving us only once every hour or so to go sell MDMA. After this second encounter with Michelle, I decided to reach out to her on social media. She responded right away and agreed to chat more about the project on the phone. After interviewing her, our relationship grew. She began messaging me regularly to ask if the participants and I were going to events she was planning to attend. Whenever I ran into her at an event she’d typically shout while smiling from ear-to-ear, “the researcher is here!”

Jamie was another participant who I obtained informed consent from after having met him in the field. I met Jamie for the first time at an outdoor festival in the summer. We bonded, and the participants and I arranged to meet up with him at another event a few weeks later. After having met Jamie twice, I worked up the courage to ask him to be a part of my research project. I had feared that he would say no and that he might feel deceived – like I only befriended him so I could study him. I also worried that he might stop talking to my friends if he felt deceived. I messaged him explaining my project and assured him that there was no pressure to be a part of the study.

I sent Jamie a message only after gaining his trust as a friend. Had he refused to be a part of my study, I would have omitted any data in my field notes pertaining to him for the two events where he had joined the participants and I. Luckily, he agreed to be a part of the research. I believe that this was largely due to the fact that he trusted me and saw me as a fellow “raver” rather than as an outsider. This is similar to Wolf’s (1991) study of The Rebels, an outlaw biker club in Canada. Wolf had initially joined the club without informing the bikers about his research. His plan was to get in and establish trust before disclosing that he was researching them. He later realized there were serious threats: first, that they could hurt him if they found out he was a researcher; and second, that they could deny him consent to do his research in which case he would have wasted three years of his life. He ended up lucking out: one of the bikers, knowing that he is an anthropologist, suggested that he research them. According to Wolf (1991), his participants had been willing to be studied because he was a biker and therefore had an insider perspective. He believes his research was successful largely because his entry into the biker club was not artificial – he was their friend and he was part of the biker community.

When my key informants were the ones who introduced me to a potential new participant, I let them decide when I should disclose my status as a researcher and when I should keep my research status hidden (or “covert”). Williams (1989) takes a similar approach in his ethnographic study of cocaine users and dealers. While the crew he was studying had fully accepted him and his work, their customers and “groupies” were not always informed about his role as a researcher. They saw him as another waiting buyer or friend. His key informant, Max, told Williams when he could be in the room to observe a transaction and when it was better for him not to be. In my research, I took a similar approach when the participants brought out new friends that I had never previously met. This approach was different than my recruitment approach for Jamie and Michelle who I had met organically while in the field (as I describe above, in such cases I reached out to potential participants on my own). Kandi is a good example of a participant who was recruited through my key informants. Because Alice and Martina had introduced me to her, I asked them for advice about whether or not I should try to recruit her for the study. I let them decide when, if at all, it would be appropriate to disclose my status as a researcher.

Another issue has to do with the capacity of people who use drugs to give informed consent (see Anderson and DuBois 2007; Bell and Salmon 2011; Miller et al. 2010). If a person is under the influence of drugs, is their decision-making capacity limited? Not only is there a concern that their substance use will impede their capacity to give informed consent, but there is also a concern that drug users might have associated cognitive and psychiatric disorders that affect their decision-making capabilities (Anderson and DuBois 2007). In my research, I obtained consent when the participant was sober. At the same time, I recognized that the participants might engage in activities or say certain things while they are intoxicated that they

might not have otherwise consented to being included in the research project. For example, they might share certain stories with me when they are intoxicated that, when sober, they might not remember telling me and/or might not want included in the study. For this reason, I engaged in frequent member checks. I made sure that the participants had the final say on what was included and what was excluded from the written report. Similarly, I conducted an interview with a participant who was noticeably high (he had smoked cannabis beforehand). Because most of my participant observation was conducted while the participants were intoxicated, I did not believe that this interview needed to be disqualified. In fact, I felt that, because the interviewee is a frequent user of cannabis, the fact that he was high during the interview gave a more “realistic” look into how he functions and makes sense of his world. I did, however, take special care afterwards to make sure that he read over the interview transcript and noted anything he wanted removed (otherwise known as a “member check”).

Power

Reflecting upon her experiences doing intimate ethnography, Irwin (2006) urges us to be aware of the many ways in which we enact structures in the field. After meeting and falling in love with a tattoo artist and tattoo parlour owner, Irwin decided to conduct an ethnographic study of her partner and his employees and friends. In the end she found that the harm of intimate ethnography was far greater than what she would have experienced had she conducted objective and distant research. She found that her ethnographic fieldwork led to painful power¹⁵ imbalances and reinforced several inequalities.

¹⁵ Irwin (2006) focuses on how we “enact structure” in our research. She explains that she uses Giddens’ (1984) concept of structure, because it evokes “the many discursive and *non*-discursive ways that systematic inequalities among and between actors (say between a man and woman in a particular context) and collectives (say between deviant subcultures and conventional society) are enacted or resisted” (156). In this section, I similarly discuss

By forging close relationships with her subjects, Irwin often overlooked her privilege as an academic researcher and as a non-member of the tattoo culture. She explains how she could roam freely throughout their community without attracting suspicion or intrigue by strangers. In contrast, her heavily tattooed subjects were constantly glared at, followed suspiciously, insulted, and in some cases physically attacked by strangers. She regrets that she did not pay more attention to these imbalances. She suggests that researchers focus more on how they enact structures rather than trying to determine whether a behavior is inherently ethical or unethical. She explains that the real issue is not with how distant or emotional we are as researchers, but with how we enact and perpetuate power imbalances through everything we do. When we are focused on acknowledging the ways in which we enact structure in the field, we are able to work towards minimizing or counteracting these power imbalances. In my research, I concerned myself not with the question of whether or not it is ethical to do research with those with whom I have intimate relationships, but with the more important question of how I might enact structure in the field and how I might manage that.

To begin, I acknowledged how, as an insider, I might disempower the participants if I assume my own experiences in the EDM scene and with club drug use are the same as theirs. Berger (2015) explains that, in traditional research, the researcher is “ignorant” and the participant is thus naturally in an expert position. This can be empowering for the participant. In insider research, the researcher is knowledgeable about the community and/or phenomenon being studied, and thus the participant is not by default the “expert.” This type of research might thereby be a disempowering experience for participants. For this reason, the insider needs to perform extensive emotional labor in order to exaggerate their ignorance and naivety when

power in terms of how I reproduce systemic inequalities (or “enact structure”) through my interactions with participants.

conducting their research. In my study, this was sometimes easy since, despite being an insider, most of the participants had more experience with, and knowledge of, club drug use than I did. At other times it was difficult, as I had to remember to ask questions even when I felt like I knew the answers. This was important because sometimes my assumed “answers” were incorrect. I was engaging in a process whereby I “unlearned the familiar” by constantly questioning my taken for granted knowledge (Taylor 2011). I also shared my working analyses with the participants and asked them to provide feedback. I treated them as experts by asking for their advice on whether or not my interpretations of the data were accurate. In these ways, I sought to empower the participants through the research.

Because I had personal relationships with the participants, I also worried that I might have undue influence on their willingness to participate in the study. McConnell-Henry (2009) and his colleagues suggest that recruitment is a concern in intimate insider research since friends might volunteer simply because they want to help their “researcher-friend” and not because they wish to participate in the research. In my research, I constantly reiterated to the participants that their involvement in the study was voluntary and that their decision not to participate or to stop participating would have no effect on our relationship.

This issue is perhaps best illustrated by an interaction I had with one of the participants prior to our one-on-one interview. After going through the consent form with the participant, she expressed some hesitation. She worried about her current employer and future employers finding out about her drug use. She asked me to promise that her identity would never be revealed. I explained to her again the issue of limited confidentiality. I explained that, while highly unlikely, it is possible that the data would be subpoenaed. At this point, I asked her if we should call off the interview. She paused and then reassured me that she still wanted to do the interview. I asked

her again if she was sure. She explained that she was just nervous, but that she wanted to do it. I told her we could stop at any time if she changed her mind and that she could even change her mind after the interview was finished. We proceeded to do the interview. I wondered, however, whether she would have agreed to the interview had I been a stranger. Was she doing this simply because I was her friend and she wanted to help me out?

In order to ensure that her participation in the interview was voluntary, I sent her the interview transcript a few weeks later. I asked her how she felt about it. She said overall she was happy with it. She ended her email by telling me that the interview was “good to go!” In this case, I checked with the participant after the interview to offer her the opportunity to withdraw certain data from the study or to withdraw from the study all together without consequence. I reaffirmed again and again that her decision to withdraw from the study would not affect our existing relationship. I wanted to make sure that her decision to remain in the study was based on her desire to contribute to the research and to better the club drug using community, and not because she felt like, as a good friend, she ought to do me this favour.

Positionality

As an intimate insider, I had to balance the dual roles of friend and researcher. This duality in terms of my relationship to the participants presented a number of unique challenges. The first challenge had to do with the blurred boundaries between my researcher and friend roles while in the field. When conducting the fieldwork, I quickly realized that the participants were sometimes meaning to disclose things to me as a friend and not as a researcher. It was clear that they had at times forgotten about my position as a researcher. I worried that I was including in my data observations that the participants had not fully intended to be a part of the research. Part

of the problem was that, during the year and a half of my fieldwork, I sometimes attended these parties and events for personal pleasure and not for “research.” Ella, for example, had invited me to a nightclub for her birthday. She expressed that she wanted me to come and “get drunk and have fun.” I read this to mean that she wanted me to attend her birthday as a friend and not a researcher. I went to the event without stepping into my researcher role. I did not record any observations from the event in my field-notes. These types of instances caused further confusion in terms of my relationship to the participants. It soon became clear that I needed to do something to indicate to the participants when changes in our relationship occurred. I needed to clearly distinguish between when I was a researcher and when I was a friend.

Brayboy and Deyhle (2000) explicitly tell their participants when they are switching from being a friend to a researcher. In the midst of a conversation, they would notify their participants that they were changing into their researcher role. They would then continue in their conversation while probing and asking questions. They explain that their participants had eventually come to notice these shifts themselves without having to be explicitly told. In my research, I used a similar approach by notifying the participants whenever I was switching modes from friend to researcher. I would notify them ahead of time that I was coming out that night as a researcher. Typically, I would say something like “I’ll come out tonight and do research” or “I’m going to come to the festival but I won’t be drinking. I’m going to be doing research.” In making these types of comments, I was making it clear from the outset that I would be coming to that event in my researcher role.

I also made an effort to remind the participants of my researcher status in the field. For example, I made comments when I saw strangers doing drugs at raves like “oh that’s good data!” I sometimes even showed the participants my jot notes in my phone (which I used to help trigger

my memory when writing the field-notes the next day). These strategies helped to notify the participants that I was moving into my researcher role. The participants usually acknowledged these changes in our relationship and responded appropriately. For example, after having shown Jessica and Tim my jot notes, they started pointing out people using drugs on the dance floor while jokingly shouting over the music “research!” They encouraged me to include these incidences in my jot notes. In these moments, I knew that the participants had recognized and accepted my shift to my researcher role.

Another important issue related to positionality has to do with my personal connection to the community and to the participants I am studying. Taylor (2011) explains that the insider researchers’ connectedness to their participants and community may make it difficult for them to make unsympathetic critiques of the field. When the insider researcher chooses to make such critiques, they risk damaging their relationships to the community and to their participants. In my research, I had never intended to be “critical” of the participants’ behaviors but rather to be critical of the contexts that structure their behaviors. In this way, I felt justified including certain bits of data that painted the participants’ behaviors as sometimes “reckless” and “irrational” based on the fact that the focus of the research was not on critiquing or condemning these behaviors but rather revealing how they are shaped by political, economic, physical, and social environments.

I also struggled to separate myself from the research when people reacted to the findings in unexpected ways. Barton (2011) describes how, in her research on being gay in the Bible Belt, she took homophobic reactions to her research personally. She juxtaposes this to her research on exotic dancers. She explains that the first comment to her work on exotic dancers is usually something like “of course they’re all drug addicts and hookers.” While this is unpleasant and

annoying for her, and she always corrected them, she did not feel like the comments were about her. This was not the case in terms of her research on homophobia where, as a lesbian in the Bible Belt, she considered herself to be an insider. Like Barton, I too found myself taking reactions to my research personally. On one occasion, I found myself personally hurt by a student's response to a lecture I gave on club drug use where I informally drew on the findings of my research study. The student had basically asked why we should care about improving public health programming for people who use club drugs. He suggested that they instead be "locked up like criminals." I remember feeling frustrated that the student had missed the entire purpose of my lecture. I also remember feeling hurt that the student had thought about people who use drugs recreationally in these ways. I wanted to point out that I, too, have used these drugs and so have many of his classmates. But instead I explained that criminalization is the root cause of many of the problems associated with club drug use, not the solution to them. It was in this moment that I realized how my connection to the research made me more sensitive to these types of reactions and critiques. Following this incident, I took extra care in how I portrayed the community and the participants in my written report.

Legal issues

For field researchers who study crime and deviance, breaking the law is often inevitable in order to obtain quality participant observation data. Adler (1993) explains that researchers most commonly break the law by having "guilty knowledge" whereby they know about crimes being committed by their participants. In her research, she explains that, because she and her husband were aware of major dealing and smuggling operations, they were accessories to these crimes. In my research, I had knowledge of the participants' drug use and drug dealing. I also

had knowledge about some of the “wholesale” dealers from whom the participants regularly bought drugs. In this way, I broke the law by having “guilty knowledge,” as I knew about these illegal activities being committed and yet I did not notify the police. While I accepted that some “guilty knowledge” was necessary for doing participant observation, I drew the line at more serious crimes like robbery and sexual assault. For this reason, I warned the participants to refrain from telling me about any serious crimes they participated in. Luckily, I was not confronted with any information about crimes more serious than illicit drug use and lower-level drug dealing.

In addition to having “guilty knowledge,” Adler (1993) explains that researchers sometimes break the law by engaging in “guilty actions.” She explains that, while she and her husband never engaged in drug trafficking (despite being tempted), they consumed illicit drugs and possessed small quantities of them during the fieldwork. She justifies their “guilty actions” by arguing that it would have been nearly impossible for a nonuser to gain access to her participants and to gather the same quality of data presented in her study. Like Adler, I also consumed illicit drugs on a few occasions during the fieldwork. Part of my rationale was that I felt, as an insider, that I had to “prove” my authenticity to new participants. As Brayboy and Deyhle (2000) argue, insiders who have a personal relationship with the community have more of an obligation to participate in their activities than outsiders who have only a superficial relationship to the community. In my research, I constantly assured new participants that I was part of the EDM scene and the associated drug scene. But there are only so many times I could deny the participants’ offers of drugs before they would become suspicious of my self-proclaimed status as an insider. More so, my constant denial to use drugs felt like it had put a strain on some of my relationships with the participants.

I was noticing that the participants had become frustrated with me, as they felt that I was disconnected from the rave experience and that my energy was bringing them down. Many had also stopped including me in their trips to the bathrooms and backrooms where they would typically use cocaine freely with a group of friends (often referred to as a “sesh” – a gathering where the purpose was to consume cocaine with others). Because club drug use is stigmatized by certain people and in certain settings, the participants tended to keep their use concealed. As the participants began to exclude me from these private parts of their nights, I realized that I was missing out on important data. For this reason, I decided that I could not turn down every offer to use illicit drugs during my fieldwork. On a couple of occasions, I accepted these offers. Through such participation, I felt like I regained most of my credibility with the participants. In a way, my drug use acted as reminders that I was “one of them” and that I was “hip” enough to be included in their “backstage” spaces.

I also believe that we, as researchers, learn more through participation than through observation (see Bolton 1995). Because I had not used MDMA for almost five years prior to my research, I felt that I needed to re-experience, at least once, what it was like to take MDMA. When Victoria offered me half of her capsule at a festival, I decided to take it. I wanted to remember what it felt like to be on MDMA. I wanted to know whether the quality of MDMA has changed since I last used it. I also wanted to bond with the participants, many of whom were also using MDMA that day. In this instance, my decision to use illicit drugs was based upon curiosity. I am a firm believer that researchers study best what they know. In this instance, I believed I needed to personally “get to know” what I was studying.

Ethics of representation

As researchers, we want to represent our participants' stories in ways that cause the least harm possible. Part of this involves making decisions about what to include and what to exclude from the final report. In my research, this process was especially difficult given my status as an intimate insider. It was sometimes difficult to decipher whether the participants were disclosing information to me as a researcher or as a friend. Taylor (2011) suggests that we formally consult our participants for clarification about these "grey areas" in our data. I found these types of member checks not only important for ensuring that I had not included anything in the report that may cause harm to the participants but also for providing the participant with a greater sense of control over the representation of their story. Through these member checks, I was able to ensure that I had not revealed any details that the participants wanted to remain hidden from others in the study. This is important because I want to protect the participants' relationships with one another. Of course, as an intimate insider I also want to maintain my own relationships with the participants after the final report is published. This added extra pressure for me when writing up the findings.

I also needed to consider how my representations might produce harm for the EDM and the associated drug communities at large. Fine (2003) and her colleagues warn that there is a very real possibility that our data will be misinterpreted by readers and used in damaging and unintended ways. This is especially important with people who use drugs and/or have addictions since they are an already stigmatized population (Bourgois 1999). Fine (2003) explains that we may need at times to leave out potentially great data when it feeds into stereotypes or reaffirms dominant representations of those we studied. In writing this ethnography, I considered how my words might be misappropriated and misread and how they might be used to support

conservative or repressive policies. While I acknowledge that I cannot control how my work will be taken up, I tried to make my findings and interpretations as clear as possible for readers. I also used member checks with the participants to ensure that they approved of how I was representing their community. The purpose of my ethnography, admittedly, was to debunk and demystify many of the negative stereotypes about people who use club drugs as “chaotic” and “reckless.” I thereby needed to ensure that my written accounts did not inadvertently feed into these stereotypes.

Conclusion

In this chapter I outlined my research methodology. I began with a discussion of my research paradigm. I explained that, as a constructionist, I consider myself to be a part of the research study. In this way, my focus during the research process was not on trying to maintain distance and objectivity but rather on trying to be reflexive and to make my positionality known. I proceeded to discuss the research design including the recruitment techniques, the methods of data collection, and the process of data analysis. In the second part of the chapter, I focused on the ethical and methodological issues I experienced during the research. I chose to focus on these issues in detail because of the uniqueness of intimate insider research with people who use drugs. While there is literature on the ethics of intimate insider research as well as literature on the ethics of illicit drug research, there is very little that considers the ethical issues produced through the intersection of the two. In this chapter, my intention has been to provide a discussion of these issues and of how I worked through them so that future researchers might be better prepared and informed when undertaking similar projects.

Chapter Three: Conceptions of Club Drug Risk

I saw the group from afar, sitting at the bottom of the hill in a makeshift circle. As I walked closer, I noticed that some latecomers arrived while I was gone. I asked Paula to hold my food while I took my backpack off and dropped it onto the grass in front of me. I greeted the latecomers, giving them each a hug. I sat down between Alice and Tim. Paula handed me back my food. I noticed another person had joined the group, but I did not recognize him. He sat in the middle of the makeshift circle. He wore dark sunglasses, shirtless. He sat perfectly still, staring at the sun, almost as if he was frozen in thought. “Who is that?” I whispered to Alice. “We have no fucking clue,” laughed Alice. She told me that he wandered over when it was just her, Martina, Paula, and Kandi sitting there. She told me that he came uninvited and that he will not leave despite having been asked multiple times.

The man with no shirt (who Martina told me was named Paul) leaned over to Kandi and uttered something incoherent. It was clear that Paul was overly intoxicated and/or high; he was slurring his words and could barely manage to sit up straight. Martina told him that he needed to leave. “Okay Paul, it’s time to go,” she insisted, in a respectful but firm tone. He leaned towards Martina and uttered something incoherent. “Okay Paul, you seriously need to leave” she repeated again, this time with a bit more annoyance. She handed him her water bottle, “here you can take this, but you have to leave.” He took a gulp of water and then stared back at her, almost as if trying to call her bluff. He eventually stood up and wobbled away. After taking about four steps, he turned around and walked back towards Kandi. He approached her, staring directly at her chest. “I like you” he managed to articulate. He reached out and put his hand onto the part of her chest that was not covered by her tank top. It looked like Kandi was in disbelief. She did not react. Tim finally stepped in. “Dude, you need to leave now,” he yelled in a stern voice. Paul

looked back at Tim but was slow to move. “Dude, get the fuck out of here!” he shouted, louder this time. Paul finally got the point. He stumbled away while everyone sat in silence.

“What the fuck just happened?” I asked. I felt that I came too late to fully comprehend what was going on. “He’s super fucked up” explained Martina. Adam asked what drug he was on. No one seemed to know. “That can’t be Molly” he reasoned. Alice did not understand why he would come to a festival alone and get so “fucked up.” Tim agreed: “it’s dangerous,” he explained. The group goes on to critique other ways that Paul put himself at risk. Martina pointed out that he was at high risk of sun stroke, sitting in the beating sun, with his shirt off and no water. She explained that she gave Paul her water because “he needed it.” Alice questioned why he would let himself get that intoxicated. She suggested that he should be pacing himself because “it’s a long fucking day.”

Joey expressed some guilt about giving Paul “the boot.” He reasoned that, if he were “fucked up,” he would hope that someone would take care of him.¹⁶ “That’s different” countered Martina, “you’d never get *that* fucked up and you’d certainly never get *that* fucked up while on your own.” He agreed. “He should have at least gone to the med tent,” Joey presciently suggested, “now he’s going to get kicked out and tossed onto the street.” Later, Alice shared that she witnessed this happening. Alice told me that she was frustrated that she and the other women had asked him to leave many times and he ignored them. It was only when Tim told Paul to leave that he finally listened. She attributed Paul’s aggression to the fact that he was overly intoxicated. She explained that this was another reason why it was always best to go to rave events with friends rather than solo (especially as women).

¹⁶ Joey seems to be implying that there is shared risk and a “moral” economy of risk at EDM events. This is supported by research by Panagopoulos and Ricciardelli (2005), who found that peer groups share the responsibility for managing club drug risks at EDM events. In particular, they found that, when a member was having a “bad trip,” the entire peer group would be informed so that everyone could share the responsibility of looking after him or her.

This opening field-note provides some insight to the participants' understandings of club drug risk and risk management. When assessing Paul's situation, the participants acknowledged certain risks that were associated with club drug use like dehydration, heat exhaustion, and assault. They also criticized Paul for failing to adopt certain risk management strategies like staying hydrated, moderating drug use, using drugs with the "right" people, and seeking help when needed. In this chapter, I explore how the participants' risk knowledge was influenced by public health and harm minimization research and discourse, as well as less formal notions and conventions around "safety" and "risk." While it is sometimes assumed that people who use illegal drugs lack awareness of the associated risks, the present chapter argues that people who use club drugs are not only aware of the associated risks, but also occasionally adopt the recommended strategies for managing those risks.

I begin the chapter by reviewing the research on club drug risk as well as the behavioural advice that is offered to people who use club drugs. I proceed to discuss how the participants have been "responsibilized" through public health and harm minimization programs and discourses into self-governing subjects. In the rest of the chapter, I explore the participants' understandings of risk and risk management. I conclude the chapter by arguing that, despite their knowledge and acceptance of harm minimization advice and norms, the participants regularly engaged in "risky" practices of drug use. I argue that to make sense of these contradictions, we must consider how the adoption of risk management practices is sometimes undermined or disrupted by the contexts of their drug use.

Club drug research and behavioural advice

Research on club drug risk is informed by the expertise of a range of “professionals” including medical scientists, public health experts, social researchers, and epidemiologists (Kelly 2005). Some of the risks that have been identified in the club drug research include: neurotoxicity; hyperthermia; hypothermia; depression; addiction; sexual risk-taking; overdose; death; dehydration; adulteration; impaired driving; and assault. In terms of neurotoxicity, the research suggests that club drug consumption can have toxic effects on the brain which may lead to short-term or long-term impairments (see, for example, Hernandez-Rabaza et al. 2010; Parrott and Lasky 1998; Pedraza et al. 2009). Some of the risks related to neurotoxicity include memory impairment, impulsivity, and mood change (Kirilly 2010; Morgan 1998). Curran and Travill (1997) explain that the risk of depression is also related to neurotoxicity, as certain club drugs like ecstasy are understood to deplete neurotransmitters such as serotonin and dopamine. A short-term period of depression following club drug use has been well documented in the literature (see, for example, Brache et al. 2012; Hammersley et al. 1999; Morgan 1998). As Curran and Travill (1997) explain, the period of short-term depression occurs because the brain needs to restore the serotonin system to normal levels.

A number of thermoregulatory problems have also been reported in the research on club drugs. When used in normal or warm temperatures, there is a risk of acute and rapid hyperthermia (Crandall et al. 2002; Liechti 2014). If the hyperthermic response is severe, it can result in death. It is suggested that the setting of the nightclub contributes to the risk of hyperthermia, as nightclubs are often hot and overcrowded (Shewan et al. 2000). Conversely, research suggests that certain club drugs like MDMA can cause a hypothermic response when

used in cool¹⁷ ambient temperatures (Green et al. 2005; Malberg and Seiden 1998; Rusyniak et al. 2008). Hypothermia could thus be an important risk when club drugs are consumed at outdoor events. Related to thermoregulatory problems is the risk of dehydration. Hall and Henry (2006) suggest that club drug use can result in hyponatremia (a condition characterized by low sodium concentration in the blood) when users do not stay hydrated. When people who use club drugs concurrently engage in prolonged periods of dancing and sweating, the risk of hyponatremia is heightened.

There is also a risk of addiction. The concept of addiction refers to some form of dependence (either physical or psychological) on a substance. Research has demonstrated that chronic cocaine use can cause physiological dependence and physical withdrawal (Garcia-Fuster et al. 2012; Gawin 1991; Nestler 2005). Kelly (2005) explains that, while physiological dependence and physical withdrawal do not appear to be associated with MDMA use, habitual, daily use of the drug has been reported in some research studies on MDMA dependence. Thus, there may be a risk of *psychological* dependence. In this study, I recognize that addiction is a somewhat ambiguous concept as it is understood and defined in different ways by different people. My focus is not on “official” definitions of addiction, but rather on how the participants themselves understand, experience, and manage addiction in the contexts of their drug use. I therefore take a constructionist approach to addiction and focus on how they understand addiction and on how their understandings are shaped by “expert” knowledges as well as by their own experiences using these drugs.

¹⁷ Malberg and Seiden (1998) administered MDMA to rats in an ambient temperature of 20, 22, 24, 26, 28, or 30°C. They found a *hypothermic* response in rats treated with MDMA in an ambient temperature of 20 and 22°C. Those that were treated in an ambient temperature of 28 and 30°C had a *hyperthermic* response.

Another related risk of club drug use is overdose and/or death (Degenhardt et al. 2005; McCall et al. 2017). The risk of overdose and/or death is compounded by the fact that most club drugs are unregulated and therefore the quality of the substances is unknown (Banta-Green et al. 2005). Gahlinger (2004) explains that, because club drugs are typically adulterated or misrepresented, “any club drug overdose should therefore be suspected as polydrug use with the actual substance and dose unknown” (2619). The risk of fentanyl contamination is especially important given that illegally manufactured fentanyl has been implicated in an increasing number of fatal drug overdoses in North America and around the world (Fischer et al. 2018; Thomson 2017; Tupper et al. 2018). While fentanyl is mostly mixed into illegal opiates, there is evidence to suggest that fentanyl is also sometimes “cut” into certain club drugs like cocaine (see Tupper et al. 2018). As I explain in this chapter and in Chapter 4, the participants viewed fentanyl contamination as a significant risk related to their drug use, and they thereby employed a number of strategies in order to minimize that risk.

Other important risks reported in the research include sexual risk-taking, assault, and impaired driving. Topp (1999) and his colleagues, for example, found that individuals are less likely to use condoms when under the influence of club drugs like ecstasy. Morgan (1998) reasons that the increase in sexual risk-taking may have to do with the fact that certain club drugs like ecstasy increase impulsivity. This increased impulsivity may lead to other risk-taking activities, including driving while under the influence. Research suggests that driving under the influence of club drugs is dangerous as these drugs can impair functions that are important for driving such as spatial memory performance and divided attention (see, for example, Dinn 2004; Mohamed et al. 2011; Strand et al. 2016). Veldstra (2012) and her colleagues explain that the feelings of alertness caused by certain club drugs can mask the effects of other drugs like

alcohol, thereby making a person feel less intoxicated and more capable of driving a vehicle than they actually are. In addition to impaired driving and sexual-risk taking, research has also noted a relationship between club drug use and physical and sexual assault. There is research that suggests that illicit drug use within nightlife settings is associated with increased risks of violence (Schnitzer et al. 2010).¹⁸ There is also research that suggests that alcohol use and violence are correlated, especially within the nighttime economy where alcohol consumption is aggressively promoted (Kavanaugh and Anderson 2018).

Based upon the research, a number of strategies have been recommended by harm minimization organizations for managing club drug risk. The TRIP! Project (2020), for example, recommends that people who use club drugs drink water (or a sports drink) and take regular breaks from dancing to avoid hyponatremia. TRIP! also recommends that an individual seek help from first aid workers or paramedics on-site if he or she is experiencing a problem or their friend is experiencing a problem. In such cases, they advise the individual seeking help to be honest about their drug use with medical staff. TRIP! also recommends a number of strategies for managing the risks associated with polysubstance use. When mixing drugs, they advise users to consider what drugs are already in their body (including prescription drugs) and how the drugs they are considering will interact with those substances. They also recommend that certain drug combinations be avoided (like alcohol and ecstasy because they both cause dehydration) and that users space out the drugs that they consume.

Grip Montreal (2020) – another harm minimization organization that promotes safety within the nightlife community – recommends that users moderate the amount, frequency, and

¹⁸ Schnitzer et al (2010) do not distinguish between perpetration and victimization as they believe that this distinction is highly subjective (i.e. whether their respondents consider themselves victims or perpetrators will be subjective). Thus, their research broadly looks at the relationship between drug use and likelihood of being involved in a violent incident (as perpetrator, or victim) in a nightlife setting.

intensity of their drug use. As Grip explains, “you can always add some, but never remove.” They advise people who use club drugs to space out their consumption and to be patient, as it can take time before the effects of certain club drugs are felt. DanceSafe (2020) – a harm minimization organization similar to TRIP! and Grip, which operates across North America – recognizes that it is difficult to “manage your dose” in an unregulated market since the strength and purity of club drugs is unknown. Because of the highly adulterated club drug market, DanceSafe recommends that users test their pills and powders before consuming them so that they can get an idea of what they are putting in their bodies. They use the slogan “test it before you ingest it” to encourage users to utilize drug checking resources like testing kits, laboratory pill testing, and onsite pill testing.¹⁹

The TRIP! Project (2020) also provides behavioural advice on mixing drugs and sex. They explain that having sex while using club drugs can “make consent —already a messy, complicated issue—even more complicated.” Some of the advice TRIP! provides includes: knowing your limits before dosing; informing a friend of your limits so that they can make sure that you do not get taken advantage of or do something you’ll regret; watching how much you dose; and regularly checking in with whoever you’re being intimate with to ensure that their consent is ongoing. Some other behavioural advice offered to people who use club drugs include: never use alone; avoid sharing snorting devices; avoid driving while impaired; take vitamins; and get proper sleep and nutrition (DanceSafe 2020; Grip Montreal 2020; The TRIP! Project 2020).

There are no notable differences between the type of advice offered by these various harm minimization organizations (e.g. DanceSafe, Grip Montreal, and The TRIP! Project). Their

¹⁹ Onsite pill testing is uncommon at festivals in Toronto. However, it has been offered in Vancouver at a number of events, including: Electronic Love Music Festival, Shambhala Music Festival, and Vancouver Pride Festival (Vancouver Coastal Health 2018).

advice appears to be informed by the same perspective. Each organization has a similar mandate: to remain neutral (neither condoning nor condemning drug use) while providing factual information to people who use club drugs so that they may make informed decisions. Each of these organization are alike in that they can be considered non-profit and non-governmental organizations. They are made up of mostly volunteers dedicated to furthering the social cause of minimizing harms associated with partying and drug use. The only notable difference seems to be the geographic region in which they operate (Grip in Montreal, Trip in Toronto, and DanceSafe across the United States).

In the present chapter, I show that while the participants typically acknowledged and accepted this behavioural advice, they only sometimes acted on these recommendations. In the subsequent chapters, I turn to “context” to explain why the participants unevenly adopted the behavioural advice in practice.

Responsibilization

Despite having knowledge of the risks posed by club drugs, the participants chose to engage in such use anyway. The participants provided a number of reasons for using club drugs, including: to de-stress from work; to enhance their mood; to enhance the music and experience (at EDM events); to loosen up; to have an alternative to alcohol; to boost their energy; and to share a “fun” experience with their friends and peers. Their decision to use club drugs was therefore based on the belief that the benefits outweighed the risks.

As O’Malley (2004a) explains, risk has permeated all parts of our lives. We are increasingly governed through risk factors and predictive formulas produced through “scientific” research. Every decision we make is therefore based on a risk assessment. Parker et al (1998)

argue that these same decision-making processes (i.e. risk assessments) have been extended to illicit drug use. They argue that people make decisions about whether or not to use illicit drugs in the same way that they make decisions about whether or not to use alcohol, or to engage in extreme sports like mountain climbing or skydiving. They are essentially weighing the enjoyment and benefits of the activity against the potential damages and harms posed by that activity. Rational choice theory similarly frames individuals as rational beings who make informed decisions about whether or not an action is worth pursuing based on cost-benefit analyses. This theory provides a foundation for the situational crime prevention (SCP) approach, as it is argued that environments must be changed in order to maximize the costs and minimize the benefits of engaging in crime (see Clarke 1980). (I discuss SCP and rational choice theory again in Chapter 6). In this study, the participants seem to have made risk assessments (or “cost-benefit analyses”) when deciding to engage in club drug use. Given that they were aware of the associated risks, they must have therefore assessed the benefits of such use to outweigh the potential harms.

In neoliberalism, the onus for managing drug-related risks has largely been downloaded onto the individual (Harrison et al. 2011). People who use drugs are provided with expert knowledge about the associated risks as well as behavioural advice on how to manage such risks (Moore and Fraser 2006). In particular, medical researchers, epidemiologists, and psychologists (among others) are considered “experts” on drugs and health, and thus have the power to produce knowledge about club drug risk. This “expert knowledge” is then incorporated into, and disseminated through, harm minimization programs like TRIP!, Grip, and DanceSafe. The people who use drugs are then expected to adjust their behaviours accordingly. In this way, public health and harm minimization programs and discourse are essentially “responsibilizing”

people who use club drugs into self-governing subjects (O'Malley 2004b; O'Malley et al. 1997; Rose 2000).

For example, The TRIP! Project (2020) emphasizes the importance of “being prepared” and “being knowledgeable.” TRIP! is essentially encouraging people who use club drugs to take on the responsibility of managing the associated risks. More specifically, they are encouraging people who use club drugs to become knowledgeable about club drug risks so that they can minimize the probability of experiencing drug-related harm. In a way, there is a tension within these organizations. On the one hand, they claim to neither promote nor condemn drug use and thus they appear to embrace the “free choice” of individuals. On the other hand, they tell people who use drugs to be responsible and thus there is an implicit message that this freedom is limited. This contradiction can be seen as an example of how the neoliberal subject is governed through freedom. While the subject is free, the possible field of action is structured in ways that produce conformity (Dean 1999; Garland 1997; Simon 2007). This tension is not unique to harm minimization organizations but rather is endemic to public health as a whole in neoliberalism.

By adopting the advice offered by public health and harm minimization programs, and adjusting their actions and behaviours accordingly, people who use club drugs are engaging in what Foucault (1988) refers to as “technologies of the self.” As I explained in Chapter 1, technologies of the self are essentially techniques (or sets of techniques) that individuals exercise upon their own bodies or souls “in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality” (18). In this case, individuals who use club drugs are acting upon their own bodies (based on “expert” knowledge about risk) in order to protect their health and wellbeing.

In the present study, most of the participants accepted their responsibility for managing their own health. Many actively sought to “stay informed” about the risks posed by their drug use in order to minimize the potential of experiencing drug-related harm. Ella, for example, explained why she researched (online) the fentanyl crisis and its implications for club drug use:

I think everyone who does these drugs should stay informed. I read a bunch of shit about the fentanyl problem online because, like, I was worried. So I learned about Naloxone... So, like, I went and bought a kit and then I brought it to a festival because it was allowed – they put a PSA on their website and said they would allow them. So I brought it, and then I literally educated my entire fucking group [laughs].

For Ella, staying educated about new and/or heightened risks (in this case, the fentanyl crisis) is an important responsibility of any person who uses club drugs. Not only did Ella seek out information about the fentanyl crisis, but she also shared her findings with her friends so that they, too, could better manage the risks associated with their drug use. The interview excerpt also suggests that Ella adopted the behavioural advice offered by these “experts” – in this case, to get a Naloxone kit in order to minimize the possibility that an overdose caused by fentanyl contamination will be fatal.

The “responsibilization” of people who use club drugs was also illustrated in the field when Paula took an interest in a harm reduction booth²⁰ that was set up within the grounds of a music festival. I had noticed a harm reduction booth near the entrance of the festival, and I walked towards it. Joey, Paula, and Tim followed behind. I did not recognize the organization that was operating the booth, so I was very interested to learn more. I struck up a conversation with one of the young volunteers. She told me a bit about the organization and their mission. I commended them for the important work they were doing for the EDM community. I shifted my

²⁰ I observed harm reduction booths at only four of the events during the fieldwork. The harm reduction booths were run by The TRIP! Project and Odyssey Medical Inc. All of the booths were at outdoor events. I did not observe any booths at nightclub events.

attention to Paula, who was in deep conversation with another volunteer at the booth. Paula was reading a poster chart that listed the effects and risks of different drug combinations. She placed her finger on the “cocaine” row and looked across the chart to see how well cocaine pairs with other drugs like alcohol, MDMA, caffeine, and GHB. She seemed genuinely interested in learning more about the effects and risks of polysubstance use. She asked the volunteer another question about the chart. Joey laughed at her, perhaps because she was so enthusiastic about learning more. Paula turned to scold him: “this shit is important man!” Clearly Paula knew and accepted responsibility for managing her own health. She recognized that, to manage her health and wellbeing, she must acquire “expert knowledge” about club drug risks. It appears she was particularly interested in learning about the risks produced by mixing substances. Perhaps this newly acquired information would come to affect how Paula engages in polysubstance use in the future.

Thus far I have established the participants’ acceptance of their responsibility to manage the risks associated with their drug use. I have shown that the problem of club drug risk has been individualized. This finding is consistent with existing research on club drug use and risk management. Kelly (2007), for example, studied “bridge and tunnel”²¹ youth in New York City and found that these youth had accepted responsibility for managing the risks associated with their drug use and had recognized the importance of acquiring knowledge about club drug risk in order to do so. As Tony (a 22-year old male in the study) notes “the smartest thing you can do while you’re on drugs is research about it” (429). Tony, like the participants in my study, has clearly accepted responsibility for managing the risks associated with his club drug use. He

²¹ Bridge and tunnel youth are youth who live in suburban neighborhoods surrounding New York City, but party in Manhattan. (see Kelly 2005; 2007).

recognizes that, to effectively manage club drug risks, users must do research and acquire knowledge.

In the rest of the chapter, I examine the participants' risk knowledge more closely. I consider how public health and harm minimization programs and discourse influenced their understandings of risk.

Risk knowledge

What follows below are accounts of the participants' conceptions of club drug risk and risk management. I argue that the participants' understandings of risk, while for the most part experientially based, have been shaped by public health and harm minimization programs and discourse. Gamble and George (1997) identify three sources of drug-related knowledge: experiential learning (based on the user's own experiences), observational learning (based on their observations of others), and database sources (based on research and expert advice). Similarly, Kelly (2005) identifies two models of risk knowledge: professional and folk. The former refers to risks identified through scientific research. The latter refers to risks identified by people who use club drugs themselves. In existing research, there has been a tendency to overlook how experiential/observational knowledge (or "folk" models of risk) are shaped by database sources (or "professional" models of risk) (see, for example, Kelly 2005). In this chapter, I consider how the participants' conceptions of club drug risk are rooted in both "professional" knowledge as well as their own experiences using club drugs. In particular, I focus on how "professional" knowledge is used to make sense of their personal experiences using club drugs.

Addiction

The participants generally acknowledged that there is a risk of addiction posed by certain club drugs like cocaine. They understood addiction in particular ways based on their own experiences using these drugs. They often drew from different “expert” knowledges about addiction at different times and in different ways to make sense of their drug experiences. For them, addiction is characterized as chronic and dependent drug use. They distinguished it from recreational drug use, which is occasional and controlled. Most of the participants conceived of addiction as harmful and problematic, and they thereby emphasized the importance of controlling and limiting their drug use. As Christian urged, the line between “recreational” and “dependence” must never be crossed.

These views coincide with research on alcohol use and binge-drinking. For example, Coleman and Cater (2007) find that young people often make distinctions between problematic and non-problematic alcohol use. In their study of binge-drinking in South Wales, they find that young people perceive binge-drinking to be “normal” as long as it is confined to nights and weekends. On the other hand, alcohol use is viewed as problematic when it is daily and dependent. Young people consider those who “stay at home all day and drink” (310) to be alcoholics. Parker et al (1998) similarly argue that young people commonly make distinctions between “normal” and “abnormal” practices of alcohol use (just like they do between “normal” and “abnormal” practices of illicit drug use). In particular, they argue that drinking and getting drunk is “normal” but drinking to the point of unconsciousness is not.

The participants had several different criteria for distinguishing between recreational and dependent drug use. The first was when and where drugs are consumed. Using on weekends and around friends (not alone) was considered “recreational.” Using alone and on weekdays was not.

The second was interference with everyday life. Drug use was believed to be “problematic” when a person could not control it anymore and it started to interfere with other aspects of their lives. Christian explained,

It is what it is, you’re living your life. Okay, live it. But you can’t pass that line. If you go too far, I find you’re just a crackhead. You’re dependent on it...Like me, I smoke a lot of weed, I smoke it every day, it is my relaxation...that’s what I find, I don’t – I find it’s not a drug. But if someone who does the same thing like me, smoking weed, and it’s cocaine or Molly or something, then you’re a crackhead to me...you’re doing too much. If you’re not doing it recreationally...to an extent, it’s fine, to a certain point, but if you’re coming to my house doing it, going out doing it, going to clubs doing it, and just always doing it, then that’s not acceptable for me.

Christian invoked public health and harm minimization discourses when he talked about addiction, using key terms such as “dependent” and “recreationally.” He framed recreational drug use as healthier and more desirable than addictive drug use. He even went as far as to equate addiction with being a “crackhead,” a term used in casual language as a symbol of “personal failure and lack of responsibility” (Copes et al. 2008: 254). The term “crackhead” is clearly pejorative, and Christian’s reference to it therefore suggests that there might also be a moral dimension to the participants’ distinction between recreational and dependent drug use. Perhaps the participants’ desire to avoid “dependent” forms of drug use was based on a kind of moral judgment too.

What is interesting is that Christian used cannabis every day and yet he did not think about his routinized cannabis use as an addiction. He juxtaposed cannabis from other drugs like cocaine and MDMA which he believed should *not* be used daily. He seemed to be drawing on certain medicalized discourses of cannabis use to make this distinction. In particular, he justified his daily use of cannabis by claiming that it was for “relaxation.” He seemed to be downplaying pleasure as a motive for his daily use of cannabis in order to avoid having his use appear problematic (see O’Malley and Valverde 2004). His distinction also had to do with the fact that

he did not see his cannabis use as interfering in his everyday life. Even though he used cannabis daily, he still defined his drug use as “recreational” because he did not believe that it negatively affected his day-to-day life. On the other hand, he associated daily MDMA and cocaine use with addiction because he did not believe that these drugs could be used daily without them interfering in a person’s everyday life. In this way, addiction was defined as drug use that was not only frequent and habitual, but also “destructive” (or “intrusive”).

Similar distinctions between recreational drug use and addiction have been noted in other studies on club drug use. In his study of an adult network of recreational drug users in London, Pearson (2001) found that while his participants accepted cannabis and cocaine, they drew the line at heroin and crack cocaine. His participants rejected heroin and crack cocaine as “unacceptable” in any situation because they viewed these drugs as addictive and as having the potential to disrupt a user’s daily life. Van Hout (2011) similarly found that both abstainers and users in his study feared addiction and used the stereotypical image of the “junkie” (which is similar to the moralized image of the “crackhead” invoked by my participants) to differentiate between acceptable and unacceptable drug use. In Chapter 5, I further explore the distinctions between “recreational” and “addiction” in my discussion of normalization. I look at how recreational drug use has been accommodated while dependent drug use has not. I explore how such norms shape practices of club drug use and risk management.

Not only have public health and harm minimization programs and discourses shaped how the participants think about the risks of addiction, but they have also shaped how they think about the management of those risks. Ella, for example, explained that she refrained from certain methods of administration which she believed were most conducive to addiction:

I feel like snorting is absolutely acceptable – that’s the norm of how you do it. But if you’ve transitioned into like shooting up that’s like a completely different ballpark. That

is a crackhead...like what you're going to view as crack and be like "you have a problem at this point." So it absolutely wouldn't be an acceptable way of like doing a drug. I would never do that.

Like Christian, Ella made a clear distinction between recreational and dependent drug use. She even used the same terminology as Christian (i.e. "crackhead") to describe addiction. Ella believed that it was in her own best interests to avoid certain methods of administration which she had come to understand as more characteristic of addiction or being a "crackhead."

In addition to avoiding certain methods of administration, the participants sought to limit the frequency of their drug use. They sought to take regular breaks from using drugs so that they could avoid crossing the line between recreational drug use and addiction. Their acceptance of this risk management strategy was perhaps best illustrated by an exchange between Christy and Joey on the dance floor of Cactus nightclub.²² After Tim, Paula, and Michael left to go to the washroom, Sebastian turned to us and asked if anyone had brought cocaine. Christy and Joey laughed. "I wish" said Joey. He said that he didn't bring his cocaine because he knew he would have been tempted²³ to do it that night. He said he did not want to do drugs that night because he was going to be doing them the following weekend. "I can't be doing that shit every weekend," he laughed. Christy said she didn't bring hers either because she didn't know if it was going to be *that* kind of night. She agreed that it was probably a good thing that she didn't bring the cocaine because her "body needs a break." Christy and Joey (like many of the other participants) clearly accepted that it was in their own best interests to limit how often they engaged in club drug use in order to avoid the potential of experiencing a drug-related harm such as addiction. In

²² I use pseudonyms for all Toronto EDM venues and events in this dissertation.

²³ What is interesting is that the participants left their drugs at home because they did not want to be "tempted" to use drugs. To be tempted indicates some perceived loss of control. If they cannot control their temptation, then one might reason that they are addicted. But I would argue that their very recognition that they should leave their drugs at home when they do not want to be "tempted" is evidence of control. This is a risk reduction practice undertaken to minimize the *potential* of developing an addiction.

this scenario, Christy and Joey positioned themselves as subjects who are capable of exercising restraint and control over their drug use. Their positioning is exemplary of harm minimization, which emphasizes controlled drug use.

The participants also explained the importance of using drugs for the “right” reasons. They understood drug use to be problematic when it was intended to mask some sort of psychological or emotional pain or insecurity. Sebastian explained:

You would probably think that the person who does a lot of drugs probably doesn't have their life together. Um, which is not true at all. I'm a prime example of that. You know? I think everyone has insecurities but as far as having my life together, I have a great job, I am in great shape [laughs], I take care of myself pretty well, I'm very in control of my emotions, I'm a very honest person. I think I'm a good person. I've never broken the law - - but that's kind of contradictory considering I'm doing drugs [laughs]. . . . But what I'm saying is that people have this persona that if you do drugs you're mentally out of whack because it's just what's seen in movies. Like this person is on drugs and so their life is out of control. And then they need rehab and then they get their life together and then somehow they find like a religion or they try to rebuild their life. And then they realize like the drug was the problem. When like, no, the drugs aren't the problem. The drug is just how people escape. I think that is what people see. That the drug is the problem. But the problem is not the drug, it's the person. Like they use the drug to deal with their insecurities. Now if you're using drugs just to enhance an experience, and you know that it's just an experience, then it's kind of okay because you aren't like doing it all the time. It's not like I go to the office and I pop Molly and I'm like "Yeah let's do this!" It's not like I do that.

Sebastian was clearly influenced by the psychological research on addiction; he understood addiction as a symptom of an emotional problem or trauma. He thereby accepted that club drugs should only be used when the objective is to “enhance an experience.” He reasoned that club drugs should not be used when the objective is merely to “escape” personal problems.

Heat exhaustion and dehydration

The potential for heat exhaustion and dehydration are perhaps two of the most common concerns among people who use club drugs. Many of the participants worried about passing out

(or worse) as a result of heat exhaustion and dehydration. Their concerns echoed those of public health and harm minimization experts. Like the experts, the participants attributed the risks of heat exhaustion and dehydration to the combination of club drug use, overexertion (from prolonged periods of dancing), warm climates, alcohol consumption, and failure to adequately rehydrate (see Crandall et al. 2002; Hall and Henry 2006; Liechti 2014; Shewan et al. 2000). To manage these risks, the participants recognized that it was important to keep hydrated. As Alice explained,

I don't think I'm like invincible or that like nothing is going to harm me. It's just like I take the precautions that I take very seriously. Like if I take MDMA I know that it dehydrates you and so like I'm not going to continue to drink [alcohol] all night when I'm on it and I'm going to drink water. Like I'm pretty strict with myself and I think I'm pretty smart in terms of how I use.

Alice framed herself as a responsible and “smart” subject who takes precautions to avoid experiencing drug-related harm. She recognized that MDMA causes dehydration and she consequently made sure to drink water regularly whenever she took it. She also limited her alcohol consumption because she acknowledged that it, too, causes dehydration. Many of the other participants also recognized that the combination of heavy alcohol consumption and club drug use is dangerous. Nonetheless, their verbal presentations were sometimes at odds with their actual practices. I often observed them binge drinking while using cocaine and MDMA. In this way, public health and harm minimization programs and discourse shaped the participants' views of club drug risk and risk management. Their practices, however, did not always logically follow. Part of this disjuncture might be explained by the fact that drugs and alcohol can inhibit judgment. A person who is “high” and/or “drunk” might consequently be less likely to adhere to harm minimization advice (even if they were committed to such advice before using drugs and/or alcohol). While I acknowledge that this might be a factor that affects how risk knowledge is

adhered to in practice, it is not the focus of my research. Instead, my research focuses on how *contextual* factors sometimes complicate and/or undermine the “rational” and “responsible” drug-using subject. Some factors I consider include: commercialization; prohibition; age norms; and normalization and stigmatization. In the subsequent chapters, I focus on how these types of contextual factors help to explain the moments of disconnect between the participants’ knowledge of risk and their actual practices.

Many of the participants also identified with the risk management practice of “chilling out,” the object of which is to avoid heat exhaustion by taking regular breaks from dancing so the body can “cool off” (Akram and Galt 1999). Sometimes venues design “chill out” spaces to facilitate this risk management practice. For example, Daylight (a popular event series that the participants regularly attend) held an event on what the local news reported as “one of the hottest days of the year.” When we arrived at the event, the participants were justifiably nervous about being outside in the beating sun for the next eight hours or so. As we walked through the gates, we noticed a new addition to the event: a space in the trees with plenty of hammocks and couches to rest. “That’s smart” Tim remarked. “What do you mean?” I asked. He reasoned that Daylight created a “chill out” space so that patrons could escape the heat and the crowds temporarily. The participants made good use of the space throughout the day. Every thirty or forty minutes, one of the participants complained about the heat being unbearable and they left the crowd to go “chill out” and rehydrate. The participants understood the importance of “chilling out” when the temperature was as high as it was that day. As Tim explained, “heat stroke is no joke.”

Neurotoxicity

The participants worried that they might be “frying their brains” by using club drugs. Their concerns echoed the research on neurotoxicity and the acute and long-term effects of club drug use on the brain. For most of the participants, the primary risk related to neurotoxicity was depression. Most of the participants recognized that there was a potential for both acute depression (following a club drug-using episode) as well as long-term depression (from repeated use of club drugs). They also generally understood how club drug use could cause depression.

Alice, for example, explained:

I think that is like a problem of education. Like, some people don't really know what it does. Like, your serotonin leaves and it has to refill. Like, serotonin syndrome. That's a real thing and you have to be aware because it can, like, ruin your fucking life. This type of education is important because, like, a lot of people go to raves, like, not even for the music...like, they go just to do drugs and get fucked up.

Alice clearly had some knowledge of the scientific research on club drug risk as she was able to loosely define the process whereby serotonin becomes depleted following the use of certain club drugs like MDMA. She also acknowledged the risk of serotonin syndrome which can occur when drugs that release serotonin (like MDMA) place “strain on the serotonergic system and induce an array of unpleasant and potentially deadly physiological and psychological symptoms... Such symptoms include abdominal cramps, agitation, hyperactivity, hyperpyrexia, hyperreflexia, hypertension, myoclonus, profuse sweating, restlessness, shivering, tachycardia and tremulousness” (Allot and Redman 2006: 175). Alice had clearly educated herself on these risks and she advised that others do the same.

The risk of short-term depression was the participants' primary concern related to the impact of club drug use on the brain. The participants referred to the short-term period of depression that sometimes followed club drug use as the “comedown.” They understood that the

“comedown” was an inevitable consequence of club drug use and that it could vary in severity based upon the quality of the drug and the volume of use as well as a number of other factors. Their understanding of the “comedown” was perhaps best illustrated when Joey and Paula hypothesized about why Victoria cancelled on a house party at the last minute.

Joey started complaining about how Victoria “flopped” on their plans. He seemed angry and annoyed. He told the others that she texted him to say she wasn’t going to come tonight because she was trying to cut back on her cocaine use. She thought that it was best to stay home because she “knew” everyone would be doing cocaine and she didn’t want to be tempted to do it. The others laughed as Joey told them about the details of the text message she sent. Paula reasoned, “She could have come out anyways. If she didn’t want to do it, she could have just told us and we would have made sure she didn’t touch it.” She reasoned that everyone would have stopped her from doing it if she got tempted. Joey explained that he was confused because a few weeks ago Victoria had asked him if he could “hook her up” with a gram (of cocaine). Paula hypothesized that Victoria must have done cocaine recently and had a bad comedown. Joey agreed. Paula revealed that she also gets like that sometimes after she goes on a “bender”²⁴ (slang for a drug-filled night). She explained that she has the worst comedowns whenever she does Christian’s “stuff.” Joey said that he had a really bad comedown a year ago and he could not stop crying. He laughed, “Literally everything was making me cry. It was fucking terrible.” He explained that he knew it was the cocaine that made him feel that way because he was not “actually depressed.” Paula laughed. She said that cocaine “fucks with your brain.” She

²⁴ Slang like “bender” is interesting because it demonstrates the participants’ immersion in the EDM scene and the associated drug scene. Other slang or jargon used that was indicative of this commitment included: popping (i.e. taking MDMA), Charlie (i.e. cocaine), Molly or Mandy (i.e. MDMA), sesh (i.e. a social gathering centered around using drugs) and rolling (i.e. the feeling of being high and then sober and then high again after taking certain club drugs like MDMA).

hypothesized that Victoria will be “back on it [cocaine] again soon.” Paula and Joey clearly understood the risk of short-term depression associated with the use of certain club drugs like cocaine. In this case, their knowledge was rooted in their personal experiences with cocaine use.

The participants were also concerned with the long-term neurotoxic effects of club drug use, which they recognized were largely unknown. In other words, most of the participants appreciated that the research on long-term effects is limited. Josh explained,

Sometimes I worry about the long term effects of drugs...like today, have I turned my brain into mush?...overkill? You know a lot of things...you don't know the *long* long-term effects. Look at smoking. Everyone was like, “smoking is great.” And now you know smoking is not great. [Laughs] So you know, there's not a lot of long-term research and whatever long-term research has been done is not *that* that long-term because it's more popular now. So if you do, um, if you look at a long, longitudinal study right, maybe the furthest back it goes is like 15 or 20 years. That's not, like, the entire lifespan of a person right? We are talking people living to 80, 90, 100. So what are the effects for, you know, 60 years from now? You can't tell.

Josh clearly understood that there is a gap in the “scientific” knowledge on club drug risks in regard to long-term effects. He gave the example of smoking tobacco, where the negative health effects were not discovered until years later. Josh seemed to suggest that research of long-term effects (if available) could have an impact on his (and perhaps others’) drug-using choices and behaviours. Shewan et al. (2000) note a similar concern with a lack of research on long-term effects in their study of ecstasy use and risk management. They report that the participants in their study were primarily focused on mitigating the immediate negative experiences of ecstasy use rather than possible long-term negative effects. As one of the participants in the focus group explained, “...with a new drug like ecstasy, when it’s available then you don’t know what the long term effects are, or even like long short term effects, so you’re kinda...scared” (448). This participant, like Josh, is concerned about the uncertainty of the long-term effects of club drug

use. Shewan et al. (2000) question whether ecstasy users would change their behaviours if research confirms long-term damage from ecstasy use.

To manage the risks of neurotoxicity, the participants described taking several precautions. Some participants chose to avoid or limit their use of certain club drugs if they experienced “severe” comedowns after taking them. For the participants, severe “comedowns” entailed extended periods of depression, anxiety, and insomnia. Many described a feeling of being unable to control their negative thoughts and incessant crying during severe “comedowns.” Because these comedowns were so undesirable, many gave up certain club drugs for an extended period of time. Jamie, for example, gave up MDMA:

Nick: What, if anything, do you worry about when you use these drugs? Do you ever worry about anything?

Jamie: Yes, I worry about the comedown afterwards. That's it.

Nick: That's it?

Jamie: That's the only thing I worry about.

Nick: What about the comedown?

Jamie: How bad I'm going to feel this time. The biggest thing for me is: what is it going to bring up in my mind? What's going to happen to me when I fucking come down and I start thinking about something random? Something that's happened years ago but then all of a sudden, it's like, "it's back." *That*, I worry about, definitely. I do think about, "fuck the comedown. Fuck that." I stopped taking Mandy for a long time because my comedowns were shitloads worse on Mandy than anything. I needed to give my brain a chance to recover [laughs]

Other participants similarly took breaks from using MDMA and/or cocaine so that they could allow their brain some time to “recover.”

The participants also acknowledged the practice of pre/post-loading for managing the risks of neurotoxicity. The practice of pre/post-loading essentially refers to the consumption of substances before (pre) and/or after (post) club drug use in order to enhance the experience of the

drug's effects and/or to minimize the length and severity of the "comedown" period (Allot and Redman 2006). Paula explained,

In any situation I think it's important to stay hydrated. To take your vitamins I think in the morning helps too. And to eat.... Um.. I know a lot of people take like a multi-vitamin or like um they were saying like a 5HTP vitamin um...that also helps with, like...cause I know when you come down from MDMA it can affect your emotions. It can make you feel depressed and like whatever. So that's supposed to help with, like, your mood and I think, like, if you take stuff like vitamin D and stuff to help, like, improve your mood, it won't feel as, like, bad when you come down off these drugs.

Paula understood that it was important to take supplements to manage the risk of depression. She referred to 5HTP, a supplement that increases serotonin in the brain (Allot and Redman 2006).

5HTP is often used to treat disorders caused by a lack of serotonin such as depression and insomnia (Moore and Miles 2004). The fact that Paula referenced 5HTP as a supplement for treating "comedowns" suggests that she understands, at least in a general sense, how club drugs like MDMA can cause mood changes through modifying the brain's supply of serotonin.

Adulteration

Another risk acknowledged by the participants was the danger of consuming adulterated substances. As Ella explained, every time she does MDMA "it's almost like a different high." Ella was essentially pointing out that club drugs are typically adulterated and thus, her experiences using these drugs vary considerably. Because the purity is unknown and inconsistent, the participants regularly worried about consuming a club drug that would result in a bad "trip:"

Um I guess I worry about, especially when I'm taking MDMA, I worry about how it is going to make me feel. How strong will it be? How long is this going to be in my system for, you know, how long is it going to take until it dwindles down? Will I be able to control myself when I'm at the highest peak? Will it be good stuff? Will I feel happy and energetic or will I feel heavy?...Like, MDMA sometimes it's cut with something that makes you feel like you have cement legs. I don't like that at all [laughs] – Jessica

Jessica explained that she worried about feeling uncomfortable and losing control after taking MDMA. However, she understood that these were not typical effects of MDMA, but rather were effects of other substances that MDMA is typically “cut” with (like MDA, ketamine, or DXM – an ingredient found in cough medicines [see Drug Policy Alliance 2020]). What is interesting is that Jessica worried about whether she would be able to control herself. This speaks to Measham and Brain’s (2005) notion of “controlled loss of control” (273). In other words, Jessica sought to “lose control” while still retaining a sense of control over her intoxication. For her, a complete loss of control was undesirable.

In addition to bad “trips,” the participants recognized the potential for adulterated substances to be lethal. In the following excerpt, Christian explained why death is his primary concern when using club drugs:

Nick: So what, if anything, do you worry about when you use these drugs?

Christian: Death.

Nick: Death? So like –

Christian: ODing. It's just...not because I'm doing too much of it, it's whatever they put in it – that’s always been my fear. Because if I, if I feel too sketch I won't do any more. I won't be like there [makes sniffing gesture] like "oh I need to do more." When I'm at a point I'm good, I'm done, I'll go to bed. But my fear is not because of me doing too much. My fear is whatever is in it. That really scares me.

As Christian explained, the risk of death is mostly due to the fact that club drugs are often adulterated. Christian worried not that he would consume too much, but that he would unexpectedly consume a substance that would cause a fatal reaction. Despite his concern, Christian still used these drugs. This is because Christian recognized that the likelihood of death was very low. Christian, like many others, seemed to have made a risk assessment (or cost-

benefit analysis), finding that the likelihood of death was so low that the anticipated pleasures of use outweighed the risks.

The participants accepted many of the strategies recommended by public health and harm minimization programs for managing the risks associated with adulteration. They agreed, for example, that it was best to avoid engaging in polysubstance use. On the morning after a music festival, Jamie messaged the group chat (which I and many of the other participants are part of) to tell us that he had “fucked up.” He explained that he took too many drugs the day before and had not slept at all. “I’m sure it was the Mandy” he said. He told us that he also did shrooms with his friend at the festival. He also revealed that he had a bit of cocaine too. He explained that at the end of the night, he lost his shirt and had no money to get home. When he finally got home, he apparently puked everywhere. He then laid in his bed staring at the ceiling till the morning, not being able to fall asleep. “I could feel my heart racing” he told us. Paula messaged back in the group chat, making a joke about being a “sesh zombie.” She told him that he is crazy for mixing so many substances. He responded to Paula: “I should have known better!” Jamie and Paula seem to have absorbed the advice to avoid engaging in polysubstance use. Hence, when Jamie engages in polysubstance use, he feels guilty afterwards. He frames himself as a responsible subject who should have known better than to engage in this “risky” practice.

The participants also knew the importance of moderating the frequency and intensity of their drug use. Joey, for example, minimized his intake by dividing his MDMA pills in half. We were hanging out in Joey’s room before heading to the festival. Sitting at the desk in his room opening up capsules and emptying out the powder onto the desk, he explained to me that he was dividing the pills so that he could take a half-pill at a time (instead of a whole one). Jessica and her friend asked Joey if he could do the same for their pills. He took their pills and started

opening them up to divide them. He explained that he takes half a pill and then waits to see how it “hits” him. He explained that he will “drop” the other half if it is a “good high.” “You can always take more, but you can never take less” he explained, while laughing. Joey was clearly mimicking public health and harm minimization messages like the one shared by Grip Montreal. Despite his playful tone, the fact that Joey knew this slogan and had adopted the advised practice shows that he had clearly been shaped by these messages.

Another commonly accepted strategy for managing the risks of adulteration was to never use alone. Alice explained that she did not use alone because “you never know how much is too much and when you’ve reached that certain point.” She also reasoned, “naloxone cannot be administered on yourself.” In a similar way, Audrey advised others to only use club drugs around people they trust:

Nick: So, what do you do to try to make sure that you don’t, sort of, experience any harms when you’re using these drugs?

Audrey: Um, pace yourself, always know what you’re taking, be surrounded by good people, always have people around you that, you know, um, God forbid anything did happen, would react positively, i.e., phoning like the police, calling 911, putting you into bed if you need to go to bed. I think the best thing that you can do if you were going to be using drugs is to just be in an environment that you’re comfortable with, that you’re familiar with, and you’re just around people who have your best interest at heart.

Audrey and Alice (like many of the participants) believed that it was dangerous to use club drugs while alone. Their logic was that a friend or acquaintance could call for help or administer naloxone in the case of an overdose or some other life-threatening issue related to club drug use.

For most of the participants, drug-checking was the most desirable, but the least practical method for managing adulteration. As Ella explained, it could be difficult to access testing kits:

Ella: But like when I was wanting to go to Opus Festival, I was looking up kits and I couldn't really find a kit or like it wasn't very, it was very confusing trying to find a kit and knowing how to use it. But I emailed Trip! And I asked "Will you guys be doing testing on site? Can I bring my drugs to have them tested?" And they said “no.” They're

just there, I guess, for information and whatever. So to me I wish they would do testing and that would make me feel more secure because I would obviously test my drugs before I do them. And then if something were wrong with them I'd throw them away and just drink.

Nick: Did Trip say anything to you other than "no we're not testing there?" Like did they offer you to—

Ella: Um they said you can try and find kits online. There's a bunch of kits online. So they did refer me online to get kits

Nick: But did they tell you to come buy one from them?

Ella: They had, they had the option but they said they couldn't get it to me before the event. So I guess the timeframe wasn't there.

Ella was aware of some of the drug checking resources available for managing the risks of adulteration (in this case, testing kits²⁵). She and many of the other participants accepted that it was in their best interests to test their drugs before using them. But, as Ella explains, these kits were often difficult to obtain. In the following chapters, I suggest that the lack of availability and accessibility of these kits (along with their cost) is the reason that the participants seldom (if ever) used them.

In addition to drug-checking, many of the participants spoke about the importance of buying from a reliable source. Natalie, for example, explained why she never buys drugs from strangers:

Um I buy from a trusted friend of mine only. I've been offered – like, at clubs and random people will come up to you and offer you a pill and it's like...I would never take that, that's obviously asking for trouble. Um so I buy from certain people. And the people I buy from also use what they're selling. So I feel, again, that it's much safer because they are gonna experience it too and they're obviously not going to give you something that is gonna make you uncomfortable or give you a bad trip or that is potentially laced with something, right? So I have trusted people and I only buy from people who also do it.

²⁵ The most popular drug-testing kit used by people who use club drugs is the Marquis reagent testing kit. These kits are based on colour reactions. A sample of the drug is mixed with the reagent which produces a color-change sequence. The color change is then matched against a chart to evaluate the test (for more detail, see Winstock et al. 2001).

For Natalie, taking drugs from an unknown source was “asking for trouble.” Like Natalie, most of the participants accepted the risk management strategy of buying from a reliable source. But, as I discuss in the subsequent chapters, the participants’ actual practices often contradicted their verbal presentations: I witnessed participants, on multiple occasions, buying drugs from strangers at nightclubs and festivals.

Impaired Driving

The participants generally accepted the advice to avoid driving while under the influence of club drugs. When pulling up to Chaos nightclub on a Thursday night, Tim commented on how the parking lot was nearly full. He was surprised that so many people were driving. “It’s probably because people have work tomorrow,” suggested Joey. Tim laughed, “oh right!” He clearly forgot that it was a weeknight. I think we had all forgotten that it was Thursday, as it was unusual for one of these events to be held on any night other than Friday or Saturday. Tim hypothesized that all the people who drove to the event were probably going to “pop a half-pill (of MDMA), party for a bit, and then drive home later.” Martina exclaimed, “that is awful!” Tim joked, “it’s fine, just do some M and then drink a Redbull later and you are good to go.” Martina and Paula shook their heads. Paula explained that she drove on half a pill of MDMA once when she was a designated driver and that she would never do it again. She reminded Martina, “it was your birthday! Do you remember that night?” Martina nodded her head. Paula assured us that she “knows better now.” Paula and Martina have clearly come to view driving while under the influence of club drugs as unacceptable. While Martina simply refers to the act as “awful,” Paula now positions herself as an ethical subject²⁶ who knows better than to engage in such behaviours.

²⁶ In this instance, Paula seemed to position herself as an “ethical subject” (as opposed to a “responsible subject”) because she believed that impaired driving was morally wrong. She recognized that, by driving impaired, she put

Sexual Assault

Many of the participants also acknowledged the risks of sexual assault associated with club drug use and nightclub culture. They employed a number of strategies to minimize the potential of being drugged and/or assaulted. For example, all the participants (male and female) knew that they should never leave their drinks unattended. Often, participants asked me to hold onto their drinks while they went to the washroom. “Please don’t slip GHB into my drink” joked Martina on one occasion after handing me her beer. These types of jokes clearly indicated that the participants were acutely aware of the risk of being drugged and/or sexually assaulted.

The participants also knew that the risk of sexual assault within nightclubs and other “drink” settings was gendered. Thompson and Cracco (2008) argue that “drink” settings are misogynistic environments where men feel emboldened to engage in sexual contact and sexual aggression. In the present study, the female participants sought to avoid putting themselves in what they saw as situations where they might be vulnerable to sexual assault, a reflection of their internalization of safety advice and responsabilization strategies around club drugs and sexual assault. Penny, for example, told me a story about her trip to Mexico for a music festival where she took GHB for her first time. She explained that she lost her friends after going to the washroom for what felt like a few minutes but, in actuality, was a lot longer:

So when I had left the porta-potty, it was dark out. I just walked out and it was only then when I realized I didn't have a phone, I didn't have my wallet, I didn't have my sunglasses. And I looked around and I couldn't find Cerise and I [starts to tear] – whatever I was on just like made me.. just devastated me. Because at that point I was like "I'm gonna fucking die in Mexico" [laughs]. I was so scared to a point where right now

other people at-risk. The “responsible subject,” on the other hand, acts out of some *obligation* to him/herself and/or to others. Earlier, I gave an example where Jamie positioned himself as a “responsible subject” who should have known better than to engage in polysubstance use (because he has an obligation to take care of himself and his health/wellbeing). O’Malley’s (2004b) notion of “strategic moralization” might be useful here, as it explains how moral and coercive strategies are selectively directed at drug users who pose risk to others (such as Paula when she drove while under the influence of MDMA). Those who do not pose risk to others are governed informally through public health and harm minimization programs and discourse which emphasize the importance on taking responsibility for managing one’s own health and wellbeing.

like [points to tears in eyes] .. Like I was laughing so hard about it because I was like "oh man I'm done, this is it, this is how I'm gonna die. Like I can't find her." And I got out and I tried to wash my hands and I couldn't press on the peddle, I couldn't, like, open up the water. Like, someone had to help me. I just couldn't do anything. So I started looking for her and then I stopped and just, like, sat down in a corner and tried to see if I could find her, like, see if she'd pass by. And no one passed by. So then I was like "Oh my God, I don't know what to do." Um I tried to look around. And then um, I was like "screw it."

Penny explained the fear she felt when she realized that she was high (on a drug she had never taken before) and alone in a foreign country with no phone or wallet. She clearly understood that she was in an unsafe situation.

After seeing that she was in distress, two men (who she identified as Italian) offered to help Penny find her friends. Penny explained that the men spent most of the evening with her and eventually offered to walk her back to her hotel:

So I told the Italian guys and they wanted to take me into town to go find my friends but I said "you know what, no it's fine." Like, "I need to go find security right now." So they saw me walk up to this guy and uh I guess the Italians kinda convinced me that they were gonna take me back to the hotel because one of them was actually staying at the same hotel that...I was like "eee." So at some point, I gave him, uh not a good thing, but I gave him the benefit of the doubt. I was like okay maybe I should go with them. Like it's fine. But then this one bouncer, he was like "no, don't trust them." Like, he pulled me aside and he's like "don't trust them." Like "I'm gonna take you back to our hotel where all the security guards are staying." Like "we're gonna find Frank [a friend of her sister-in-law's brother who is working at the festival in Mexico] and we're gonna meet up with him and then he'll take you back to your hotel." And I lost my key and everything, I didn't have anything on me. So I left the Italian guys – I said thank you and bye.

Penny explained that she was hesitant to leave with the men she had just met. She eventually agreed to let them walk her back to her hotel because of her desperate situation. She recognized that this was putting herself in a potentially dangerous position. She was implying that by giving her room number to one of the guys, she had put herself at risk of sexual assault. At another point in the interview, she explained why she was so terrified: "foreign country, by myself, I'm sorry – pretty girl." She believed that her state of intoxication, and the fact that she had lost her friends, made her especially vulnerable to such victimization.

Even the security guard at the event was concerned about the risk of sexual assault, as he convinced Penny to leave with him instead. Because the security guard knew Frank (a friend of her sister-in-law's brother), she felt like he could be trusted more than the two men she had just met. Penny's situation, while extreme, provides insight to how the participants think about (and weigh) the pervasive risks of sexual assault. Penny felt that it was important to avoid putting herself into such situations in the future in order to minimize her vulnerability. Kovac and Trussell (2015) have similarly found that women are acutely aware of the risk of sexual assault within nightclub culture and that they employ a number of strategies for managing such risk. In particular, they found that women often manage risks of sexual assault using a "buddy system," whereby women go to clubs or "drink settings" in groups and agree to watch out for each other to make sure no one is taken advantage of. Another important strategy they identify is the use of "cautionary tales" whereby women share stories about friends or friends of friends being drugged and/or sexually assaulted in order to demonstrate the seriousness of the risk. Although she was not "drugged" per se, Penny's story about her Mexico trip might become one such "cautionary tale," told to friends and friends of friends.

Conclusion

The purpose of the present chapter has been to explore the participants' risk knowledge. I began with a discussion of the scientific research and the behavioural advice offered (based upon that research) to people who use club drugs. I then discussed how people who use club drugs have been "responsibilized" into self-governing subjects through public health and harm minimization programs and discourses. I proceeded to analyze the participants' knowledge of club drug risk and risk management. I showed that the participants both acknowledged and

accepted the behavioural advice that was offered to them about how to manage club drug risk. These findings are consistent with the existing literature on club drug risk which notes that people who use club drugs have a vast knowledge of the risks associated with their use and employ a number of strategies to mitigate these risks (Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2011; Kelly 2005; Kelly 2007; Perrone 2006; Shewan et al 2000).

But, as I have briefly alluded to in the chapter, the participants did not always adhere to such advice in practice. I referred to this disconnect when discussing polysubstance use. I explained that, while they knew that polysubstance use was risky, they still engaged in such practices. Later, I referred to the disconnect between their verbal presentations as responsible subjects who only buy from “reliable” sources and their actual practices where they sometimes bought from strangers at nightclubs and festivals. The existing literature does not give much consideration to this disconnect between risk knowledge and practice. For example, while Shewan et al (2000) acknowledge that the participants in their study do not always adhere to risk management advice, they do not offer any insight for explaining such inconsistencies. To make sense of these inconsistencies, I argue that we must consider how the contexts of club drug use may undermine and/or disrupt the successful adoption of risk management practices.

In the subsequent chapters, I use Rhodes’ risk environment framework to extend the risk/governance literature. I look at how risk decision-making is context-dependent. The purpose of the subsequent chapters is to develop a more nuanced understanding of how governmental programs for club drug use actually function in particular contexts.

Chapter Four: Prohibition

I spotted Michelle from a mile away. She was wearing a rainbow coloured jumpsuit (I assume in celebration of Pride month). She stood near the porta-potties chatting with a group of her friends, some of whom I met at a past Daylight event. She perked up when she noticed me approaching. She waved to me in a sort of comical, slow-motion fashion. She laughed. When I finally got to her, she embraced me with a hug. I asked her how she was doing. She responded by telling me that she was “making a killing” today. I could not help but to laugh at her response. Every time I saw Michelle at a festival, I asked her how she was doing (a general nicety and not directed to anything in particular). She almost always responded by updating me on her drug sales. Despite my laughter, she continued elaborating on how many pills she had sold today. She told me that she snuck 75 pills into the festival. I was astonished. “How did you get them in?” I inquired. Michelle reached into the pouch strapped around her waist and pulled out an uninflated balloon. “I put them in here” she smiled. She apparently sterilized the balloon and then cut the tip off. She then put the pills in the balloon and inserted it inside her vagina. I was both shocked and impressed by her strategy. She stretched out the balloon to show me how much she could fit in it. “Oh my God!” she screamed after moving her index and middle fingers around the inside of the stretched balloon. “There were another four pills hiding in here!” She pulled out the four pills that she must have missed before. “Put this in your research,” she shouted.

A man wearing a jean jacket approached Michelle. He looked to be in his early twenties. He had long hair, tucked under a Blue Jays baseball cap. He told Michelle that his friend was looking for a couple pills. He pointed to his friend. His friend stepped closer and waved to Michelle. He was wearing a colourful button-up. He had an Irish accent: “how much for the two?” he asked. Michelle told him that the pills are \$20 each. Recognizing that this was

expensive, he asked “would you do \$30 for two?” She shook her head, indicating ‘no.’ He shrugged his shoulders and then reached into his pocket and took out his wallet. I sensed that he was desperate, like he believed he had no other choice but to pay the inflated cost. I guess it made sense that the price was high. After all, Michelle had assumed the risk of carrying these drugs into the festival. MDMA is illegal, and she had thereby risked apprehension by security, or worse, police. She also risked her health by carrying the drugs inside her body cavity. Michelle seemed to capitalize on the desperation of people looking for drugs at music festivals. Maybe their drugs were confiscated. Maybe they lost their drugs. Maybe they did not bring enough drugs to last them the entire day. Or maybe they did not bring drugs to the festival at all. Whatever the case, it was made clear that most people were willing to pay double the street market value of MDMA (\$10 CAD) because they felt they had no other choice if they wanted to get high.

I wondered if this man worried about what Michelle was selling him. He was trusting that Michelle (a complete stranger) was going to supply him with pills that were unadulterated and safe. Had he bought his drugs beforehand, he could have tested them using a Marquis kit. Or he could have bought them from a dealer whom he knew and trusted. Instead, he had to rely on the word of a complete stranger because only Michelle knew what was actually in the pills she was selling. Frankly, even Michelle could not fully know what was in those pills. She is a wholesale dealer, not a manufacturer. Despite the fact that she claims to test the drugs that she sells, she can never know exactly what is in the pills she is passing off as MDMA. Most test kits are limited in what they can detect (see, for example, Winstock et al. 2001). The man with the Irish accent, then, was in a less than ideal position as a consumer of MDMA, a position that is produced by the realities of prohibition. If he wanted to use, he had to buy unknown drugs from an unknown

dealer at the music festival. In the present chapter, I explore how the realities of prohibition sometimes impelled the participants, like the man with the Irish accent, to engage in risky drug using practices.

The chapter begins with an outline of the policy framework for regulating club drug use in Canada. I outline not only the federal, provincial, and municipal laws pertaining to club drug use, but also those pertaining to the regulation of nightclubs and events where such use commonly occurs. The rest of the chapter looks at how practices of club drug use and risk management are shaped by two components of prohibition: (1) non-regulation of drug supply and (2) criminalization of drug users and drug dealers. The former refers to the unregulated market and the associated risks which people who use club drugs must learn to navigate. I explore some of the ways in which the realities of an unregulated market undermine public health and harm minimization messages aimed at people who use club drugs. I use the latter to refer to the laws in place for the use, sale, and trafficking of club drugs, as well as the enforcement of these laws by police and private security. I explore how the enforcement of these laws, and more specifically, the *variability* and *unpredictability* in the enforcement of these laws, shaped participants' practices of using club drugs and managing risk. Through exploring these key components of the political and legal environments of club drug use, I contribute further insight into the factors that informed the participants' risk-taking and risk management behaviours.

Policy framework

In Canada, the use, sale, possession, importation, exportation, and production of most club drugs (including ketamine, GHB, MDMA, and cocaine) is prohibited under the Controlled

Drugs and Substances Act (CDSA). The Act, passed in 1996, repealed the Narcotic Control Act and parts of the Food and Drug Act. Under the CDSA, drugs are organized into eight schedules. Ketamine, GHB, MDMA, and cocaine are all Schedule I substances. Schedule I substances are considered the most dangerous schedule of controlled substances and they thus carry some of the most severe penalties under the Act.

When first passed in 1996, some criticized the Controlled Drugs and Substances Act (CDSA) for framing drug use primarily as a criminal justice issue rather than a public health one. Hathaway and Erickson (2003), for example, explain that the CDSA was viewed by many as a “lost opportunity” (473) to reconsider the country’s prohibitive policies. Fischer (1997), too, explains that the CDSA was met with major opposition and criticism when first introduced as Bill C-7. Following its introduction, a number of non-governmental groups testified (in parliamentary hearings) against the Bill. Fischer (1997) explains that these groups criticized the Bill for its “antiquated prohibitory principles” (56). At a time when Canada’s Drug Strategy (CDS) (the country’s national approach to drugs) emphasized the importance of harm reduction (going so far as to include it as one of the four pillars of the national strategy), there was an expectation that the CDSA would take the country in a similar direction.

Instead, as Fischer (1997) explains, the CDSA was basically a revamped Narcotic Control Act, as it included “the same list, philosophy, and structure of drug-offence categories, including those of drug possession as well as the ambiguous ‘possession for the purpose of trafficking’” (50). According to Hathaway and Erickson (2003), the Act had little consideration of harm reduction while giving additional powers to police and prosecution in the name of drug control. For example, the CDSA granted powers to police to engage in reverse sting operations (where police sell drugs) and to conduct searches without warrants in situations where obtaining

a warrant would be “impractical.” The Act also mandated that judges provide a valid reason for not imposing a prison sentence in cases with certain aggravating conditions such as the accused being a re-offender, or the offense being committed near a school. In these ways, the CDSA did not diverge from Canada’s commitment to prohibition; instead, it reaffirmed it.

Some have argued that prohibition (more than other any other regulatory model) poses the greatest risk to public health and safety. Taylor (2016) and his colleagues, for example, suggest that prohibitionist policies are dangerous because they place responsibility for managing the quality and quantity of controlled substances on the underground market. This forces people to engage with the criminal underworld (either directly or indirectly) in order to obtain drugs, and to use drugs that are unknown in terms of their content, strength, and purity. Boyd and MacPherson (2018) similarly describe the dangers of prohibitionist policies and an unregulated market in their discussion of the fentanyl epidemic in Canada. They make sense of increasing rates of overdose-related deaths by referencing the unregulated market where it is impossible for users to truly know what, and how much, they are ingesting. They also reference the fact that harm minimization programs and initiatives are discernibly absent and/or underdeveloped – so much so that many activists have decided to take matters into their own hands, setting up unsanctioned overdose prevention sites²⁷ in defiance of federal law.

As Mallea (2014) explains, prohibition is also costly because of the amount of time and criminal justice resources that go into the enforcement of these laws. People who use drugs, who are often otherwise law-abiding citizens, are brought into the criminal justice system. Those who

²⁷ These unsanctioned overdose prevention sites (OPS) consist of places where people can use drugs under the supervision of trained volunteers/staff (often a health professional). Overdose prevention sites can consist of tents, trailers, shipping containers, trucks, and/or vans. In Toronto, Ontario, an OPS was set up in Moss Park due to the high rates of overdose deaths as well as the slow implementation of the three approved supervised injection sites in the city. The site consisted of a tent for injection, a tent for smoking, and a tent for supply (see Foreman-Mackey et al. 2019 for more details).

are brought into the system are disproportionately young, lower socioeconomic status, and racialized (see also Ostertag and Armaline 2011). They are then saddled with a criminal record which can have devastating effects on their future. In addition, prohibition places a great deal of power in the hands of law enforcement agents like police and private security who are responsible for enforcing these prohibitionist laws, which, as I will discuss in the second half of this chapter, has resulted in a number of issues related to club drug risk and risk management.

Also important to the regulation of club drugs are the many provincial and municipal laws that regulate nightclubs and other related events including: The Liquor License Act; the City of Toronto Municipal Alcohol Policy; and the City of Toronto Licensing Bylaws. The Liquor License Act sets out a number of rules for establishments that serve alcohol. Some of the rules include: not selling liquor to any person who appears to be intoxicated (section 29); not permitting any person on the premises to sell, hold, or use controlled substances as defined under the Controlled Drugs and Substances Act (section 45); and not selling liquor outside the hours of 9am and 2am (sections 25, 29). The City of Toronto Municipal Alcohol Policy (MAP) sets out rules for special events that take place on city property and serve alcoholic beverages (which applies to most outdoor EDM festivals and events). The policy requires that event organizers provide food, safe transportation, and free water. The policy also forbids practices that encourage increased consumption of alcohol such as oversize drinks, drinking games and contests, double-shots, and “free pouring.” Also important to the regulation of nightclubs are the City of Toronto’s Licensing Bylaws. These bylaws require nightclubs to have one security guard for every 100 patrons at the establishment. They also require nightclub owners to develop noise control and crowd control plans (the latter includes a description of how people enter or re-enter the establishment, including lineups and procedures for admitting them).

There are no specific bills or acts for regulating rave parties, notwithstanding numerous attempts to pass such legislation. In 2000, for example, the Raves Act was sent to the Provincial Standing Committee on Justice and Social Policy in Ontario for review, but no action was ever taken. Grayson (2008) explains that the Act would have allowed police officers to enter raves on any pretense and to search for potential criminal activity. It would have also allowed officers to arrest both those caught engaging in criminal activity as well as those who organized the rave event. The legislation never passed because the rave community was able to successfully subvert the moral panic that was emerging at the time around raves and ecstasy (see Hier 2002). Organizers and community activists worked alongside Councillor Olivia Chow to counter the narrative in the media. They also demonstrated a commitment to becoming more legitimate – they moved rave parties to city-owned properties, worked with police, and obtained all of the proper city permits. In addition, a protest party was held in front of city hall called iDance which was attended by over 20,000 people. The protest and the media campaign evidently worked, as the Act was overwhelmingly rejected the next day by city council (50-4). While the legislation never passed, the threat of it led to the decline of the “underground” rave scene. To become more “legitimate,” raves moved into established venues. This movement helped to spur the decline of the rave scene and the emergence of the more mainstream Electronic Dance Music (EDM) culture.

Similar legislation to the Raves Act was proposed in 2014 to ban all Electronic Dance Music (EDM) events from Toronto’s CNE property (Armstrong and McAllister 2014; Gerster 2014; Peat 2014). At the time, a number of EDM events and concerts were being held on CNE property in the Better Living Centre, the Direct Energy Centre (now the Enercare Centre), and other buildings (Armstrong and McAllister 2014). Organizers relied on these CNE spaces to

accommodate the growing size of their events. Toronto city councillor Giorgio Mammoliti explained the reasoning behind this legislation, “we’re talking 5600 kids, many of them taking ecstasy on government lands owned by taxpayers...I just think it’s wrong to be sending that message” (Armstrong and McAllister 2014). Mammoliti also claimed that such legislation will save children’s lives (Peat 2014). The rave-specific legislation once again failed to pass.

Also important to the regulation of club drug use are insurance policies. From an organizer’s point of view, it might not be worth it to provide certain programs or services which could be construed as “condoning” drug use if they create problems with insurance providers. A good example comes from Evolve Festival in Nova Scotia whose insurance provider pulled their coverage a few days before the festival after learning that drug-checking services were going to be provided onsite (see Feith 2017). In order to “save” the festival, Evolve organizers had to cancel their onsite drug-checking service at the last minute. In these ways, insurance shapes and constrains the ways in which organizers and other staff respond to club drug use at EDM events.

Now that I have outlined the policy framework for regulating club drug use and the associated venues where such use takes place, I spend the remainder of the chapter exploring how this policy framework structures and limits practices of club drug use and risk management.

The unregulated market

One of the defining features of prohibition is an unregulated market. In this part of the chapter, I focus on the unregulated market and how it structures and influences risk management and risk-taking behaviours. I argue that harm minimization and public health messages directed at people who use club drugs tend to underemphasize the “messiness” of an unregulated market where supply sources are unreliable and unpredictable, and where the quality and quantity of

substances is unknown and inconsistent. By exploring this “messiness,” I shed some light onto why harm minimization and public health messages are not always adhered to in practice.

Fentanyl as a “risk priority.”

Throughout the fieldwork, the fentanyl epidemic was a key factor related to the unregulated market which affected club drug use patterns and practices. I argue, therefore, that to understand why the participants sometimes engaged in practices of use that contradicted public health and harm minimization advice, it is important to understand how the participants made sense of, and responded to, the fentanyl epidemic.

Over the last decade in North America, there has been a significant rise in the rates of unintentional fatal opioid overdoses (see Fischer et al. 2018; Thomson 2017; Tupper et al. 2018). The cause of such an increase, while multi-faceted, is certainly compounded by the adulteration of street drugs with ultra-potent, illegally manufactured fentanyl (Tupper et al. 2018). Because fentanyl has been found to be involved in an increasing number of opioid-related overdose deaths, the media, politicians, and others have begun to frame the broader “opioid crisis” in terms of a “fentanyl epidemic” (Fischer et al. 2018).

While fentanyl has been found to be a common adulterant in illegal opiates, it is unclear whether fentanyl adulteration remains a significant issue for other illegal drugs, including club drugs like MDMA and cocaine. Research seems to suggest that only a small proportion of club drugs like MDMA and cocaine are contaminated by fentanyl. Tupper (2018) and his colleagues, for example, ran a drug checking pilot program in Vancouver where they found the samples of cocaine that they tested to have a fairly high match rate (meaning that the samples contained what they were supposed to). In the 140 samples of cocaine (powder or crack) that were tested,

128 were found to contain actual cocaine hydrochloride or freebase. Only 2.1% of those samples tested positive for fentanyl. This is lower than Health Canada's Drug Analysis Service (DAS) – which analyzes more than 110,000 samples of illicit drugs seized by police each year – that found 4.8% of cocaine to be contaminated by fentanyl in 2015 (Miller and Russell 2018). The Tupper et al. (2018) study also tested samples of speed and crystal meth, finding 5.9% to be contaminated by fentanyl. Their study also included 141 samples of various drugs which they loosely categorized as “psychedelics.” The psychedelic category included DMT, GHB, ketamine, LSD, MDMA, MDA, mushroom extract, and others. Of the 141 samples, 122 contained some of the expected substance. None of the psychedelic samples tested positive for fentanyl. These findings suggest that, while there is a risk of fentanyl contamination for club drugs, such risk is minimal.

Despite evidence which suggests that fentanyl-contaminated club drugs are rare, the rave community has nonetheless come to accept fentanyl contamination as a significant risk that they must manage. The participants were constantly exposed to messages about fentanyl contamination in their day-to-day lives. One source of these messages was the media which has reported on a number of cases where traces of fentanyl have been found in club drugs (see, for example, Berezny 2017; CBC 2018; CTV 2017). For example, one report warns that there were at least 12 overdoses over a single weekend in Surrey, B.C. as a result of fentanyl-contaminated cocaine (Brown 2019). Paula explained that she came across these types of messages regularly:

Um.. I see like on Facebook a lot – a lot of articles coming up about like club drugs and how um .. some.. like warnings, like saying how like fentanyl was a big problem or is still a big problem. And a lot of people – I've been seeing a lot on the news that people are like dying and overdosing by taking MDMA that is laced with fentanyl, even cocaine is laced with fentanyl. Um...I've been seeing a lot of that recently...just like “make sure you know where you're buying from” or like...“don't buy it at all right now” because like a lot of people are cutting with fentanyl and you can potentially die from it.

Paula described being exposed to messages about fentanyl and club drugs in both traditional and social media. Many of the other participants similarly noted a constant exposure to these types of media messages. Paula also referenced the sharing of messages and advisories about fentanyl on rave-related social media groups and pages. I, myself, have observed such messages being shared online amongst members of Toronto's rave community. One member, for example, posted an announcement to a rave-related Facebook group (which many of the participants and I are members of) to warn that: "there is currently bad COCAINE in OAKVILLE/TORONTO/THE GTA that is cut with FENTANYL. Several people are hospitalized due to overdoses. Please be careful friends, especially with Opus and DayLight this weekend." These types of messages and advisories are commonly shared amongst members of the rave community.

A number of outreach campaigns about fentanyl contamination also appear to target the rave community, including some sponsored by the government of Ontario. During the course of the study, I observed posters plastered on walls at many EDM-focused venues that warned about fentanyl and urged users to get naloxone kits. I first saw these posters at Cactus nightclub above the urinals in the men's washroom. The posters read: "fentanyl is getting into street drugs. Consuming even the tiniest amount can lead to overdose." I assumed that the outreach campaign was endorsed by the government of Ontario, as their logo was stamped on the bottom of the posters. I wondered why these posters had been placed at EDM-focused venues. Their placement seemed to suggest that the fentanyl epidemic is relevant to club drug use. The language, too, suggested that people who use club drugs should be concerned about fentanyl contamination because even the "tiniest amount" can be harmful. In this way, fentanyl contamination was constructed as a significant risk for all illegal drug use (including club drug use) instead of just opiate use. These types of messages were calling for drug-using subjects to become active in

their own government (i.e. to take steps to minimize the possibility of unintentionally ingesting fentanyl).

Overall, it is clear that members of the rave community are regularly exposed to messages about the fentanyl epidemic both within and outside the rave scene. As a result, many members have come to accept fentanyl contamination as a significant risk of club drug use. In fact, for many of the participants in the study, fentanyl contamination had become a “risk priority.” I borrow the term “risk priority” from Moore (2004), who uses it to refer to a primary risk which users worry about over all other risks. In his study of injection drug users (IDUs), Moore uses the term to make sense of why his participants did not always adhere to overdose prevention advice. Moore explains that overdose was one of a long list of risks that the IDUs had to manage in their day-to-day lives. He argues that the IDUs were not unconcerned with overdose prevention, but rather, in the context of their everyday lives, had other pressing priorities that they had to meet first (such as avoiding arrest and assault, finding money for drugs, and finding accommodation)²⁸.

In the present study, the risk of fentanyl contamination had taken priority over all other risks. As a result, the participants sometimes overlooked or downplayed harm minimization advice which they had once adhered to. For example, the participants had become less concerned than they were in the past with the advice to “test it before you ingest it.” Where the participants had once worried about obtaining testing kits to test for other adulterants such as PMA,²⁹ they had now become primarily concerned with getting fentanyl testing strips to test for fentanyl, or naloxone kits to reverse an overdose from fentanyl contamination.

²⁸ For more on “risk priority,” see also Rhodes (1995).

²⁹ PMA is an amphetamine that looks like ecstasy (and is often sold as ecstasy). However, it is much stronger than ecstasy. PMA also has a delayed effect, which may lead to increased intake. PMA tends to be more toxic than MDMA. (see Refstad 2003).

Ella, for example, messaged me before Opus festival to ask if I knew where she could get fentanyl testing strips. She told me that she wanted to use drugs at Opus but that she was afraid because of the fentanyl epidemic. I tried to guide her; however, I did not know anywhere in Toronto that sold fentanyl testing strips. I suggested that she order them online. “I looked into it already” she replied, “they won’t come in time because they are shipped from the U.S.” She also told me that she was not sure if the testing strips would get flagged at the border as “drug paraphernalia.” I responded by suggesting that she contact TRIP! to get a Marquis testing kit. I advised her that the kit would not test for fentanyl but would test for other contaminants. She was completely uninterested in my suggestion. She responded by telling me that she needed something that could test for fentanyl. I suggested, then, that she get a naloxone kit as a last resort. I explained that naloxone is not a testing kit but rather a kit for reversing opioid-related overdoses. When I told her that it could be used to reverse an overdose if her drugs were, indeed, laced with fentanyl, she seemed interested. She asked where she could pick up a naloxone kit. I advised her to check out our local pharmacy. She thanked me. For Ella, the risk of fentanyl contamination was clearly her primary concern. Ella, like many of the other participants, had become preoccupied with the risk of fentanyl contamination, often at the cost of overlooking other risks.

Event organizers, too, seemed to prioritize the fentanyl epidemic in their risk management plans, as some had allowed patrons to bring their own naloxone kits to events. Seth, a risk management specialist for a major entertainment company in Toronto, explained the reasoning for allowing naloxone at Opus Festival:

We took the position that we’re going to be in line with whatever city of Toronto Public Health recommends. We’re allowing the kits, and we also have our own kits on hand for people that need it. It’s funny we did an ad hoc survey last year on people who brought in kits, and we asked like, “why did you bring it in?” We found out it wasn’t actually drug

users...it was actually responsible friends that brought it. Actually, some of them were off-duty paramedics. They were like, "I'm bringing it because I know my friend might need it." They were just being a responsible person. We were like, "this is great. It's not necessarily the drug users themselves. It could be just good responsible friends bringing it."

Like the users, the organizers seemed to be primarily concerned with the risk of fentanyl above all other adulterants. While they permitted naloxone kits at the festival, test kits were not permitted, nor have they ever been.

Users and organizers are essentially overlooking broader harm minimization calls to "test it before you ingest it" by focusing exclusively on fentanyl. This can have important implications, as club drugs are often cut with other dangerous substances. In their drug checking pilot program, Tupper et al. (2018) found a number of unexpected and dangerous substances other than fentanyl in the club drugs that they tested. For example, they found that a sample of MDMA was actually N-ethylbuphedrone, otherwise known as "bath salts." The ingestion of such adulterants can be just as dangerous as fentanyl. The participants were thereby opening themselves up to a range of other risks by prioritizing the risk of fentanyl above everything else.

In certain respects, the fentanyl epidemic also affected the participants' drugs of choice, with alcohol and MDMA being perceived as safer options for partying. For example, the participants had opted to avoid cocaine at an upcoming event after Paula shared a screenshot to our group chat of an advisory posted on Facebook. The advisory basically stated that traces of fentanyl had been found in cocaine in downtown Toronto the past weekend. After sharing the advisory, Paula commented "this is so fucking scary." Martina agreed. Joey, Martina, Paula and I had plans to go to Cactus nightclub that weekend for an event – everyone seemed to agree that it was best to avoid cocaine for the weekend. "I'm just going to get drunk" commented Joey. The

others agreed to do the same. In this case, the participants were planning to use alcohol in excess to “get drunk” when they otherwise might not have if they were using cocaine.

Similarly, Ella explained how the fentanyl epidemic had caused her to reconsider her choice of drugs:

Well because of all the shit that’s been in it [cocaine] lately especially with the fentanyl scares, that is my major concern. And a lot of the times in the recent year or two, it’s made me double think even doing it and like maybe I’ll just drink and maybe drop M. So like my use has – I would say my use has been impacted by it. I’m more careful because of the fentanyl that’s going around.

Ella, like Paula, Martina, and Joey, had come to view alcohol (and MDMA) as a “safer alternative” to cocaine. What was interesting was that the participants were opting to engage in an arguably riskier practice (overconsumption of alcohol) than recreational/controlled cocaine use because of their fear of fentanyl contamination. Because they were not concerned about alcohol being adulterated, they did not feel the need to moderate themselves in the same way that they do with illegal substances. This is an example of how the risk/governance literature and its focus on “responsibilization” does not really capture the whole picture of what is going on. While the participants were “responsibilized,” they did not always act in ways envisioned by public health and harm minimization programs and discourses. In this case, the fentanyl epidemic, and the fact that cocaine (the drug they wanted to use) was considered “too risky,” led them to engage in practices which they knew went against harm minimization advice like overconsumption and polydrug use.

These findings are important because minimal research has been conducted on how the fentanyl epidemic has affected drug-using behaviours. Of those studies that have been conducted, all of them focus specifically on injection drug users (IDUs) and/or opioid users. McKnight and Des Jarlais (2018), for example, look at how practices of use have changed since

the fentanyl epidemic amongst people who inject drugs in New York City. Some of the strategies they note in their research include: taking test shots (i.e. small amounts of the drug to test out the effects); buying from a consistent and reliable dealer; obtaining and using fentanyl test strips; obtaining and using naloxone; and using drugs only when around others (never alone). Rouhani et al (2019) similarly report a number of harm minimization behaviours adopted by people who inject drugs in response to the fentanyl epidemic including: consuming less of the drug or abstaining from certain types of drug use all together; and using at a slower pace. In their study of opioid users' perceptions of fentanyl in Rhode Island, Carroll et al (2017) note that some users are switching to prescription opioids in place of heroin due to the rising rates of fentanyl and overdose mortality.

The findings of the present study extend this research by looking at how the fentanyl epidemic has affected practices of *non-injection* and *non-opioid* use. As the findings have demonstrated, people who use club drugs, like people who inject drugs and/or who use opioids, are concerned about the fentanyl epidemic and are adapting their drug-using behaviours accordingly. Another important contribution of the present study is that it shows not only how the fentanyl epidemic facilitates the adoption of harm minimization practices, but also how it undermines it. I discussed, for example, how fentanyl contamination had become a “risk priority” for many of the participants, and had consequently overridden the participants' previous concerns with other risks like contamination by other adulterants (like PMA). Such consideration of how the fentanyl epidemic may negatively affect risk-taking and risk management behaviours has in large part been neglected in the existing literature. In particular, there has been little consideration about how, by focusing on avoiding fentanyl, people who use street drugs might overlook or disregard other risk management practices.

Unreliable Sources

Harm minimization and public health experts advise people who use club drugs to buy from a “reliable source” (Dancesafe; Grip Montreal; The Trip! Project). The reality, however, is that sources are never truly “reliable” in an unregulated market. While the participants had a few sources from whom they regularly bought drugs, these sources were not always dependable. Alice, for example, had two dealers from whom she bought drugs (Kyle and Robert). Joey, Jessica, Kandi, and others also bought their drugs from Kyle and Robert by way of Alice. Christian had a regular dealer named Bob (which Ella thought was his drug dealer pseudonym because the name Bob “is too generic to be real”). Sometimes Paula and Joey got their drugs from Bob via Christian. Michael usually grabbed drugs for Sebastian, Adam, and Craig, although his source changed regularly. During the last few months of the fieldwork, Michael had been steadily grabbing drugs from his friend’s dealer (who no one had personally met, but whom they trusted because their friend vouched for him).

The concept of “social supply” can be applied to the participants’ practices of buying club drugs. Taylor and Potter (2013) define “social supply” as the supply of drugs between friends. Often, social supply acts as a buffer between end-users and the underground market. As I explained, Alice, Michael, and Christian often engaged in social supply by acting as a “middle-person” between their drug dealers and their friends. The concept of social supply is also important for understanding the participants’ relationships to their dealers. As Taylor and Potter (2013) explain, many “real” dealers drift into “real” dealing after engaging in social supply. They find that these “real” dealers, despite their increased involvement in dealing (and increased profit), maintain many of the values of “social supply.” In particular, they maintain trust and friendship as key elements of the relationships between consumers and suppliers. This was clear

in the present study as Alice, Michael, and Christian often spoke about their dealers as if they were friends or acquaintances. They also often spoke about how they “trusted” their dealers to provide them with safe and high-quality drugs.

While these were the participants’ preferred sources of club drugs, they were not always dependable because they sometimes went away, did not respond to calls, temporarily or permanently stopped selling drugs (perhaps caught by police, or simply a lifestyle change), or went “dry” (i.e. out of drugs). So, while the participants verbally positioned themselves as “responsible subjects” who never take unknown drugs, in some cases – when they had no other choice – they did. For example, Adam felt he had no other choice but to buy drugs from an “unknown” source at Daylight after he lost the MDMA he brought to the event (from his “reliable” source). Adam had repeatedly patted the front pocket on his t-shirt. “They were in here” he explained to Michael. I turned to Craig and asked what was going on. He told me that Adam lost his pills. “We haven’t been here more than 5 minutes and he’s already lost them,” he laughed. Sebastian advised Adam to retrace his steps. Adam told him that he went through security and then headed straight to the washroom, and that is when he realized that the pills were missing. Craig whispered to Paula and I: “wanna see how much of a crackhead Adam is? Watch this.” He turned to Adam with a smile on his face. “Adam” he shouted, “I have your pills! They were in my pocket.” Adam approached him, somewhat hopeful but also a bit skeptical. Craig burst out laughing. “Nah, just kidding!” he shouted while laughing hysterically. Adam was not impressed. After searching the ground for the pills for about ten minutes, Sebastian decided to offer Adam one of the two pills he brought. I assumed that Sebastian was willing to make the sacrifice because part of the fun of taking MDMA is sharing the experience with friends. Adam

accepted the pill but was still annoyed. I asked him what was wrong. He said that he needed two pills because the event was long: “one is not going to last me.”

We were gathered around the bar at the Tech-House stage when I noticed that Michael had left us to go speak to a group of strangers sitting at a picnic table nearby. I soon realized that he was looking for MDMA for Adam. “Now that’s a good friend right there!” Adam shouted, pointing to Michael. I watched as the strangers directed Michael to a thin, dirty-blond woman dancing in the crowd. She wore all black and had a “fanny pack” (a pouch) strapped diagonally across her chest. This woman later became an acquaintance of the group and a participant of the research project (referred to in this dissertation as Michelle). Michael approached her and asked her something – I’m assuming he had asked her if she still had MDMA to sell. She nodded her head. She reached into her fanny pack and pulled out two pills. She took Michael’s money and handed him the pills in exchange. Michael returned to the group holding the pills clenched in his fist. Adam was ecstatic. He embraced Michael with a hug. His entire attitude had changed.

Adam, like many of the other participants, bought from an “unknown” source when he wanted to get high and believed he had no other way to get drugs. In this case, Adam had no other choice because he lost the MDMA that he brought to the festival which was from his “reliable” source. He was thereby willing to engage in this risky behaviour of taking drugs from an unknown source because the alternative was that he did not do drugs, or he did drugs, but not enough to maintain his “high” for the duration of the event.

Another common scenario was when the participants had not planned to use drugs but then changed their minds once they were at the event. In these cases, they had no choice but to buy whatever they could get a hold of. Victoria and Joey, for example, bought drugs off of the dirty blonde drug dealer at the same event that Adam did. The dirty blonde drug dealer pushed

through the crowd to Michael to ask how he was enjoying the MDMA. Victoria and Joey took the opportunity to buy a pill from her. The two told me that they had not taken MDMA in years. While they brought cocaine to the Daylight event, they did not bring MDMA because they were not expecting to do it. They had made the last-minute decision to use MDMA at the event. Joey asked the dirty-blond drug dealer about the quality of the MDMA: “is it good stuff?” She assured him that it was good and that it was tested. Joey asked what she meant. She explained that she tested the pills for fentanyl and other things. Joey smiled, “okay, I like that. Sold!” He asked her how much for one (he and Victoria had agreed to split one pill). She told him that the pill was \$20. They recognized that this was high for MDMA, but they decided to pay it anyways. The dealer took out the pill and placed it in Victoria’s wallet. She took the money and told them to enjoy it. In this case, Joey and Victoria bought MDMA from a stranger (and trusted her word) because they did not plan accordingly for MDMA use ahead of time.

The fact that Michelle makes so much money selling MDMA at festivals and events suggests that many people find themselves in similar situations to the participants where they must buy drugs from strangers. When Paula, Tim and I ran into Michelle at another Daylight event, she told us about how she got scammed for her ticket. She told us that she paid \$90 for a ticket from a scalper. The scalper apparently told her that tickets at the door were selling for over \$100. I gasped, “I paid only \$50 for mine.” She smiled and shrugged it off. “Oh well” she laughed while pointing to the bag of pills in her pocket, “I’ll make \$90 in no time.” Paula, Tim, and I all laughed. “Yes girl!” shouted Paula, “I’m in the wrong business. I need to sell drugs.” We all laughed. Michelle told us that she made thousands of dollars at the last festival she worked. She told us that a lot of Americans had come across the US-Canada border for the festival and, as a result, were not able to bring in their own drugs. The Americans had no choice

but to buy drugs from an unknown source if they wanted to get high. She told us that she sold more than 20 pills to one guy alone for his entire crew. She charged \$20 a pill. She explained that she charges less outside of festivals and events. “I told you all of this in my interview” she laughed, “do you want to do an interview right here?” she laughed even harder. The fact that Michelle was able to sell drugs for double what they were worth in the black market suggests that people who are buying these drugs at festivals and events are doing so because they have no other choice if they want to get high.

Many of the participants also recognized that, even from a regular source, the true content, quantity, and quality of club drugs is unknown. Alice explained,

I’m always going to be worried about like you know...you’re never going to know what you’re getting. Like regardless of the fact that I buy from the same two people, you never know. Because regardless it’s a controlled substance, it’s illegal. The government doesn’t regulate it. You have no idea what you’re getting, even if you think you know what you’re getting. So I think there’s only a certain amount of harm reduction you can do until...There’s always risk, no matter what.

Likewise, Adam reasoned,

It’s very hard to actually pinpoint down to – unless if that reliable source is actually making it themselves. Lately, we’ve been going to one source. There’s always a worry that if you try something new from somebody else, you really don’t know.

Adam and Alice clearly recognized that purity cannot be guaranteed in an unregulated market, even if the source is trusted and “reliable.” This may explain why the participants sometimes felt justified buying from strangers. The idea is that regardless of where you buy the drugs from, “you have no idea what you’re getting.”

Criminalization

Despite the fact that club drugs are criminalized, the consequences of being caught using or selling club drugs within the EDM scene are anything but straightforward. The participants

each had different experiences and ideas of what would happen if they were caught with club drugs. Part of this ambiguity and unpredictability comes from the inherent contradictions between normalization and prohibition. On the one hand, club drug use is “normalized” within the EDM scene as it is tolerated and even celebrated (see Kelly 2005; Parker et al. 1998; Parker et al. 2002; Perrone 2006; Sanders 2005). On the other hand, it continues to be illegal and thus subject to criminalization. These contradictions provide for uneven and unpredictable responses to club drugs by law enforcement and private security within the EDM scene. In the rest of the chapter, I consider how this unevenness and unpredictability affects practices of club drug use and risk management.

Unpredictable police responses

It is nearly impossible to predict whether or not police will be present at a given EDM event in Toronto. For the participants, there did not appear to be any logic as to why police were present at some events while virtually absent at others. The participants, for example, were shocked when they observed an overwhelming police presence at a Daylight event, which they believed was unusual for the popular event series. After we arrived at the gate, we watched as three officers on bikes surveyed the area in front of the entrance. There was also an ambulance parked on the grass beside the gate with its lights flashing. Together, the police and the flashing overhead lights made the security-check at the front gate look more militaristic than usual. Kandi suggested that we walk to the hill on the far-left side of the entrance to regroup before getting into line.

As we sat on the hill, Martina lit a cigarette. Joey said what everyone else seemed to be thinking: “security looks fucking tight today.” He pulled out what looked to be a bunch of

condoms from his bag. I could not hide my puzzled expression. Joey laughed at my reaction. He explained that they were fake condoms used for hiding drugs at festivals. He showed me how they open and close like a Ziplock bag. Joey explained that he got them because he runs a social media page with a mass following. He apparently had an agreement with a “sponsor” to hand out the merchandise at the festival. He was now hesitant about bringing them in: “How can I bring these in? They will definitely know that they are not real condoms.” Martina agreed. She suggested that he “just ditch them” because they were “not worth the risk.” Joey reasoned, “but there aren’t actual drugs inside them. What can they actually do if they find them?” Once again, Martina suggested that they were not worth the risk.

Joey stood on the hill with the fake condoms in his hand, staring blankly at them. He was contemplating whether or not he should ditch them before going through the security-check. “Here!” shouted Alice while abruptly taking the fake condoms from his hand and shoving them down the front of her pants. “Really?” asked Joey. He was both happy and confused. “Yes, it’s fine” laughed Alice, “I’m a girl, so they won’t check there.” When we got into the festival, we noticed more police officers patrolling the grounds on both foot and bike. Two police officers rode bikes past us on a path leading from the mainstage to the smaller stage. We noticed an officer surveying the washroom area on foot, walking slowly between the rows of porta-potties. “What the actual fuck is going on?” uttered Joey after observing a third officer on a bike ride by us.

Lippert and Walby (2013) provide some insight to why paid duty officers are present at some events and nightclubs while not at others. They explain that the presence of paid duty officers depends upon a “combination of coercions and incentives” (373). The latter refers to the advantages of having police presence at an event. The former refers to those laws and by-laws

which make the hiring of paid duty officers a legislated requirement in certain circumstances. In Toronto, for example, the Toronto Municipal Alcohol Policy (MAP) gives city staff the discretion to mandate paid duty officers at a given event. It states that “at discretion of city staff, professional security services and/or pay-duty police may be required at the event or at Access Points of licensed bar areas, at the Event Organizer’s expense” (10). Another factor to take into consideration is the organizer’s budget, as paid duty officers can be quite expensive.

Not only is the presence of police unpredictable at EDM events, but so too are their roles and responses in regard to club drugs. The participants were unsure of how police would react to a patron using or selling club drugs. For example, the participants and I, after watching a security guard apprehend a man and woman for using club drugs at a Daylight event, speculated about what would happen next to the couple. While waiting for a drink at the bar, the participants and I watched as a security guard knocked on the door of a porta-potty, to which a man and woman emerged. The security guard instructed the man to empty his pockets. The man removed what looked to be cocaine from his pocket. The security guard instructed the couple to follow him. “So now what happens?” I heard the woman ask as they walked by us. The security guard did not respond. Tim turned to us, “but seriously, what happens now? Are they going to get kicked out?” No one seemed to know definitively, but the participants each had different theories and ideas. Martina thought that they would be handed over to the police since there were many at the festival that day to deal with such incidents. Alice and Joey thought that their drugs would be confiscated and that they would be kicked out. Joey rationalized that “it would be too hard to charge them since the cop wasn’t the one who found the drugs.” The participants were clearly unsure about how the couple would be dealt with at Daylight. There was also confusion about whether or not a formal charge would be laid if the couple were handed over to the police.

In this instance, the participants were speculating about the relationship between public and private police. The former refers to police who act on behalf of the government at a federal, provincial, or municipal level. The latter refers to private security staff, or “bouncers,” who are employed by leisure venues (Kavanaugh and Anderson 2017). As van Liempt and van Aalst (2015) explain, this relationship has become increasingly important in governing the night-time economy. They explain how cities are committed to growing their night-time economies, while at the same time concerned about alcohol intoxication and other related “risky” behaviours that are associated with such economies. To deal with these concerns, surveillance and policing efforts have been heightened in urban night spaces. Increasingly, the public and private police are being made to rely on one another to carry out these efforts. As we can see with the instance at Daylight, the nature of this collaboration is acknowledged, but not clearly understood by the participants. In particular, many of the participants were unsure about what powers the security guard had to respond to cases of drug possession. They were also unsure when, if at all, security guards brought these types of issues to the attention of police.

In Canada, there are no specific powers of arrest granted to security guards. Instead, section 494 of the Criminal Code of Canada grants any member of the public the power to make an arrest without a warrant if (a) the person being arrested is found committing an indictable offence or (b) there is reasonable grounds to believe the person has committed a criminal offence and is evading an officer trying to arrest them. Because possession of cocaine, MDMA, and other club drugs is a hybrid offence (meaning prosecutors can either treat it as a summary or indictable offence), it is likely that security guards feel unclear about whether or not they have a right to arrest a patron for possession. Not only are the powers of arrest vague in these instances, but Seth (a risk management specialist) also explained that there are issues related to “chain of

custody” which security guards must consider. He explained that once a security guard confiscates drugs from a patron, it becomes difficult for police to then ascertain that the drugs truly belong to the patron. Seth explained that, for this reason, he does not usually bring these issues to police. Instead, he confiscates the drugs and removes the patron from the venue.

The participants also found the police officers’ roles to be confusing, as they sometimes acted as enforcers of the law while other times they acted as facilitators and promoters of harm minimization. Paula explained how the police at EDC (a large festival held annually in the desert outside Las Vegas) want to help patrons who are using drugs instead of punishing them:

I think um a lot of people are just like very scared to approach anyone at these types of places about like – like if they feel like they’ve done too much drugs. I feel like a lot of people are very scared to come up to authority and be like "I think I took a lot of drugs." And they’re scared of being like put in jail. So I feel like if these places say that, from the beginning, “we are not here –” um like, if they say “we are here to help you and not here to hurt you”...I feel like people would be open to the idea. I know when I went to Las Vegas to a festival there, EDC, um cops come onto your bus before you go and are like "we are here to help you, please approach us if you feel like you’ve done too much drugs. We are not here to take away your drugs. We want you to have a good time. But just play it safe and go up to anyone that’s wearing like this color shirt" – whatever shirt they are wearing, I forget? "or find us and we will help you. We are not here to like..." I think like if you go more directly to people, like on a bus full of 50 people, and I think it’s more intimate, I think people are less afraid to go and find help. I think that would help.

Paula suggested that the role of police officers at an event has an impact on risk management practices. She reasoned that at EDC, where police position themselves as public health promoters, patrons will be more likely to ask for help than at other events where police position themselves as law enforcers. Advice given to people who use club drugs to seek help when needed might therefore be undermined by the unpredictability of police officers’ roles and responses at a given EDM event. The idea is that patrons might be afraid to ask for help from police officers if they are unsure of what “role” they are assuming at that given event. This is similar to Moore’s (2004) work with injection drug users (IDUs) where he found that IDUs were

reluctant to call an ambulance when they witnessed a fellow user suffering from an overdose because they feared unwanted police attention. In particular, they worried that they might get in trouble with police (perhaps arrested or charged). For this reason, many fled the scene, leaving their acquaintance to fend for themselves. In this way, overdose prevention advice to “never inject alone” and to “get help when needed” was undermined by the realities of injection drug use.

In some cases, the unpredictability and unevenness of police responses influenced the participants’ choice of drugs. The participants, for example, sometimes switched their choice of drugs on the spot when there was heightened police presence at an event which they had not anticipated. Joey, for example, turned to alcohol at Daylight after observing a number of police officers surveying the washroom area. We stood in front of the mainstage trying to enjoy the music, but Joey and Martina seemed to be distracted by the police officers who kept passing by. Joey, seemingly frustrated, uttered “how can you do this at an event clearly catering to a drug crowd?” He paused and then added, “know your fucking clientele.” Alice nodded in agreement. She explained that she had yet to take her drugs out of her crotch because there were too many police officers and security guards patrolling the washrooms. She suggested that it would get better once the festival began to fill. Joey shrugged his shoulders, “whatever, I’ll just get drunk.” Joey walked to the bar and ordered a double vodka soda (his third so far that day).

The participants were concerned about being caught with their drugs, so much so that they did not take their drugs out of their underwear (or wherever they were hidden) for more than half of the festival. Alice, Joey, and the others waited until the festival was busy enough that they could discretely take their drugs out of their hiding places. In the meantime, the participants opted to drink alcohol instead. While their alcohol use would otherwise be limited, they were

opting to “get drunk” because the alternative (using cocaine) was too risky at the moment. At one point, Joey even considered taking MDMA after talking to Adam and Craig who seemed unbothered by the increased police presence. Joey reasoned that they were unbothered because they were using MDMA and so they did not need to go to the washroom repeatedly to take their drugs. “Cocaine is more of a process” Joey laughed. Adam offered him half of his pill. He considered it for a second, but then declined. In this case, the participants were being persuaded to use drugs that were less likely to get the attention of police (MDMA and alcohol). Such drug use may be even riskier than cocaine use, especially when they have not planned for it in advance. For example, Joey considered taking MDMA from Adam even though he had already consumed a fair amount of alcohol. Also, he would be taking MDMA that he had not tested and that he had not bought from his own “reliable” dealer beforehand. In this scenario, Joey had enough money to buy enough overpriced alcohol to achieve his desirable state of intoxication. If Joey did not have enough money to buy alcohol (because he was not planning to use alcohol at the event), he might be more desperate to accept or buy “unknown” drugs like MDMA from a stranger.

In some cases, the unpredictability of police responses led participants to engage in “drug binges.” The purpose of these drug binges was to get rid of the “evidence” of their crime (i.e. their drugs) so that they could avoid being apprehended and charged by police. These types of drug binges occurred when the participants did not anticipate police presence at a certain event or venue, and they felt the need to act impulsively on the spot. Mona, for example, chugged her tall can of beer after observing two police officers patrolling the area in front of the entrance at Daylight. Even though the consumption of alcohol is legal, public consumption of alcohol is prohibited. For this reason, she worried because she was unsure about how the police officers

would react to her use. She decided to chug her beer because she did not want to take the chance of being arrested or charged.

Seth, a risk management specialist for a major entertainment company, explained that he and other event planners are cognizant of the risk of overconsumption when police presence is heightened. He explained,

Me and my partner, we go to a lot of conferences in the States with medical doctors who work at mass gathering events. One of the things that they do in the States and it's been done in some jurisdictions in Canada is to use canine dogs at the front gates to sniff for drugs. We've thought about doing that but, it's funny...Some doctors from BC said that they found that that had a negative effect – like they've come to the front gates, they see the dogs, they go back to their cars and binge. Binge alcohol, binge drugs, and then now you have all these patrons that are coming in that are highly intoxicated, highly overdose-prone and now they're your problem. We take an approach that we're not going to use dogs because number one, it looks militaristic, which is not a look that the company wants. Two, it encourages overconsumption. By not having dogs we think that that's a good harm reduction strategy.

Existing research seems to support this assertion that increased police presence has adverse effects on drug-using behaviours. Hughes (2017) and her colleagues, for example, found that police presence led to increased rates of drug purchases within festival grounds. In other words, more patrons buy drugs at festivals when police are present than when they are not. They described this finding as a “tradeoff” because police presence led to (minor) reductions in other drug offenses like use and possession, but led to increases in drug purchases at the festival. Hughes (2017) and her colleagues theorized that this increase in drug purchases is because patrons are afraid to bring their own drugs into the venue, as they fear being arrested. They therefore prefer to buy drugs at the venue from drug dealers (and from others who assume the risk of carrying in drugs). Of course, as I have previously discussed, there are a number of heightened risks associated with buying drugs from unknown sources at festivals or nightclubs.

Similarly, Grigg (2018) and his colleagues found that the presence of drug detection dogs

at festivals did not deter drug usage but instead led to riskier practices of drug use. Some of the responses to the presence of drug detection dogs at festivals include: buying drugs at the festival; taking other drugs that are less easily detected (like ecstasy); concealing drugs well; and consuming drugs before entering. Some of these responses heighten the risks of experiencing drug-related harm. For example, patrons sometimes “binge” their drugs to avoid detection by the dogs. Sometimes they switch to drugs that are less detectable but riskier (for instance, switching from cannabis to ecstasy).

Dunn and Degenhardt (2009) also found that drug detection dogs result in many negative public health outcomes. They interviewed 100 regular ecstasy users and found that the majority did not consider detection dogs as a barrier to their drug use. In other words, they explained that they would use drugs regardless of whether detection dogs were present or not. They found that a small group of interviewees had swallowed their drugs upon coming into contact with detection dogs. They also found that a larger group (one-fifth of interviewees) believed they would react this way (swallowing drugs) to detection dogs in the future. Dunn and Degenhardt (2009) also interviewed key experts on their opinions of drug detection dogs. Some of the experts voiced concern that the presence of these dogs may displace club drug use to spaces that are comparably less safe than nightclubs. They reason that, at nightclubs, there is often medical assistance and harm minimization resources available onsite. If patrons are deterred from using drugs at nightclubs, they will use them in private locations where such assistance and resources are not available.

Unpredictable venue responses

Another related factor that shapes risk-taking and risk management behaviours is the unpredictability of venue responses to club drug use. In this section, the role of private security in governing alcohol and drug use in the nighttime economy is especially important. As Chatterton (2002) explains, police have devolved much of their power to private security in regulating the nighttime economy. He explains that, in the UK, private security officers (or “bouncers”) outnumber police 10:1 in most downtown city cores during peak hours of nighttime leisure. The increasing role of private security in governing nighttime leisure is an example of how the neoliberal state is increasingly privatizing security and public safety.

In this study, I observed private security and other venue staff responding to club drugs in different ways at different times. Like police responses, security and other venue staff’s responses to club drug use and selling were unpredictable in large part because of tensions between normalization and prohibition. For example, Seth, a risk management specialist for a major entertainment company, was limited by prohibitive policies in terms of how he could respond to club drug risk. He discussed a recent initiative at Opus Festival where he and his partner created posters to be placed throughout the festival grounds which read: “feeling sick? Visit the med tent.” The primary purpose of the posters was to encourage patrons to seek help if they were experiencing negative effects triggered by their drug use. Nonetheless, drugs were not specifically mentioned in the poster. They did not state that people experiencing a “bad trip” should visit the med tent. Rather, they used coded language (i.e. “feeling sick). I asked Seth about the rationale for using such coded language:

Nick: I don't know if you remember when we talked the last time, you had sent me this really awesome set of some of your strategies and they were really awesome. And one of them was a sign that basically said “if you are feeling sick, go to the med tent.” But when

I asked you guys, “is this sort of in reference to drugs?” you said it’s sort of a clever way to say it without saying it. Why is that –

Seth: Politically, for protecting a brand. They don't want to be seen as promoting drugs but it's the reality. If you are in this business, it's part and parcel. Everybody knows drugs happen in this business. For the patron, it enhances their experience. There's no illusions that drug use is going to happen whether pre-event, during event, post-event. Their concentration is: let's just make it a safe event, regardless. Let's try and minimize the overt drug use. Covertly if it happens there's nothing we can do. We tried our best. But I think the big thing is overtly they don't want drug use happening. We would never tolerate a drug dealer just coming in with batches of drugs and selling out in the open. Do you know what I mean? If it was acknowledged after the fact that people were dealing drugs and people did drugs at their events...as long as nobody got harmed.

Seth explained that they cannot outright express tolerance for club drug use because it may be damaging to their entertainment company and its brand. So, despite the fact that event organizers and risk management strategists like Seth want to help facilitate harm minimization, they are constrained in what they can do by the fact that they cannot overtly admit that illicit drug use takes place at their events. They are constrained by both the Controlled Drugs and Substances Act (CDSA), as well as the Liquor License Act which forbids them from permitting any person on the premises to sell, hold, or use controlled substances (under Section 45). In this way, the unpredictability of venue responses reflects the contradictions between normalization and prohibition. On the one hand, the organizers and other venue staff recognize that club drug use is a “normal” part of the EDM scene. On the other hand, they recognize that club drug use is illegal and thus there are legal and reputational consequences to admitting or condoning club drug use at their events.

The result of the contradictions between normalization and prohibition is that security guards and event organizers focus not on the policing of drugs per se, but rather on the policing of the visibility of drugs. Seth explained that the primary objective of security guards was to police “overt” drug use at festivals and events. This focus on public order maintenance similarly

informs other drug-related public health and law enforcement programs and policies. Fischer (2004) and his colleagues, for example, argue that the primary purpose of supervised injection sites (SIS) is to restore order to urban cores, not to reduce mortality or morbidity rates (which, they argue, is a secondary objective). They argue that, if SISs were truly concerned with addressing the harms of injection drug use (IDU), they would not continue to force IDUs to purchase and use unregulated substances from the black market. Based on this logic, policing efforts at EDM festivals might be understood in terms of order maintenance (not reduction of use), as they focus on concealing or excluding “disordered populations” (i.e. club drug users) from public spaces. In this case, these policing efforts push club drug use from the public spaces of venues into marginal spaces (i.e. washrooms, porta-potties, and so on), so that it is not visible or overt. As Seth explains, the motive for doing this is to avoid damage to the company’s reputation and to maintain the pretense of conformity with the law.

In a similar way, Coomber (2019) and his colleagues use the concept of “symbolic policing” to make sense of police crackdown operations. They argue that the purpose of these crackdowns is to send a message to the public that action is being taken. In other words, the focus is on “being seen to be doing something rather than preventing or solving crime” (1). The result of symbolic policing is that a large number of low-level dealers (and user-dealers) are swept up into the criminal justice system because they tend to be more visible and easier to catch than upper-level dealers. In the present study, “symbolic policing” is useful for explaining the uneven responses to club drug use by venue staff and private security. The idea is that they are confiscating drugs and removing patrons for drug use in order to give the appearance that they are addressing drug use at their events. They do not, however, appear concerned with trying to produce any long-term reductions in drug use. This focus on policing the visibility of drug use

instead of drug use itself is ambiguous and confusing for the participants. The result is that the participants have come to perceive venue responses as unpredictable.

The unpredictability of venue responses was understood and experienced by the participants in a number of ways. For starters, the participants recognized that venue responses depended on the type of drug being used. For example, the security guards at the Daylight event discussed previously (the one with heightened security) reacted differently to cocaine, cannabis and shrooms (psilocybin mushrooms). About thirty minutes or so after watching the security guard apprehend the couple in the washroom for possession of cocaine, I saw another security guard conduct a similar “random” search of a man standing in front of us at the mainstage. The security guard pushed through the crowd to this man who was dancing with his girlfriend while smoking a cigarette. The security guard asked the man to empty his pockets. The man pulled out a Ziplock bag filled with drugs. I could not make out exactly what was in the bag – it was not cocaine, but maybe cannabis? The security guard took the bag from him. Alice, Adam, Joey and I stared in disbelief. “What the actual fuck is going on today!?” shouted Joey, a line that he seemed to be repeating over and over again that day. The security guard left without escorting the man away. I took this opportunity to approach the man and find out what happened. He told me that the security guard confiscated his shrooms but then handed him back his cannabis. The security guard then shook the man’s hand and walked away. “Fucking eh!?” the man laughed while sparking his joint, “want a hit?” While the patron found his exchange with security funny, the participants did not. They could not understand why cocaine was being targeted while other drugs were being quietly tolerated. While he took the man’s shrooms, the security guard did not remove him from the festival. He did not take him to the police. He simply let the man continue

to enjoy the festival (minus his shrooms). This contributed to the participants' confusion over the venue's responses to illicit drugs.

The participants also recognized that responses to club drugs differ across venues and events. Kandi explained how certain nightclubs were stricter than others in enforcing laws regarding club drug use:

I am always like worried like no matter where I'm doing it cause there's always like that bathroom lady there at clubs...so like I dunno, sometimes they're very anal and sometimes they don't care and they know that you are doing it. But I've been to like both places and there's some places that care and some places that don't...I think it just depends who's watching the washroom. So like the last after-hours I went to, the girl knew and she didn't care. She was just like on her phone. But like if you go to like a higher end club where there is bottle service, there's people that do look out for that and...so you're more. I dunno. I think you're more discreet about it...well some people are but I know I am just discreet either way.

Kandi explained how her experiences with venue staff varied across different venues. She referenced the bathroom attendant at an after-hours club who was on her phone, unconcerned about people visibly using drugs in front of her. She juxtaposed this "laidback" response to high-end, bottle service nightclubs where she believed that security and staff are more concerned about illicit drug use. At high-end nightclubs, illicit drug use might be less tolerated because it contradicts the image of the venue (as "high class") that the owner is trying to establish (see, for example, Hadfield 2008). It is also possible that illicit drug use is less tolerated at these high-end nightclubs because there is a greater emphasis on alcohol consumption than rave-focused venues. In this way, the owners might view illicit drug use as an impediment to alcohol sales. A less pessimistic theory is that the owners are concerned about the risks associated with the simultaneous consumption of alcohol and illicit drugs.

As my discussions of the Daylight event illustrate, responses to illicit drugs can differ even at the *same* events. As I explained, Daylight is an event series – there are usually five held

every summer. The participants, who attend Daylight events every summer, were shocked when they arrived at one and saw heightened police and security presence. They were surprised to see people being randomly searched by security guards near the washrooms. So even at the *same* event, the responses by staff and security were unpredictable.

To add to the confusion, the participants also experienced differential responses to club drug use based on gender. In particular, they recognized that men were more likely than women to be randomly searched, to have their drugs confiscated, and, if caught with drugs, to be kicked out or worse. Their understandings of how venue responses vary based on gender was perhaps best exemplified when a man was apprehended by a security guard in the washroom at Chaos nightclub. I lined up in front of one of the stalls in the washroom. I turned around and noticed a lineup of people in front of the sink. "Have I cut in front of the line?" I asked myself. It's was like organized chaos in there. I turned to the guy at the front of the line: "I'm sorry, did I just cut in front of you?" His friend interjected, "it's okay man, you are brown, so I forgive you." I laughed, "thanks, but I'm not brown." He apologized. He explained that he is "Arab," and he thought I was too. We both laughed. His friend asked what was taking so long. "How much cocaine are we doing in there boys?" he shouted, loud enough so that everyone in the stalls could hear.

A man approached me as I left the stall to go wash my hands. "Be careful dude" he warned me. He explained that security were doing random checks to see if men were using drugs in the stalls. As the man was warning me, I noticed a very tall and athletic security guard walking over to an empty stall. He swung open the door and then stepped onto the toilet so that he could peer over the wall into the occupied stall beside it. He shined his flashlight into the stall from atop. I felt like that this must be unethical or illegal or something, but unfortunately, I had seen

this so many times that it did not faze me much. The security guard walked to the occupied stall and knocked on it. Out came the “Arab” man I was speaking to before. He was escorted out of the washroom by the tall security guard. I thanked the man who informed me about the security. “No problem” he smiled, “I’m letting everyone know because it ain’t right.” I thanked him and left.

I found Martina, Jessica, and Alice waiting for me outside the washroom. I told them what happened. They all laughed. Martina explained that that would never happen in the woman’s washroom. Jessica described the women’s washroom as “mayhem.” She explained that there are sometimes more than three women who go into a stall at one time and no one ever gets in trouble. Alice explained that it is easier for women than men to do drugs at nightclubs. She explained that she has “never, ever, ever” had an issue with security in washrooms, but she knows plenty of her male friends who have. She admitted that, while security sometimes come into the women’s washrooms to check-in, usually as protocol, they never check in the stalls and they never escort anyone out of the washroom after being caught using drugs.

The participants clearly recognized that responses to club drug use differ for men and women. They noted how men are often the targets of enforcement efforts. On one occasion, Alice and I watched as a man, minding his own business in a festival crowd, was asked by security to open his bag. The security guard searched the bag and found nothing. I commented on how that was “terrible harm reduction.” Alice nodded her head in agreement. She then asked, “you ever notice it’s only ever men who are stopped and searched by security?” I had never really thought about it, but when Alice brought it up, I realized that she was right. I do not think I have ever seen a woman randomly approached and searched by security at a festival, but I have seen many men subject to such searches.

I followed up with some of the female participants to ask about how they make sense of these gender differences in security guards' practices for searching patrons at EDM events. Paula had suggested that these differences could be explained by the fact that there were fewer female security guards than male security guards working at any given event. She argued that the few female security guards who do work an event are often stationed at the door. I asked her why she thought that was. She reasoned that female security guards are stationed at the door so that women patrons do not have to be searched by men. I probed further. "Have you ever been searched by a man?" I asked. "Never!" she replied. I asked what she would do if there were only men working the "door" at a nightclub. She said she would request a woman.

During my exchange with Paula, I realized how different women's experiences of the EDM scene must be from men's experiences. I admitted to Paula that I had never given much thought to the gender of the person searching me. This is an example of how my social position shaped my focus during the fieldwork. As Paula pointed out to me, all of the security guards who work the doors at Cactus, DayLight, and other popular EDM venues in the city are female. Only when she brought this up did I realize that this was the case.

Paula's claims are substantiated by the work of Hobbs et al (2007) on female bouncers in the night-time economy. In this work, Hobbs et al (2007) explain that female bouncers, who make up a small minority of the bouncer profession, are often placed strategically at the door to carry out searches on patrons before they enter the venue. They argue that females are favoured for door searches because of the legal concerns regarding touching customers during routine searches. Paula hypothesized that being searched by a man might be especially problematic for certain religious women and/or for women who have been victims of sexual assault. Hobbs et al (2007) explain that placing females at the door is also a way to clean up or "soften" a venue's

image. The logic is that women possess more “emotional” qualities and are less physically intimidating than men. All of this is to say that female bouncers are usually prioritized to work the door, leaving few or no female bouncers to patrol washrooms at a given event.

The gender differences in security guards’ practices may also have to do with the “brand” that the venue is trying to maintain. I asked the participants, “is it because they do not want to kick out women from their clubs?” Paula and Martina agreed. “Like, if a bouncer did that to me, I would be like ‘I ain’t going back’” claimed Paula. In this way, women might be too valuable to a venue’s image. In his study of members-only clubs, Hadfield (2008) looks at how access to these venues is exclusive to those whom contribute to the business and image of the club. Choosing who to admit to a club is based on more than a person’s potential for crime or disruptive behaviour; it is also based on their potential to contribute to the brand’s image.

While Hadfield (2008) focuses on members-only clubs, we can see how this might extend to other mainstream nightclubs like Chaos which try to project themselves as “elite” or “exclusive.” For these venues, women are likely an important part of the desired clientele. Nightclub owners might view women as important for attracting men to their clubs who have, and seek to display, economic capital. Nowhere else is this more apparent than in Vegas where women are often provided with free alcohol and VIP service because they contribute to the business and image of the nightclub. Paula has even shared stories where security had “assigned” she and her girlfriends to random men’s booths at nightclubs in Vegas. She explained that these men were very rich and would let them drink their alcohol for free without anything in exchange. In this way, security guards might be reluctant to engage in the same kind of surveillance of female patrons as male patrons because they believe that females are more valuable to their brand. Not only are these efforts by venues to use women to attract men highly gendered in

problematic ways, but they could conceivably exacerbate risks of sexual assault too, both through the objectification of women and the promotion of excessive alcohol consumption.

In sum, the participants clearly experienced confusion and unpredictability regarding venue responses to club drug use. This confusion and unpredictability affected the participants' practices of club drug use and risk management. For example, the participants tended to be reluctant about bringing harm minimization resources to events because they were unsure of how security and other staff would react. Christian explained:

Christian: That's why ever since they came out with that Narcan [N: Yeah] I find that was probably the best thing to keep people alive even for people like me who don't do it all the time...who do it recreationally. I have one [N: You have a Narcan kit?] Yeah.

Nick: OK. Where did you get it?

Christian: Uh Shopper's Drugmart. They give it for free.

Nick: Yeah. So when you went there, what what –

Christian: Ella got it. [I: OK] So I don't know. You'll have to ask her.

Nick: OK. But, so, you feel safer now that you have that –

Christian: I feel safer that I have it. I wish I could take it out more but my thing is, it's like if I go to a club and I have that in my pocket, they're right away going to think "oh he's doing drugs." I find if you have that in your pocket they should let you in with it without searching you and being more harassing [N: Yeah OK] That's the only thing. Because if I have it, what is the first thing – you're a bouncer, what's the first thing you're gonna think? "He has drugs" [N: and then they'll search you more?] they'll search me more. They probably won't let me in. But that's why I don't bring it. I should be bringing it but I don't bring it. [N: OK that's very interesting] I'd rather have it here at home, let's say I'm having – I'd rather just do it just to be sure... Yeah but I prefer taking it with me.

Christian left his naloxone kit at home because he was uncertain of how security would respond to it. He wished that he could bring it out with him more often.

Another example of how the unpredictability of venue responses might prevent ravers from carrying harm reduction resources comes from Joey, who went to great lengths to hide his

straw so that he could bring it into Lifetime (another popular festival in Toronto). At the last minute, Joey went into the back room to change his shorts. He was the last one out the door. I waited for him. He told me that he taped his dime bag of cocaine to his boxers. He told me that he did not want to put his boxers on until right before we left in case the drugs started shifting or the tape fell off. He informed me that he was also bringing a plastic straw. He went to Tim Hortons last night with Victoria to get straws. He said it was awkward because he did not order a drink and just asked if they had straws. He cut up the straws and gave them to Victoria, Kandi, and Jessica. He kept one for himself. He said he rolled the straw into his rain poncho. He wanted to put it in his shoe, but he was afraid that the security might give him a hard time if they checked his shoe and found it.

Joey had to worry about bringing a straw into the festival because even though it is not a drug, it will raise suspicion and perhaps invite a more extensive search at the gates by security. By bringing their own straws, the participants are able to minimize the potential of diseases being spread through the sharing of snorting materials (see McMahon and Tortu 2003). Using straws may also be more hygienic than using fingers or keys (which may contain bacteria). In this case, Joey was able to sneak his straw in, but it took a lot of effort, so much so that I do not think he ever brought his own straw to an event again during the course of my fieldwork.

The unpredictability of venue responses also sometimes translated into hesitancy to get help when needed. Because the participants did not know how security and other venue staff would respond to their drug use, they adopted a cautionary approach by limiting their contact with security and staff. Tim, for example, was reluctant to bring Paula to the medical tent even though Jessica and I had encouraged him to. Paula, Tim, Jessica and I stood in the crowd at the techno stage. We had lost some of the others. Paula did not look well. I had not noticed how

severe her state of intoxication was until that moment. She had been drinking all day and had also taken MDMA (maybe multiple pills?). It had also been one of the hottest days of the summer. Jessica asked Paula if she was okay. She mumbled that she was fine, but she was not very convincing. Tim held onto Paula, trying to keep her balance. Jessica and I tried to enjoy the headliner. We danced a bit but could not help but to be distracted by Paula's state. Her head kept rolling back and her eyes kept opening and closing. "Oh my God Paula" shouted Jessica, "Are you sure you are okay?" This time she did not respond. She buried her head into Tim's shoulder. It appeared that Tim was now carrying the brunt of Paula's weight (she was no longer helping to keep herself upright). "Maybe you should take her to the med tent," I suggested to Tim. She turned her head to me and very clearly said "no." She lifted herself off Tim and tried to balance herself.

We danced a bit more. I noticed Paula's state rapidly deteriorating. Tim, once again, was holding her up. "Dude, take her to the med tent," Jessica urged Tim. She pointed to a tent beside the stage, "it's right over there." Tim said he was not sure. He asked Paula if he should take her to the med tent. She became coherent, for just a second, to angrily disapprove. She pushed Tim. They lasted about another ten minutes and then Tim told us that he was going to leave. I asked if he was taking her to the med tent. He said that they were going to grab an Uber and go back to the hotel. I told him to call me if he needed any help. He thanked me and left with Paula. In this scenario, Paula and Tim were reluctant to go get help from the medical staff at the festival because they were unsure about how the staff would respond to her apparent drug intoxication. This concern was likely compounded by the fact that we had observed security guards hanging around the med-tent all day. Paula and Tim were unsure if they would get in trouble for

“admitting” their drug use to the medical staff. They therefore preferred to leave the festival over going to the med-tent to get help.

On a separate occasion, we witnessed a man passed out against a fence with his head planted into the ground. We noticed the man after we left a Daylight event. We were walking towards Bloor street so that we could get an Uber when we found the man hidden behind a tree. Michael began to approach him despite Mona begging him not to. “Hey buddy, are you okay?” he asked as he got closer. The man did not move much. Adam wondered if we should alert a security guard or police officer. Michael turned around and said that he did not want to get the guy in trouble. “But he’s not okay” Adam reasoned. Coincidentally, a security guard from the festival came walking down the street towards us. She was carrying a container of food – she looked to be on her break or perhaps her shift had just ended. Adam decided to flag her down. “Um excuse me, there is a man –” he pointed at the man and the woman gasped. “Oh my God” she shouted. The man with his face planted into the ground rolled over onto his back. She let out a sigh of relief and smiled, “okay, he’s not unconscious.” She did not approach him but instead radioed someone on her walkie-talkie. The security guard thanked us.

In this case, the participants were reluctant to get help at first because they did not want to get the man in trouble. Their fear was that the man would be arrested and/or charged. In a last-minute decision, Adam decided to notify a security guard walking by. It is likely that Adam called for help because the man was a stranger and thus he did not need to worry about whether or not he would be formally charged. I wonder if he would have been as quick to seek help if it were one of his friends. It is also likely that Adam believed the situation was dire given that the stranger was passed out with his face in the ground outside the festival where no one was around. In either case, there was, at first, hesitancy to seek help from staff. This illustrates how the

unpredictability of the venue staff and security's responses to club drugs shape and inform the decisions and actions of venue patrons.

While venue responses to drug use were unpredictable, venue responses to drug selling were not. Seth explained what would happen if a patron was caught selling drugs:

If people are caught doing drugs, it's sort of a discretion to the supervisor that catches them. I would say, quantity is probably the big issue. If first of all they're caught using drugs, they're going to likely be sent a medical to get treatment. If they're selling drugs, that's a different matter. They're going to be kicked out regardless. I would say usually the protocol is if it's a small quantity, we take the drugs, we, being security, will throw it in the amnesty box, because the police at the end of the day collect all the drugs.

He also explained that if a patron trying to enter the venue was caught at the door with a lot of drugs on them, not only would they not be admitted but they would be turned over to the police (and the police would then make a decision about how to proceed). O'Malley's (2004b) concept of "strategic moralization" is relevant here as moral and coercive strategies are being used for those who engage in drug trafficking. These coercive strategies are believed to be warranted because the patron who is selling illicit drugs is presenting risk not only to him or herself, but also to others. So, while security have some discretion in how they respond to club drug use (i.e. they can "turn a blind eye"), they do not usually exercise it with respect to club drug selling. There is only one exception where selling drugs might not result in a coercive response: when the security guard is "corrupt."

Corrupt staff

The participants recognized that venue staff (especially security guards) are sometimes involved in the trafficking of drugs at nightclubs and festivals. Hobbs (2000) and his colleagues argue that security guards play an important role in nightclub drug economies because they have the power to refuse entry to a club and to remove individuals who have already been admitted. In

this way, security guards have great control over the nightclub drug economy. They can choose to confiscate a patron's drugs at the entrance or to turn a "blind eye" to them. If a patron is caught using or selling drugs in the club, they can remove them or ignore the situation altogether. Evidently, security guards have great power over the use and supply of drugs in nightclubs. Sanders (2005) finds that some security guards choose to capitalize on this power. In his study of ecstasy supply at a large nightclub in London, Sanders found that security guards were deeply involved in selling drugs at the nightclub. He suggests that the involvement of security in the trafficking of drugs creates a sort of "protected drug economy," where dealers agree to pay a portion of their profits to security guards and are thereby able to sell drugs freely at the nightclub without threat of arrest or confiscation.

The participants were aware of the involvement of security and other venue staff in the drug economy at nightclubs. Many believed that nightclubs in Toronto have designated dealers who work for security guards and/or other venue staff. The participants sometimes referred to them as "in-house dealers." Martina explained, "we all know the club bouncers let people in with drugs knowing full out they will sell them and then they take a cut...a profit. We all know that. That's how it goes." Martina believed that security guards let people sell drugs at nightclubs if they agree to pay a percentage of their earnings to them at the end of the night. Similarly, Christian recalled a specific event where security provided his friend, an "in-house dealer," with MDMA they had confiscated from another patron:

Christian: okay security are fucking goofs too. Because the thing is.. like you get caught, they will ask you for money right off the bat. I knew a buddy back in the day who used to sell so the bouncer knew him – this is all ages actually. They caught one guy's Molly, I dunno 50 caps or whatever. They grab that, took money from him still, went to my buddy and was like "here sell this and keep half and I'll keep the other half of the profit."

Nick: So so the bouncer was reselling –

Christian: so he caught one guy, took his shit. And I don't know if he threw him out or if stayed there. I can't remember that part. Or he just gave him the Molly and [claps hands] and they call it like a fair deal. Like "I got my money and you can do your thing" right. So he grabbed that and gave it to my buddy and he's like "sell it, I'll keep half the money, you keep half the money."

Nick: That's terrible. Because he doesn't even know what that Molly is. And this is at an all ages?.

Christian: Yeah. It's terrible, actually when you think about it, I never really thought about that [laughs]

Some of the participants even admitted to buying drugs directly from security guards. Josh, for example, explained that, for a few years, his primary source for drugs was a security guard who worked the door at Blue nightclub.

Another form of corruption that venue staff (especially security) engage in is bribery. The participants believed that security guards often take advantage of their positions of power by extorting money from patrons after being caught using illicit drugs. Alice explained what happened when her friend was caught using cocaine at a popular EDM nightclub in Toronto:

So the bouncer banged on the stall door and he opened it. And like he was clearly caught [laughs]. So the bouncer made him empty his pockets. He took his drugs and phone from him. And basically he was like "give me 100 dollars and you can have your phone back." So he came out of the washroom and was like asking us for money because he only had like half that. So we all chipped in and he went and basically paid off the bouncer so he could get his phone. And like...he let him stay so like...it's kinda fucked up.

Alice's friend was basically extorted into giving money after being caught with drugs in a club washroom. Christian reported similar experiences:

Nick: OK so based on that then, you're saying like you maybe fear security but you don't fear them that much because you don't think they would kick you out?

Christian: No it's not only kick out, they always threaten you "oh I'm going to tell the cops, give me more money." So I find like "here's 50 bucks" and I'm not going to jail. Whatever [claps hands] 50 bucks is 50 bucks. [N: Yeah] I'm more worried about the cops, 100%. Cause you get caught with like seven pills, that's like manslaughter [laughs].

Christian explained that most security guards can be "paid off." He therefore does not worry

about being kicked out of the nightclub if he is caught using illicit drugs by a security guard.

The “corruption” of venue staff may facilitate risky practices in a number of ways. For starters, the participants may be forced to buy drugs from an in-house dealer if their drugs are confiscated by security. Because the staff are invested in the drug economy, they have incentive to take away the patrons’ drugs without removing them. The patrons are then forced to find drugs in the venue, possibly from an “in-house dealer.” In this case, harm minimization advice to “know your source,” “test it before you ingest it,” and “buy from a regular source” cannot be adhered to. The problem is that the drugs that are confiscated are likely from the patron’s own personal dealer whom they trust. They may have personally tested these drugs beforehand too. The patron must now buy drugs from an “unknown” source. Jamie, for example, introduced me to his friend at a Daylight event, who was caught with drugs at the gate and yet was still admitted into the event. A man wearing a tie-dye t-shirt and jean shorts crossed in front of me and tapped Jamie on the shoulder. Jamie turned around and gave the man a bear hug. He introduced the man to Paula, Tim and I. He explained that he met the man in the tie-dye shirt at the last festival he was at when he bought drugs from him.

The man in the tie-dye shirt asked if Paula and I have any hookups for cocaine or MDMA. Paula suggested Michelle: “she only has MDMA though.” He said he was okay with that. Paula told him to follow her. I tagged along. On the walk, I asked the man why he needs drugs: “I assumed you sold yourself since Jamie grabbed off you last weekend?” He laughed. He told me that he brought 8 pills in his wallet and the security found them. I gasped, “how did you get in then?” He laughed again. He told me that when the security guard found them, he said he was sorry. He told the security guard that they could throw them away. He reasoned that they

probably let him in because he was not intoxicated or anything. He said he had not consumed any alcohol or drugs yet.

In this example, the man's drugs were taken but he was still admitted into the event. He ended up buying drugs from Michelle, a dealer who he does not have any relationship with and who therefore does not have any obligation to ensure the safety and quality of the drugs she is selling to him. In this case, the man did not buy from an "in-house dealer" but in other circumstances or perhaps at other venues, he might have. This is not necessarily a case of corruption on the part of the security, but it shows how admitting patrons after confiscating their drugs (something that security might be more inclined to do if they are invested in the drug economy) may facilitate risky behaviours such as buying from an "unknown" source.

The involvement of venue staff in illegal activities such as drug trafficking and bribery may also add confusion to the unpredictability of venue responses. As I discussed earlier, such confusion may prevent patrons from getting help when they need it. The patrons, for example, may be reluctant to ask staff for help regarding a "bad trip" if there is a chance that the staff may be corrupt and may consequently try to blackmail them into giving them money (like Alice's friend who was caught with cocaine in the club washroom).

Conclusion

In Chapter 3, I established the participants' knowledge of club drug risk as well their willingness to accept public health and harm minimization advice about how to manage such risk. I explained that, despite their acceptance of public health and harm minimization advice, they did not always adhere to such advice in practice. I ended the chapter by arguing that, in order to make sense of these inconsistencies, we must consider how the contexts of club drug use

may undermine and/or limit the successful adoption of risk management practices. In this chapter, I focused specifically on the *legal* and *political* contexts of club drug use. The purpose of the chapter was to explore how prohibition structures and limits the ways in which people who use club drugs take up public health and harm minimization advice.

I began the chapter by outlining the policy framework that regulates club drug use in Canada. As I noted, there are a number of federal, provincial and municipal laws in place which regulate club drug use and the spaces where such use typically occurs in Toronto (i.e. nightclubs, festivals, and other EDM events). The participants' risk-taking and risk management behaviours were shaped by these forms of prohibition. In particular, they were shaped by the unregulated market where supply sources are unreliable and where the quality and quantity of substances is unknown.

The unreliability of drug sources meant that the participants were often forced to buy from "unknown" dealers. The fentanyl epidemic, a product of the unregulated market, was an important factor that shaped the participants' practices of club drug use and risk management. The fentanyl epidemic often overrode the participants' concerns with other risks like other forms of adulteration. It also affected their drugs of choice, with most preferring to use alcohol and MDMA (sometimes together, and sometimes in excess) instead of cocaine.

Also important to shaping risk and risk management practices was the unpredictability of responses to club drug use and trafficking by police, private security, and other venue staff. When confronted with heightened police or security at an event or festival, the participants sometimes engaged in drug binges. The advice to regulate doses was thereby not adhered to in these situations. The participants were also hesitant to bring harm minimization supplies (like

naloxone kits) to events and were hesitant to ask for help when they needed it because they were uncertain about how police and security would react.

Through exploring these “messy” realities of prohibition, I revealed the limitations of “responsibilization” and neoliberal approaches to public health and harm reduction (mainly that they do not account for how prohibition sometimes undermines the adoption of risk management practices). I also revealed some of the tensions between different strands of Canadian drug policy. In particular, I looked at how harm minimization (which is informed by responsibilization) is in some ways limited and/or contradicted by prohibition (which is informed by discipline and punishment). In the subsequent chapters, I focus on the social and cultural (Chapter 5), and the physical and economic (Chapter 6) contexts of club drug use and how these further shape risk management practices in a way that is not anticipated in the risk/governance literature.

Chapter Five: Normalization

We were practically the only people at the bar. Brad and Vic played pool while taking breaks to go to the washroom to snort more cocaine. Alice and I sat at a high-top table near the bar. We sat in silence, each of us cradling a pint of beer in our hands. Alice tried to make conversation: “so how is the research coming along?” I paused before answering. I figured I could respond with the usual: “it’s going well.” After all, most of my friends and family that ask me how my research is going are not really interested in much more detail than that. Alice, however, is a part of my research and so I wanted to provide her with a bit more detail. I figured that I could use this opportunity to get her feedback on an emerging theme in my data. I decided to give a lengthier answer to the question. I told her that I was interested in the idea of normalization as it relates to club drug use. I tried to explain the idea in the simplest way I could – I did not want to overburden her while she was in “party mode.” I explained: “I am interested in how club drugs are becoming a normal part of our culture. They are less stigmatized and–” She cut me off. “Yes!” she shouted, “it’s everywhere nowadays. It’s just like that meme” she explained, “you know...the one about how you learn two surprising facts when you become an adult? First, everyone does cocaine. And second, cheese is really expensive.” We both laughed. “But it’s true” she smiled, “cheese is really fucking expensive!”

The opening field observation provides a glimpse into how Alice experiences and understands the social and cultural acceptability of club drug use. This chapter considers how such experiences and understandings of the acceptability of club drug use shape drug-using practices. It focuses particularly on how such experiences and understandings facilitate and/or undermine the adoption of risk management strategies. The chapter begins with a review of the normalization literature. I outline the normalization thesis, as originally defined by Parker (1998)

and his colleagues, and then discuss the major criticisms of the thesis. I explain that, in my research, I do not take for granted that all types of recreational drug use are “normalized” for all young people. Instead, I accept that certain types of recreational drug use can be “normalized” in some settings and for some young people, but that these experiences are not universal. In this way, my research allows for a more differentiated understanding of normalization (see MacDonald and Marsh 2002; Shildrick 2002).

The chapter then examines how these understandings of normalization shaped the participants’ practices of club drug use and risk management, focusing on three inter-related themes: accommodation; stigmatization; and age norms. I begin by discussing how the participants used club drugs in social contexts and situations where they perceived such use to be accommodated. I discuss the ways in which such accommodation facilitated risk-taking and/or risk-averse practices of club drug use. I proceed to discuss how the participants experienced and understood stigma in regard to their club drug use. I explain how stigma affected their risk-taking and risk management behaviours. Lastly, I discuss age norms and drug use. Specifically, I look at the different norms around what are acceptable and unacceptable ways of using drugs for different age groups. I discuss how these age norms affected the participants’ practices of risk management. Through exploring these components of the social and cultural environments of club drug use, I provide further insight into what informs the participants’ drug use and risk management practices.

The normalization thesis

Parker (1998; 2002) and his colleagues’ research on British youth drug culture has been instrumental to the development of the normalization thesis. The concept of normalization refers

to the process whereby a stigmatized or deviant population or behaviour is accommodated into a large group or setting. As Parker et al. (1998; 2002) explain, the concept of normalization was first used to describe how people with learning disabilities had been accommodated and reintegrated into mainstream society in the 1950s and 1960s. Prior to this time, people with learning disabilities were commonly segregated and “warehoused” in long-stay hospitals. In the 1950s and 1960s, the deinstitutionalization movement resulted in many long-stay hospitals being replaced by community-based mental health services and programs. People with learning disabilities were consequently reintegrated back into mainstream society. The concept of normalization has since become very influential in advocating for equal treatment and accommodation of people with disabilities. The concept is used to essentially advocate for better integration of people with disabilities into the community.

Parker (1998) and his colleagues extend this concept of normalization to explain the unprecedented increase in rates of drug use amongst British youth in the 1990s. They develop the normalization thesis to explore how illicit drug use has moved “from the margins towards the center of youth culture” (Parker et al. 1998: 152). The normalization thesis consists of six key measures (or “indicators”) of drug normalization: availability; trial rates; drug use rates; future intentions; social accommodation; and cultural accommodation.³⁰

In this chapter, I focus on social and cultural accommodation. These two measures are unlike the other measures of normalization because they focus on changes in social and cultural attitudes towards recreational drug use, and not on changes in drug use patterns and practices.

³⁰ *Drug availability* refers to the increasing availability and accessibility of illicit drugs to young people. *Trial rates* refer to increasing rates of young people who have tried illicit drugs. *Drug use rates* refer to increasing rates of young people who use illicit drugs. *Future intentions* refer to the fact that people are becoming more open-minded about the possibility of using drugs in the future, even as adults. *Social accommodation* refers to the acceptance of drug use amongst peers (users and non-users). *Cultural accommodation* refers to the accommodation of illicit drug use into what we, as a culture, understand to be “normal” (adapted from Parker et al. 1998).

Parker et al. (1998; 2002) define social accommodation as the acceptance of drug use amongst peers (including users, ex-users, and abstainers). It refers to the acceptance of recreational drug use as a normal practice that some young people choose to engage in. It refers to how young people today (even abstainers) respect other peoples' rights to use drugs recreationally. Parker et al. (1998; 2002) define cultural accommodation as the accommodation of recreational drug use into our cultural understandings of normality. Cultural accommodation essentially refers to how drug use has been sown into the cultural fabric of our society through, for example, the blurring between licit and illicit forms of leisure or media images that portray drug use in a neutral or positive light. As Pearson (2001) explains, increasing accommodation is important because it suggests "cultural normalization rather than a statistical norm" (192). In this chapter, I look at where and around who club drug use is accommodated and the implications of such accommodation for risk and risk management.

While the normalization thesis was originally meant to refer to the recreational use of cannabis (see Parker et al. 1998; 2002), some have found evidence of the normalization of club drugs (see Cristiano 2013; Kelly 2005; Perrone 2006; Ravn 2012; Sanders 2005). Most drug researchers agree that club drug use is normalized within club culture (see Kelly 2005; Parker et al. 1998; Parker et al. 2002; Perrone 2006; Sanders 2005). Outside of club culture, Parker (1998) and his colleagues contend that such use is judged as excessive and chaotic and thus is not accommodated. Duff (2005), on the other hand, reasons that club culture is becoming a part of mainstream culture and therefore the drug use which is normalized within club culture is also being accommodated in mainstream culture. He explains that young people who attend nightclubs and use drugs are otherwise conforming members of society. They come from diverse backgrounds in terms of their education, employment, class, ethnicity, and race. In this way, club

drug use cuts across all boundaries. Educated, employed, and otherwise conforming young people are using club drugs. Club drug use is thereby better explained by the normalization thesis than by traditional subcultural theories that treat those who use drugs as deviant and marginal.

Traditionally, youth drug use has been explained in subcultural terms. There are two main traditions of subcultural theory: the American tradition and the British tradition. The former traces back to the Chicago School of the 1920s and 1930s. In this tradition, subcultures are understood in terms of strain and status frustration (see Cohen 1955 and Cloward and Ohlin 1960). The latter emerged in the 1970s out of the field of cultural studies in Britain, mainly out of the Center of Contemporary Cultural Studies (CCCS) at the University of Birmingham (Hall and Jefferson 1976). In the British tradition, subcultures are understood in terms of social class and hegemony (see Clarke 1976; Clarke et al. 1976; Cohen 1972; Hebdige 1976; Jefferson 1976). The notion of collective resistance is especially important in this tradition (see Clarke 1976; Clarke et al. 1976; Cohen 1972; Hebdige 1976; Jefferson 1976). Subcultures are understood as political – they are expressions of resistance to mainstream culture (Hall and Jefferson 1976). What is common in both these traditions is that drug use is conceived as marginal and deviant. People who use drugs are therefore understood as separate from conventional society.

By the mid-1990s, a body of literature emerged that criticized the concept of “subculture” for being redundant and outdated as a conceptual framework (see Bennett 2011; Blackman 2004; Muggleton 2000; Muggleton and Weinzierl 2003; Redhead 1990). The argument of this literature (which is referred to as “post-subculturalism”) is that, in late modernity, there are no clear and distinct subcultures because there is a greater emphasis on individualism (and not collectivity) in the construction of youth identities. This change in the nature of youth identities

is often attributed to the diversification of music genres and fashions, which has allowed young people to construct and individualize their identities and senses of self. The result is that there is little coherence and fixity amongst youth groups today. There is a fractured sense of group solidarity and there is no clear division between “subculture” and “mainstream”—there is no “us and them” distinction (Muggleton 2000; Redhead 1990). The normalization perspective might be considered a part of “postsubculturalism,” as it challenges the usefulness of traditional subcultural theories for explaining modern-day drug use. The normalization perspective essentially provides an alternative way of conceptualizing youth drug use. It is based on the argument that distinctions between “us” and “them” (i.e. between drug users and the rest of society) are becoming increasingly difficult to make in late modernity.

In this chapter, I look at how normalization affects practices of club drug use and risk management. The purpose of the chapter is not to measure the normalization of club drug use, since others have done a good job of this already (see, for example, Cheung and Cheung 2006; Cristiano 2013; Duff 2005; Parker et al. 1998; Parker et al. 2002; Sanders 2006).³¹ Instead, I focus on club drug users’ experiences and understandings of normalization (specifically, social and cultural accommodation). In this way, the chapter takes a micro approach to studying issues of drug normalization. The few qualitative studies that have taken such an approach to studying

³¹ To measure the normalization of club drug use, many researchers have relied on quantitative survey data (see, for example, Duff 2005; Cheung and Cheung 2006; Cristiano 2013). These researchers focus on drug trends such as prevalence rates, trial rates, and attitudes towards drugs. Their findings suggest that rates of recreational club drug use amongst young people are increasing (see Duff 2005; Cheung and Cheung 2006). They also suggest that there has been a breakdown of divisions of gender, economic status, and education with respect to club drug use (i.e. highly educated, middle/upper class females are just as likely as uneducated, lower class males to use club drugs) (see Cristiano 2013). These studies thus provide support for the normalization of club drug use. Some researchers have used qualitative methods (participant observation and interviews) to assess the normalization of club drug use (see, for example, Pearson 2001; Sanders 2006). These researchers tend to focus on social and cultural accommodation, looking at how drugs are viewed and understood by those who use drugs as well as by non-drug using peers. They also look at how drugs have been integrated and accommodated as routine aspects of everyday life. In some cases, other indicators of normalization are also assessed (for example, Sanders [2006] commented on the availability/accessibility of ecstasy at the nightclub he observed during his fieldwork). Finally, some researchers have used mixed-methods to measure normalization (see Parker et al. 1998; Parker et al. 2002).

drug normalization are limited. Bahora et al. (2009), for example, look at how normalization is “constructed in the lives of young adults” (67). In particular, they look at views and understandings of recreational ecstasy use held by ecstasy users themselves. Ravn (2012) takes a similar approach in his study of ecstasy use in Danish nightclub settings. Rather than measuring ecstasy normalization, Ravn looks at how normalization is experienced and understood by young people in different nightclub settings, and how such experiences and understandings affect their practices of use. I discuss each of these studies in more detail below.

By focusing on the participants’ experiences and understandings of normalization (rather than on normalization as a universal, objective phenomenon), I paid attention to the diversity in young people’s relationships with drugs. Such an approach is important because one of the key criticisms lodged against the normalization thesis is that it tends to over-simplify and over-generalize (MacDonald and Marsh 2002; Shildrick 2002; Shiner and Newburn 1997). Some have preferred the concept of “differentiated normalization” because it points out that, while some types of drug use are normalized for some groups of young people in some settings, these experiences are not universal (MacDonald and Marsh 2002; Shildrick 2002). In this chapter, I use the concept of differentiated normalization to explore how various young people who use club drugs understand the level of acceptability of their use in different contexts. The focus is on how these differential experiences of normalization shape their conceptions of risk and practices for managing said risk. This is an important gap in the normalization literature as only a few studies have considered what normalization means for risk management.

Bahora et al. (2009), for example, looked at ecstasy users’ perceptions and experiences of normalization. An interesting finding from the Bahora et al. study was that the ecstasy users had low risk perceptions of ecstasy use. They did not personally experience any serious harm from

their use. They also expressed skepticism of media reports on the harmful effects of ecstasy and the validity of the available information on it; they believed existing research to be inconclusive. The risks that they did experience were perceived to be minor effects of ecstasy. Dehydration, for example, was acknowledged. It was viewed, however, as low-risk – mainly because it can be easily addressed by sufficient consumption of water.

Bahora et al. (2009) suggest that the participants' low risk perceptions are in many ways attributable to ecstasy normalization since the ecstasy users in their study were constantly exposed to, and in contact with, other ecstasy users. They also point out that, in a "normalized drug culture" (67), there are many young people using drugs who are ill-informed and inexperienced. Not only do these users have little knowledge of, and experience with, club drugs, but the "shared" knowledge of the more experienced drug users may be inaccessible to them because the community has become fractured and fragmented. In other words, the community is no longer bounded by its opposition to the mainstream. There is no longer an "us versus them" mentality (Redhead 1990). The current EDM scene is itself part of mainstream society. People who use club drugs are indistinguishable from people who do not (Duff 2005). Moreover, being a participant in the EDM scene and/or a user of club drugs is no longer a defining or master status (Becker 1963) – it is but one aspect of a person's daily life. So, unlike an illicit drug subculture where there is a strong sense of solidarity, the "normalized drug culture" is heterogenous, diverse, and fragmented³². Consequently, novice users are not able to "easily access the knowledge informally held within a more entrenched illicit drug culture" (Bahora et al 2009: 67).

³² As I outlined earlier, a drug "subculture" refers to a group of people who are clearly distinct from "conventional" society, who use drugs as a form of symbolic resistance to the mainstream. This is different from "normalized drug cultures" where distinctions between "us" and "them" (i.e. between drug users and the rest of society) are difficult to make.

While these findings about normalization and risk are interesting, they are only explored minimally, as the general focus of the Bahora et al (2009) study is on ecstasy users' perceptions of the social and cultural acceptability of ecstasy. Moreover, the study only considers the *negative* effects of normalization for risk management. What about the ways in which normalization might be positive for facilitating risk management? This chapter explores what normalization means for risk management in greater detail.

Perhaps most relevant to the present chapter is Ravn's (2012) research on how people who use club drugs experience and understand the acceptability of such use in nightclubs, and how these perceptions affect their practices of use. He finds that people who use club drugs have two different strategies for taking drugs depending on the perceived level of acceptability within a given nightclub. The "assimilative strategy" was employed in those nightclubs where acceptability of drug use was perceived to be low. Here, the participants tried to hide their drug use (and the effects of their drug use) from other clubbers and from nightclub staff. The "opportunistic strategy" was common in nightclubs where the participants perceived there to be a greater tolerance for drugs. Here, the participants were not concerned with hiding their use from their peers, but they still wanted to hide it from the club staff. While this study is important for understanding how practices of use are shaped by perceptions and experiences of normalization, it does not give much consideration to how these practices relate to risk. Having outlined the normalization framework, the remainder of the chapter explores how normalization (or lack thereof) shaped the participants' practices of club drug use and risk management.

Accommodation

As we saw in Chapter 4, many young people use club drugs while raving despite the fact that they are illegal. They use these drugs even amidst heavy police presence. In this section, I focus on how the participants perceived their use, while illegal, to be accommodated within certain settings. Within the EDM scene, for example, there was a general acknowledgement amongst the participants that club drug use was acceptable. Many of the participants recognized that drugs like cocaine, MDMA, ketamine, and alcohol go hand-in-hand with raving. Jamie explained,

At the end of the day, they're [i.e. organizers] putting these events on, they know exactly what fucking happens in these events. They're not stupid. Nobody goes to these fucking Daylight events with all these bloody DJs pumping techno all day and thinks, "oh, they're not going to take drugs.. it's not going to be that kind of scene." Of course it is. Everybody that doesn't take drugs and does take drugs know what people do at these fucking raves...it's just common knowledge.

For Jamie, the association between club drugs and raves is "common knowledge," even among those who do not use club drugs. This finding might provide further evidence of normalization, as it suggests that even those who do not use club drugs have knowledge about them and where they are commonly consumed. Ricky, for example, had never used any club drug; however, he had extensive knowledge about them. In our interview, he was able to speak about how MDMA, ketamine, cocaine, and GHB are used, the effects of these drugs, and the associated risks. Such knowledge is possible only when drugs are socially accommodated (see Parker et al. 1998). In Ricky's case, his peers used club drugs and so did other EDM participants. In tolerating and observing their use, he became knowledgeable about club drugs.

The perceived accommodation of club drug use within the EDM scene can also be observed while waiting in the washroom lineup at any given festival or nightclub. These lineups are usually filled with patrons who are waiting for an available stall or porta-potty in which to

use their drugs. On a number of occasions, I observed patrons openly discussing their drug use or making jokes about club drugs while waiting in these lines. For example, I observed a lady at a Daylight event complaining to others in the lineup that the people in the porta-potties were taking too long because they were snorting cocaine. Victoria and Joey told me that they were going to the bathroom. I assumed they were heading to use more cocaine. I decided to tag along with them. The bathroom area was a lot busier than it was a few hours earlier. Every single porta-potty had a lineup of at least 4-5 people. Victoria suggested that we go to the corner because the lineups were smaller. Each lineup was moving very slowly. A woman in the lineup beside me became impatient. "Hurry up and do your drugs people!" she shouted, "some of us actually have to pee!" A woman at the front of our line followed her lead. "Hello!?" she screamed while incessantly banging on the porta-potty door. All of the commotion did not seem to faze Joey and Victoria who were coordinating how they would pass the packet of cocaine to one another when leaving the porta-potty. Joey explained that he would go into the porta-potty first, then he would put the packet in his wallet and hand the wallet to Victoria when he walked out. "Is that bait?" he asked. Victoria laughed. She reminded him that it did not matter. "Look around" she said, "everyone is doing cocaine here." He laughed, presumably because he knew it was true.

The two men in front of us in line were having a very similar discussion. The one man told his friend that he was going to leave the bag of cocaine on the toilet paper dispenser when he left the porta-potty. He told his friend to make sure that he goes into the porta-potty right after he leaves and that he does not let anyone cut in front of him. They were speaking very loudly. Joey, after overhearing their conversation, turned to Victoria and I and jokingly shouted, "hey, let's go behind these guys so we can do their blow." He purposely shouted loud enough so that the two

men in front of us could hear. He and everyone else laughed. The man jokingly replied, “I’ll fucking kill you!” The fact that these patrons discussed cocaine use so openly suggested that they perceived the prevalence of cocaine use at EDM events to be common knowledge. This “common knowledge” was similarly assumed by the woman who shouted about how the people in the porta-potties were taking too long snorting drugs. She was assuming that the people in the washrooms were snorting drugs (cocaine and/or ketamine) because she had come to understand that these drugs were commonplace at EDM events.

Club drug use is also accommodated through rave-related music and media. For example, I observed the word Charlie (a popular euphemism for cocaine) incorporated into clothing, music, and even totems (i.e. poles used to find friends at large festivals which usually contain a funny image or caption). At Lifetime festival, I observed a totem (or cut-out) of Charlie Sheen’s face being waved around in the air while the DJs played one of their famous songs about cocaine. Jamie moved through the crowd towards the group of men in front of us. He made friends with them almost instantly. He managed to convince one of the guys to put him on his shoulders. He grooved to the music, waving his arms around and bopping his head up and down. Beside him, another woman danced on top of another man’s shoulders. She and Jamie linked hands and danced together. She handed Jamie a totem. He looked at it and smiled; the totem was a cut-out of Charlie Sheen’s head. I assumed this was a dual reference to cocaine, as Charlie is a euphemism for cocaine, and Charlie Sheen is notorious for his cocaine use. The DJs transitioned into one of their famous songs about cocaine. The vocalist in the song shouted over a tech-house beat, “Charlie is a hell of a drug.” Everyone in the crowd erupted. Jamie handed the totem back to the woman and she passed it forward to the DJs on stage. They reached out and grabbed the totem. They held the cut-out of Charlie Sheen’s face while playing their song about Charlie.

Everyone chanted along to the song. This type of messaging was common within rave-related music and media. Another song that was popular last summer, for example, features a female vocalist repeating the word “cocaine” over and over again on top of a bouncy tech-house beat. Unlike the song heard at Lifetime, this one directly references cocaine (no euphemism required).

Jessica explained that a lot of DJs she follows post videos and images of club drug use at EDM events. For Jessica, this further clarified the link between club drug use and the EDM scene. She explained,

I follow a lot of DJs on Snapchat and on Instagram, and sometimes they post videos of people who are clearly high as hell and in their audience. You know like banging their head, grooving to the music and they’re recording them. And they’re [laughing] making those people well-known to the world. So they’re not saying “watch out, this is what happens when you do drugs,” like “be very aware.” They’re kind of like promoting it in that sense. They’re like “oh look how funny this looks.” You know, there’s like a light positivity to it – it’s not like frowned upon.

Jessica suggested that the DJs were accommodating club drug use by making light of the fact that such use occurs within the EDM scene. She seemed to imply that drug use was obvious in these videos. Her assumption was likely based on (1) the facial expressions of the ravers in those videos (i.e. large eyes, grinding jaw); and (2) her “common knowledge” about the relationship between club drugs and EDM. I was reminded of a video I saw being shared on “rave” pages recently of a woman, who was clearly high (likely on MDMA), dancing and kissing a tree at a music festival. These types of videos were clearly meant to be humorous and not negative or moralistic. Overall, the finding that club drug use is accommodated within the EDM scene is well supported by the existing literature on club drug use (see Kelly 2005; Parker et al. 1998; Parker et al. 2002; Perrone 2006; Sanders 2005).

Outside of the EDM scene, the level of accommodation varies depending on the venue-type and the type of club drug. For example, most of the participants understood that while

cocaine use was acceptable in bars and other non-EDM venues, MDMA was not.³³ Ella explained,

Ella: So if I'm in a bar and I'm fucked up on Molly, it's like everyone's looking at me being like "what the fuck?" like judging me...whereas if I'm doing coke, coke is an acceptable thing to be doing in a bar. And if like you're like high on coke, it's like everyone else is, so it doesn't matter. But if you're high on Molly at a bar, people are like "what the fuck?"

Nick: Ok.. so more people use cocaine in those settings outside of the rave scene?

Ella: Yes

Nick: And it's more socially acceptable?

Ella: Yes.

Ella suggested that cocaine is accommodated in most nightlife settings whereas MDMA is accommodated only in the EDM scene.

Like Ella, Penny believed that cocaine was acceptable in other nightlife settings; however, she could not imagine MDMA or GHB being accommodated outside of the EDM scene:

Um...if there's bottle service I know there's drugs going around. There's got to be. Well from my experience and my friends'...because like, a lot of my friends do cocaine and they're really into that and I've seen, like obviously they've taught me like if you have coke, you have money and you have bottles. So now when I go to a club, I know someone has cocaine. Whether it be hip-hop or house music, I know they have it. Um.. house and like dance clubs, of course they have like ALL those other things but like with hip-hop clubs I don't know. I really don't know the extent to how they use drugs because I can't imagine someone like G-ing out to [laughs] hip-hop or...you know? Like doing M and not being able to dance, I guess...I feel like people would think that's weird.

Penny clearly considered cocaine to be a more versatile drug than MDMA, GHB, and ketamine.

She, like most of the participants, believed that cocaine was acceptable in any nightlife setting.

³³ Cocaine produces increased alertness and confidence (see Schierenbeck et al. 2008). MDMA, on the other hand, can produce, among other things, psychedelic-like effects (see Schierenbeck et al. 2008). The participants believed the effects of MDMA were stronger than the effects of cocaine. A non-drug user at a bar would therefore be able to tell if someone was using MDMA because they would be, as Ella explained, "fucked up."

What was interesting was that Penny made a connection between cocaine and class. She believed that people with money usually have cocaine. I think this is an interesting point because it speaks to why cocaine use has been “normalized” within the nighttime economy. The idea is that cocaine is associated with middle and upper-classes and with white people. What is interesting is that crack cocaine, which has been associated with lower socioeconomic statuses and people of color, is far from being “normalized.” Despite the fact that crack cocaine and powder cocaine are the same drug just in different forms, there are huge differences in how they are each viewed and policed. Dvorak (2000), for example, notes the huge discrepancies between sentences given for possession of crack cocaine versus powder cocaine under the United States’ War on Drugs. This has commonly been referred to as the “100-to-1 ratio.” The idea is that a person needed to possess 100 times more powder cocaine than crack cocaine to get the same sentence. These discrepancies are also visible in terms of social and cultural accommodation: powder cocaine is accommodated in certain contexts like the nighttime economy whereas crack cocaine remains highly stigmatized in all contexts. I alluded to these discrepancies in Chapter 3 when I discussed how the participants often distinguished themselves from “crackheads.” All of this is to say that race and class clearly influence processes of drug normalization. Shildrick (2002) has made similar arguments in her critique of the normalization thesis, which she believes overlooks the influence of socioeconomic factors on drug use patterns and practices. This is one of the reasons why she proposes the concept of “differentiated normalization” – to account for how these experiences can be different for different groups of young people based on their structural locations.

On a general level, the participants believed club drug use was accommodated by their peers. Audrey, for example, explained that she did not know anyone her age who did not use drugs:

Nick: So, people that are your age that maybe don't use these drugs, how do you think they view club drug use?

Audrey: From my understanding it's either that they just have no idea what they really are, so they — it's really hard for me to answer this question because, genuinely, I don't know anyone at this point in my life who doesn't do drugs.

Audrey believed that most people her age use drugs. Likewise, Ella admitted that she only has a few friends that abstain from using drugs. When I asked her about how these non-drug using friends feel about club drug use, she reasoned:

I think they're approving because I think we've all gone through that stage. I feel like your teens and your twenties everyone goes through a drug stage, everyone goes through experimenting and going to clubs doing coke, doing Molly whatever you may do. So the judgment may have been more in younger years like maybe 19, 20, 21. Some people are dabbling in it, some others aren't. But now that we're almost 30, I feel like everyone has gone through it. So there's no judgment and everyone is kinda like "okay whatever" and we're all...at this age we're all doing coke [laughs]. So the judgment is really not there. It's not felt anymore.

Ella, like Audrey, believed that everyone her age either currently uses drugs or has used drugs in the past. She reasoned that everyone goes through a drug phase by the time they are in their late twenties.

While the participants believed that club drug use was common amongst their peers, they also understood that not everyone accommodated such use. Moreover, they understood that club drug use was still stigmatized generally within mainstream culture (especially outside of youth culture). This lends further support to the concept of differentiated normalization as it shows how certain types of recreational drug use can be normalized for certain groups of people and not for

others (see Shildrick 2002). In the next section, I discuss the participants' experiences and understandings of stigmatization in further detail.

How the participants took up public health and harm minimization advice depended upon the perceived level of accommodation within a given context. In some ways, accommodation resulted in riskier practices of club drug use than otherwise would be the case. For example, the participants sometimes consumed more than normal in contexts where club drug use was believed to be accommodated. This was because, in these contexts, the participants did not need to worry about concealing their use or the effects of their use from others. Because club drug use was accommodated, they were able to use drugs more openly. In some cases, accommodation meant that they were free to become more "intoxicated" than usual since they did not need to conceal the effects of their use from others. On the surface, this finding seems to contradict findings in Chapter 4 that the participants sometimes engaged in overconsumption when they felt like they needed to hide their use from security and/or police. The truth is, there are instances where accommodation facilitated risk management and instances where it prevented it. My focus is on revealing the complexity of the relationship between normalization and risk management, which, as I will show, is itself ambiguous and context dependent.

The effect of accommodation on the participants' level of consumption was perhaps best illustrated when Richard, a non-user who the participants assumed does not tolerate cocaine use, left Alice's condo after a night out. All night the participants had been trying to hide their cocaine use from Richard. When he finally left the condo at around 1:00am, the vibe completely changed. Instead of secretly doing cocaine in the bathroom and making excuses to go outside so that they could meet their drug dealers, the participants were now openly talking about and using cocaine. Vic pulled out his packet and emptied it onto the coffee table. He started chopping at it

with his credit card. He began to divide it into lines. He asked Joey if he wanted one. Joey said “no” because he wanted to be able to sleep. Everyone insisted. He refused again. Vic shaved a bit of cocaine off of one of his lines to form a much smaller one. “This one can be for Joey” he smiled. Joey laughed. He reluctantly agreed. They each took turns snorting a line off of the table. Jessica admitted that she had never snorted a line before, despite having used cocaine on numerous occasions. “I always just do a bump” she laughed. Alice and Vic tried to coach her. “Make sure to keep your head tilted back after you finish, or it will fall out” advised Alice. “Cover your other nostril completely” Vic instructed. She snorted the line and then laughed. Everyone hung around the sofa. Alice got up to go for a smoke. Vic and Martina joined her. Eventually, everyone ended up on the balcony chatting. The group then circled back to the sofa for more cocaine. This process repeated until almost 5:00am.

In our one-to-one interview, Jessica explained why she used more cocaine than normal on that particular night:

Jessica: there is a particular night in mind that stands out to me where I did way too much, more than I’ve ever done before. And it was because we were in an open setting, you know, and everyone was kind of like taking their turn. And I wasn’t able to be like “no not this time.” So I guess sometimes...

Nick: Okay so this is a setting where you felt like you were around people and you guys were just doing it openly? And in that setting you felt like you did more than normally you would do otherwise?

Jessica: Yeah

Nick: Because you guys just kind of kept going around and –

Jessica: Yeah and because everyone has the same opinion as me...in terms of using.

Jessica believed that she engaged in higher levels of consumption than normal because everyone around her shared her same view of cocaine.

Some might interpret these behaviours through a social learning theory lens. Sutherland (1939) refers to the process whereby deviant behaviours are learned through interaction with deviant peers as differential association. He argues that the frequency, intensity, priority, and duration of interaction with deviant peers will affect the likelihood of deviant behaviour. Through these interactions, individuals learn both techniques and moral justifications for engaging in deviant behaviours (which, in this case, is drug use). In his seminal work *Outsiders*, Becker (1963) similarly emphasized the importance of interaction with deviant peers in the initiation and continuation of marijuana use. He argued that, through interaction with “experienced” marijuana users, the “novice user” learns how to use and enjoy the effects of marijuana. The example above of Jessica being taught how to snort a line of cocaine is the perfect example of how less experienced deviant peers learn through interactions with more experienced deviant peers. A problem with these theories is that they treat drug use as “deviant” and they thus fit better with subcultural perspectives of drug use than with normalization perspectives. In other words, they focus on how social learning takes place in deviant subcultures. In my research, I contend that the concept of “subculture” is not appropriate for defining people who use club drugs today. Nonetheless, the idea that peer relationships are important to learning new definitions and practices of drug use is relevant here.

The relationship between accommodation and level of consumption was also illustrated by Penny’s story about a time when MDMA was openly shared by a group of her friends at a birthday party:

Penny: There is that odd time where like a group of us are doing it and it’s just like Mojo [a popular EDM DJ]. Mojo for Chaos, we went out for a friend’s birthday and they passed a bag of M around. Like almost the whole room took it. There was at least like 10, 12 people in there. So...

Nick: Wait, what? This was at the pre-party?

Penny: Yeah this is at the pre-drink.

Nick: Oh and someone passed around a bag of M and everyone just like took one?

Penny: Yeah cause it was like from the birthday boy. Everyone knew and he was uh – like that whole group, I guess all his friends and stuff do M. So they were all kind of into it. But it was just like a thing. It was like a "let's have fun and be on the same level" kind of night.

In this instance, MDMA was able to be openly passed around at a party because it was “normalized” within the friendship group. This openness clearly facilitated drug use, as some people at the party who took MDMA might not have planned to do so otherwise. In this instance, accommodation created an environment where drug use became almost customary or expected. Some might interpret this as “peer pressure,” as the participants might have felt pressured by their friends to take drugs when they did not want to. The same might be said for the instance where Vic and others persuaded Joey into snorting another line of cocaine despite the fact that he had originally declined. Personally, I am hesitant to apply the concept of peer pressure to these instances (and to drug use in general) for a number of reasons. First, I recognize that the concept of peer pressure is at odds with one of the key arguments that underpins the normalization thesis: that young people today are making rational decisions to use drugs and that drug use is a part of their identity formation (see Parker et al. 1998; 2002). The concept of peer pressure seems to deny the fact that young people’s decisions to use drugs are often informed and rational, based on risk assessments of the potential benefits and costs of such use.

Also, peer pressure is difficult to measure. As Aldridge et al (2011) argue, it is difficult to ascertain whether a given instance of drug use or drug initiation is a matter of peer pressure or not. They note that young people have been encouraged to be assertive and not to be “blindly” influenced by others. Young people are thus reluctant to perceive themselves as victims of peer

pressure. In particular, Aldridge et al (2011) find that young people who use drugs often reject peer pressure as a significant factor. They note that there are many factors which go into drug decisions such as drug availability, peer influence, peer pressure, pleasure, curiosity, certain perspectives on risk-taking, and income (to name a few). Decisions about drug use are complex. Aldridge et al (2011) thus warn that it is “unsafe to collapse this complexity into monocausal ‘soundbites’ such as peer pressure” (131).

While accommodation sometimes led to overconsumption, in other cases it did the opposite: it allowed for better moderation of use. In the next section, I discuss how stigmatization led some participants to take larger doses than normal. In these instances, the participants made less trips to the washroom because they wanted to avoid looking suspicious to “nontolerant” others. Because they made less trips to the washroom, they sometimes consumed more at once than usual so that their high could last longer. When club drug use was accommodated, the participants were free to choose when and how much they consumed throughout the course of a night. In other words, they did not need to worry about looking suspicious if taking multiple trips to the washroom. In this regard, accommodation might be more conducive to moderation than stigmatization. I discuss this in further detail in the subsequent section.

Accommodation was also positive for risk management in the sense that it facilitated the sharing of risk information and advice with one another. In other words, it created a context where people who use club drugs were comfortable openly discussing their use and sharing risk management advice. For example, on one night, at a particularly crowded house party, I had escaped to a bedroom only to be astonished at how many people were doing cocaine and hanging out. Christian was sitting at a desk, Alice was leaning against a wall, and Jessica was laying on

the bed. Joey entered the room shortly after and asked how the stuff was. Everyone sort of nodded to show their approval of it. Joey emptied a bit onto the dresser. Joey started using his credit card to chop a line. Christian told him that he needed to break up the cocaine first. Joey was confused. Christian explained that the cocaine needed to be refined. He took a bill out of his pocket and put it over the cocaine on the dresser. He placed a credit card over top of the bill and pressed down on it. He did this to crush the cocaine underneath the bill. He picked up the bill and slid the residue off with his finger. “Do you ever get nose bleeds?” he asked. “Yeah, sometimes” Joey responded. Christian rubbed his finger with the excess cocaine onto his gums. He then used the card to “chop” the pile into two lines. “You gotta break it up, that’s why” he responded. Joey thanked him. He rolled a 50\$ bill and snorted the first line. He insisted that Christian snort the second (as a thank you). Christian accepted the offer. In this case, Christian and Joey were in a room with mostly people who use cocaine. The drug was “normalized” within this setting. Even Jessica’s non-drug using friends who were in the room seemed to tolerate such use and to be non-judgmental. This created an environment conducive to “social learning” whereby Christian and Joey could openly use and discuss club drugs and risk management strategies without fear of judgment or stigmatization.

Stigmatization

While the participants experienced accommodation in some contexts, they experienced stigmatization in others. Outside the EDM scene, for example, the participants generally acknowledged that club drug use was not accommodated (or at least not to the same extent that it was within the EDM scene). Many of the participants believed that the EDM scene itself was stigmatized. Sebastian explained,

There's a negative stigma. Like anybody I've ever spoke to about raves, they say "you're a raver" but it's in a negative context. And when I ask "what do you think that means?" Cause I have certain family members who I've said that and they go "so you do drugs? And you basically, you guys are all high?" They see it as a sea of people in a big giant park, just laying on the ground looking at the sky and thinking like – it's like Woodstock but in like 2018. And it's not like that at all. It's just people who just really enjoy music and really enjoy good vibes and like...because there's so much violence you know? I've never seen a fight ever at a rave...

Because the EDM scene is viewed negatively by outsiders, many of the participants tried to limit how much they shared about their participation in the rave scene with non-ravers and on social media. Natalie explained,

I am very careful to not like post stuff to social media um...and I just kind of keep it more private that way. I am not boastful about like "oh I'm going to like Ultra" [an EDM festival] or something [laughs]. Just because I don't think it would come off like very well for somebody who is like looking into hiring me for a job, for instance. So I don't um...I'm not very boastful or like open about it on social media. But like with my friends I am very open about what we're doing.

In this way, the participants understood that the rave scene and the associated drug use were viewed negatively by outsiders. They were therefore careful in terms of what they revealed to others about their drug use and their involvement in the rave scene. The participants were essentially trying to conceal their stigma from others in order to “pass” as normal (Goffman 1963).

For Goffman (1963), “passing” is important for people who possess “discreditable stigmas.” A discreditable stigma is a deviant attribute that is not immediately known to others. A controversial tattoo on a person's back, for example, is a discreditable stigma because it is not always visible. Participation in “deviant” activities like club drug use and raving are also discreditable stigmas, as such participation can be hidden from others. These types of stigmas differ from “discredited stigmas,” which are deviant attributes that cannot be hidden such as physical deformities. Because those with discreditable stigmas can hide their differentness,

information management becomes very important when interacting with “normal” people. For those with discreditable stigmas, the dilemma is, “to display or not to display; to tell or not to tell; to let on or not to let on; to lie or not to lie; and in each case, to whom, how, when, and where” (Goffman 1963: 42). In the present study, the participants were often careful about what information they revealed to “normal” people about their participation in raving and club drug use.

How the participants managed their “spoiled” identities as drug users and ravers was perhaps best illustrated when Paula and Kandi were planning their friend’s birthday cake. Alice had created a group chat to coordinate their friend’s surprise birthday event. In the chat, Joey joked about making a cocaine-themed cake for the birthday party. Paula and Kandi love the idea. They went back and forth in the chat elaborating on the plan for a “cocaine cake.” Kandi suggested that they put a fake nose on top of the cake with lines of confectionary sugar to resemble cocaine. Paula added that they should put a rolled up \$5 bill on top. They even discussed where to get a fake nose. “Try the dollar store, you can get the Mr. Potato head glasses with the big nose” recommended Paula. Kandi replied saying that she would go and look for it that week. Joey rejoined the chat and “vetoed” the idea immediately. “It was a joke” he wrote. He said that their friend would hate it. “Her work friends are gonna be there” he reminded them. He brought up how their friend is usually very careful about what she tells her non-drug-using friends about her drug use. Kandi and Paula reluctantly agreed to go another direction for the birthday cake.

In this instance, the participants recognized their friend’s desire to keep her drug use and participation in the rave scene hidden from those outside of her core friendship group. They knew that their friend feared being judged, stigmatized, and punished if her drug use were to be

revealed to others. While the cake would have been funny amongst her core friendship group (since club drug use is accommodated within this social group), it was not acceptable for a night involving her “work” friends. Murphy and Irwin (1992) note similar attempts at stigma management in their study of methadone maintenance patients. They find that methadone maintenance patients exist in a sort of limbo: they do not quite fit the “addict” identity, but they are not yet fully “conventional.” Often, they are stigmatized because they are associated with many of the same negative stereotypes of people with addictions (despite being in recovery). Because the patients experience stigma, they make efforts to conceal their methadone status from others. They seek to pass as “normal” by controlling who they disclose information to and how much they disclose. Like the participants in my study, the methadone maintenance patients often chose to keep their drug use (or past drug use) a secret from others. One respondent even admitted to keeping his enrollment in a methadone maintenance program a secret from his wife because of the potential repercussions of her finding out he is a recovering addict. In the present study, many of the participants similarly hid their club drug use from close friends, and in some cases, significant others because they feared the potential repercussions.

For example, some of the participants tried to keep their cocaine use hidden from their close friend Tim because they knew he was adamantly against it. On one occasion, Tim walked into a room where some of the participants were using cocaine and became visibly upset. Jessica, Joey, Christian, Ella, Alice, Paula, and I were hanging out in Jessica’s bedroom, away from everyone else at the party. Throughout the day, Jessica’s bedroom had become an “oasis” for those who wanted to use cocaine openly and freely. Every time someone wanted to use cocaine, they headed upstairs to Jessica’s bedroom. I stood against the wall, watching Joey “chop” cocaine on Jessica’s desk. Joey turned to Paula, who was laying on the bed next to Ella, and told

her to go downstairs before Tim (her partner) started looking for her. She did not listen to his advice. She continued to lay on the bed chatting with Ella. Joey began rolling a \$5 bill. Joey, again, told Paula to go downstairs. Everyone was aware that Tim disapproved of cocaine and knew that he would be angry if he saw Paula in there. Alice added that she did not want him coming upstairs because he would judge them all. Not long after Joey asked Paula to go downstairs for a third time, the door flung open. Tim entered. "Hey, what is everyone doin—" he stopped mid-sentence when his eyes locked onto the cocaine on the desk in front of Joey. He stormed out. Paula chased after him.

We sat in silence in the bedroom. We could hear Tim yelling at Paula. "What are you doing in there?" he exclaimed. We could not hear her excuse because she was speaking very quietly, perhaps because she was embarrassed and did not want us to hear. "I don't fucking care" he responded. Everyone in the room was uncomfortable. Alice complained about how Paula kept putting them in awkward situations. Ella decided to go outside to try to stop their fight. We heard her vouching for Paula, telling Tim that she did not consume any cocaine. She reassured him that they were just hanging out on the bed talking. The situation seemed to have been deescalated. Paula and Tim were no longer arguing in the hallway. When we saw Tim downstairs later, he did not seem angry with Joey, or any of the others. After this night, the participants took even more steps to hide their drug use from Tim.

Similarly, Alice described how she hid her cocaine use on a night out with her non-drug using friends because she was unsure how they would react. She explained,

So I would say for cocaine like, like I'm trying to think about the last time I used it and like, yeah. So like one of my friends went out for her birthday. I knew like I was the only one going that I know used it... Yeah... So basically, I just like hid it from everybody. And like I didn't feel weird, I didn't feel "oh I shouldn't use it." But when I picked it up... I like called my dealer like whatever. And when I went to get it, my friend was like "oh where are you going?" and I was like "oh, my roommate is dropping something off." And

like I was lying, like I wasn't being honest like in that situation like I was afraid of judgement to a certain extent but more so I'm just like "I don't want to bring this up right now because I don't want to upset you, one. And even I don't know if I would or not, it's your birthday though, so let's just keep it on the down-low."

In this instance, Alice hid her cocaine use around her non-drug using friends because she worried about being judged and making others uncomfortable. While she did not know for certain how her friend would react to her use, she nevertheless decided to err on the side of caution by hiding her drug use and lying about it to her friend.

Some of the other participants similarly hid their drug use from their partners. Adam, Craig, and Michael, for example, hid their MDMA use from their significant others. While their significant others knew that they used MDMA, they did not know about the extent of their use. Likewise, Rob, a man I met at a Daylight event, hid his cocaine use from his partner, Tina. Rob had offered me cocaine repeatedly the first time I met him. When Rob went missing, I walked with Tina to try and find him. I commented that he was probably just in the washroom doing more cocaine. Tina denied my theory, claiming "we don't do cocaine, only MDMA." I nodded my head and pretended like I did not know for a fact that her partner was using cocaine that night. In these instances, the participants felt the need to hide their drug use from close friends, and in some cases, from their significant others because they feared the repercussions of having their "spoiled" identity revealed to them. These findings lend support for the concept of differentiated normalization (Shildrick 2002; Shiner and Newburn 1997) as they show that club drugs are not accommodated by all people and in all settings. As this study suggests, people who use club drugs continue to be identified as deviant and to be stigmatized. These people must thereby learn to manage their stigma through information control and selective disclosure.

The fact that the participants actively worked to hide their drug use from others might also suggest that they were engaging in self-stigmatization or internalized stigmatization.

Internalized stigmatization refers to the process whereby individuals come to accept or internalize negative perceptions about the stigmatized group they belong to (Kulesza et al. 2017). Research has shown that people who use illicit drugs sometimes internalize stigma, taking up the same attitudes towards people who use illicit drugs that non-users or “normals” take towards them (Cama et al. 2016; Kulesza et al. 2017; Hathaway et al. 2011). Such internalization can come to shape their self-perceptions as well as their social outlook and behaviour (Cama et al. 2016; Kulesza et al. 2017; Hathaway et al. 2011). In the present study, the participants often discussed their club drug use as negative and risky. Jamie, for example, did not refute the general public’s negative perceptions of club drug use:

I think they would probably look down on people that take drugs...and they have reason to though. I don't disagree with them. I'm not one of those people that say, "Oh, they shouldn't look at that that way." They have got every right to look at us in that way, definitely.

In these ways, the participants had internalized stigma. This might explain why some participants felt the need to engage in information management around their partners and others.

People who use club drugs themselves tended to make distinctions between acceptable and unacceptable practices of use. On the one hand, recreational and controlled drug use was viewed as acceptable. In particular, it was acceptable when it took place occasionally on weekends. When people engaged in drug use too frequently, their use no longer fit within the realm of accommodation. Ella explained:

Yeah I feel like there’s a point...so for me acceptability is like you’re at a party you’re doing it like that’s normal. But if you’re doing it during the week or by yourself, that’s when it becomes like a little unacceptable...or the amount that you do.. if you’re doing like an eight ball to your face every weekend like you have a problem. So like it ties into your method of administration and your volume.

In Chapter 3, I discussed how the participants often made reference to the image of the “crackhead” when trying to distinguish between acceptable and unacceptable forms of drug use.

Many of the participants regulated their use in ways to avoid falling into the “crackhead” category. As Ella described, limiting the volume and frequency of drug use was one way in which the participants worked to differentiate themselves from “crackheads” (sometimes referred to as “junkies” or “addicts”).

Polydrug use was another practice of club drug use that was considered unacceptable by some of the participants. Recall, in Chapter 3, that the participants still engaged in polydrug use despite their acknowledgement that it was “risky” and “unacceptable.” This is but one example of how their verbal presentations were sometimes at odds with their actions. Alice, for example, explained that mixing alcohol and MDMA was not “cool:”

But I would say I’m more worried about other people than I am for myself. But like I think...just because I know, like not necessarily my friends, but I know a lot of people...I guess not a lot of people that I use with all the time, but other people I use with sometimes, I’m just like okay you’ve taken MDMA and you’re still drinking...Like that’s not cool but...Like I’m not going to tell you what to do but ultimately, you’re an adult you can do whatever you want. But like I know that is what leads to you being in the hospital. Versus I know for myself, okay I’m taking MDMA, cool, I may have a couple drinks at the beginning of the night but that’s pretty much it.

Alice believed that, while club drug use is acceptable, risky practices of using club drugs are not. Many of the other participants made similar distinctions between risky/irresponsible drug use and responsible drug use. The idea was that, even though club drugs were accommodated amongst those who use them (and within the EDM scene in general), there were still certain ways of using these drugs that were stigmatized. In particular, when people who use club drugs do so without taking precautions, there is often judgment and criticism by other users.

The tendency of people who use illicit drugs to distinguish themselves from other users who do not moderate their use or exercise restraint is similarly noted by Hathaway (2011) and his colleagues in their study of cannabis normalization and stigma. In their study, Hathaway and his colleagues find that people who use cannabis employ “disidentifiers” to dissociate themselves

from criminal and deviant labels. For example, they distance themselves from people who engage in “risky” and excessive forms of drug use. Hathaway et al. (2011) conclude that those cannabis users who fail to acknowledge the risks of their use and to demonstrate control are stigmatized by other cannabis users in the same way that cannabis users as a group are stigmatized by nonusers. The present study provides further support for this finding, suggesting that risky and irresponsible practices of drug use are stigmatized within other illicit drug-using groups too (in this case, amongst people who use club drugs).

What is also interesting is that some of the participants who viewed MDMA use as acceptable did not view cocaine use as acceptable. I have already discussed, for example, how Tina could not accept that her partner, Rob, was using cocaine. She claimed that she and her partner only use MDMA. Likewise, Tim condemned cocaine use above all other types of club drug use. While he disapproved of all club drugs, he was especially critical of cocaine. Even in the past when he used MDMA, he still held very negative views of cocaine. He viewed cocaine negatively because he believed it was highly addictive and because he had friends and acquaintances who had apparently suffered fatal overdoses as a result of their cocaine use. Craig and Adam, who use MDMA, similarly held negative attitudes towards cocaine, although their attitudes appeared to be rooted in fear. Adam, for example, expressed a desire to try cocaine but he said he was too scared to actually do so.³⁴ This, again, provides support for the concept of differentiated normalization (see Shildrick 2002) as it suggests that not all types of drug use are normalized for all young people.

The participants’ negative views towards cocaine use might be explained by the

³⁴ Adam’s decision to not use cocaine seemed to be based on a risk assessment. He believed the potential dangers associated with cocaine (i.e. addiction) outweighed the potential benefits. As I explain in the next paragraph, his risk assessment is based on notions of risk that have, in part, been (mis)informed by popular media.

perceived risks of such use. For example, many of the participants recognized that cocaine could be highly addictive, and thus, they worried about the risk of becoming dependent on the drug. Their understanding of cocaine as highly addictive was rooted in both scientific and experiential knowledge. On the one hand, the participants were influenced by expert research on cocaine addiction (as disseminated through public health and harm minimization programs). I discussed in Chapter 3 how this type of research had informed their understandings of addiction. For example, I discussed how Sebastian's explanation of addiction as a symptom of emotional or psychological trauma appeared to be informed by psychological research. On the other hand, the participants were also influenced by their own experiences and the experiences of friends and acquaintances. While no one in their core friendship group had experienced an overdose from cocaine, many had friends, or friends of friends, who had experienced cocaine-related overdoses. The participants' understandings of cocaine addiction were also (mis)informed by popular media representations of cocaine use and addiction. Ella, for example, explained how cocaine was often presented as harmful and destructive in movies:

Um well I can only really think of two movies right now. Wolf of Wall Street. Yeah. It always starts fine and then it's like -- like you're watching it and you're like "I kinda want coke right now." By the end of the movie you're like "Jesus Christ I'm not touching that again." [Laughs] Like it just goes to that zone. Or like this really popular movie, this old old movie, it's like in the UK it's all these guys who did drugs or whatever. They're always doing coke, Molly, meth. And by the end everyone's dying or going to jail. So like at the end of each movie it turns into like this negative thing that it's like "oh I don't want it anymore."

These types of media images had clearly influenced the participants' views of cocaine and addiction. Even the very method of administration of cocaine (i.e. snorting) was viewed negatively by some participants (about one-third of the sample). These participants felt that snorting drugs was "dirty" and was associated with "junkies" (or "crackheads").

The participants' experiences and understandings of stigmatization influenced their

practices of club drug use and risk management in a number of ways. For starters, stigmatization influenced their willingness to seek help when experiencing a drug-related issue. In many cases, the participants were reluctant to consult anyone other than their drug-using peers because they worried about being judged or ostracized. This meant that the participants' drug-related problems often persisted without ever being resolved. Ella, for example, was experiencing a sinus issue which she believed was related to her cocaine use and yet she never spoke to a doctor about it.

She explained:

Ella: Out of nowhere my – anytime I used it my sinuses would be so affected. So I would get so clogged for – and I would, I would physically look and sound like I had the flu for two weeks. And I don't know why, it's like something happened in my nose. But, if I do blow, I'll be able to sleep that night and then all through the day in the next two nights I'll have drips, something dripping out of my nose. Like it's just a clear fluid and it's like a faucet constantly drips. I'm so clogged up. And then it's embarrassing to me when I go to work and I'm constantly sick. Everyone – people were starting to make comments like "you are sick a lot Ella." I'm like "I know it's just a cold that keeps going around" [laughs]. But that to me, it's like "OK I need to chill." But that was secondary to the point that like my nose reacting this way is really what pushed me to stop doing coke as often as I did. Really it pushed me to stop doing it for a long time.

Nick: So do you think like you weren't experiencing that before though?

Ella: No. I don't know. It's weird. It's like out of nowhere it just reacted differently

Nick: And it was that bad that you said it wasn't worth it?

Ella: It's terrible. I just started to reintroduce it but I can't, I can't sit there and do lines. Like I can do like one, two bumps is maximum for me to be OK. The moment I go beyond two, it's like I know what I'm getting myself into, I'm like preparing myself to be miserable for a week.

Nick: And it's like, it's like you don't feel sick, your nose is just dripping?

Ella: No my nose is like completely clogged. I can't even breathe. [Nick: Oh wow]. Yeah it's weird.

Ella recognized that something about her body had changed to cause this new, persistent reaction to cocaine. She was unsure if her cocaine use was the cause of her sinus problem or merely a

symptom of it. Her concern is supported by research, which has found that (nasal) cocaine use can cause sinus-related problems as well as damage to the nasal septum (see, for example, Schwartz et al. 1989; Smith et al. 2002).

While Ella knew that something was wrong, she was hesitant to see her doctor about it because she did not want to admit her drug use to him. She reasoned,

I've actually been thinking of going to the doctor [laughs] to check my sinuses because I don't know if something maybe happened, whether that be brought on by drug use or just nature. But to see if there's something wrong because obviously it didn't happen before and it's happening now. But I am hesitant to go and to have that conversation with a doctor because obviously I'll have to say, you know "hey I can't do drugs anymore. Can you help me with that situation?" [laughs] And I'd have to have that drug talk with him.

In this case, harm minimization and public health advice to “get help when needed” was undermined by a social and cultural environment³⁵ in which club drug use was stigmatized.

Jessica, similarly, was hesitant to go to her doctor about a rash she experienced that she believed was related to her cocaine use. She explained,

I had one specific problem recently and I consulted the internet and I looked at multiple sources and I made sure that they were credible, and I seem to think that I've solved that problem. Do you want me to be specific as to what the problem is? [Nick: Yes]. Okay I think that because of my cocaine use I have a rash. So I think that because over the past few weeks I've been using it um, not consistently, but more so than any other time in my life, and I have this rash that I can't explain where it came from. So I went to the internet and I Googled it. And I collected information about it and I just feel like for that specific problem like what advice would my friends have to give me? Like it doesn't seem like they have the same problem you know? Like maybe I should go to my doctor, maybe I should go to see my dermatologist but I don't want those kinds of people to judge me negatively and I think that they would...unfortunately.

Instead of discussing her issue with her doctor, Jessica decided to consult the internet. Like Ella, Jessica worried about being judged by her doctor for using cocaine.

³⁵ By this, I am referring to the broader society and culture (beyond the EDM scene). As I have argued, outside the EDM scene, there seems to be less accommodation (and even the opposite: stigmatization) of club drug use. This is often experienced by the participants in terms of their relationships with family, non-drug using peers, coworkers, and healthcare professionals. The participants also give examples of club drug use being portrayed negatively in the media.

Not only did anticipated stigmatization affect the participants' willingness to get help with their drug-related problems; it also affected their willingness to seek out certain harm minimization supplies and resources like pill testing kits and naloxone kits. Ella, for example, explained how she felt uncomfortable getting her naloxone kit from her local pharmacy:

I was served at my pharmacy and I was like nervous about going because I have been going to this pharmacy for, what, 20 years? So I felt uncomfortable because you know my whole family goes to this pharmacy. I didn't want to be in a situation where the pharmacist is like "hey your daughter came and got naloxone you should check on that." [laughs] So...but I did it anyways. And they were actually out so they sent me to one at another spot. And at that point I didn't care, I didn't know them, I didn't see them, my family never comes here so I just went in there, was like "hey I need a naloxone kit." And if anything, I think she felt more uncomfortable than I did.

Despite being uncomfortable, Ella decided to go get a naloxone kit from her pharmacy. Other people, however, might be more reluctant to get a kit because they anticipate being judged. Joey compared the process of getting a testing kit to "getting condoms from the store." He explained that both were exceptionally uncomfortable experiences. In these ways, stigmatization might prevent people from getting the harm minimization supplies and resources they need.

Stigmatization also affected how the participants moderated their doses within a given context (i.e. in those settings outside the EDM scene and/or around those people who disapprove of club drug use, including peers, family members, coworkers). In some ways, stigmatization resulted in lower levels of consumption, as the participants tried to hide their drug use from others. For example, Michael explained that he would only take one pill (MDMA) when he was around those friends that were disapproving of club drug use:

Okay, so remember when I discussed how a rave at a nightclub would be a 5-hour thing and I'd take two at once? So I know if I'm going with the people that actually care [i.e. those that disapprove of MDMA], I would only take one, cause I know it would be a lot easier for me to keep it easy and be myself and I just had that peace of mind like I'm going to enjoy a good night and at the same time make good decisions. Make the best decisions possible. Because of course if you take too many then obviously your decisions will be a little hindered.

Michael did not want to look too “high” when he was around people who were not accommodating of club drug use (in this case, his non-drug using friends). He explained that, in those contexts, he would consume less than usual in order to better mask the effects of the drug.

In a counter-intuitive way, stigmatization appeared to sometimes invite higher levels of consumption. This was especially the case with cocaine use, as the high is “short-lived” and thus, participants needed to make frequent trips to the washroom throughout the night to maintain their high. When in contexts where cocaine use was perceived to be stigmatized, the participants worried about raising suspicion by making too many trips to the washroom throughout the night.

Christian explained:

Christian: I'll go to a washroom or somewhere where it's more private and I'll do it there. Because I don't want – let's say I'm in a new group, I don't want anyone to know. But I will pick and choose when I go to the washroom. I won't be that kind of guy "oh yeah, that guy's going to the washroom ten times in the last hour." I'll do one and wait an hour or two and I'll go again or I'll be like "oh shit broke my bladder" kind of thing. Just so people – usually my bladder does go [laughs]. But the excuse is there [laughs].

Nick: So would that affect how much you do at once – since like, you are making less trips?

Christian: yeah um I'll do a little bit longer. So if normally I do an inch, let's say I'd do an inch and a half.

In this way, Christian was engaging in riskier practices of club drug use (i.e. consuming a higher dose at once) than he would have in a context where such use was accommodated.

The findings suggest that both accommodation and stigma can lead to overuse of club drugs, but for different reasons. This begs the question of the implications for harm reduction. I would argue that, other than overconsumption, accommodation appeared to be more supportive of risk management behaviours than stigmatization. In particular, accommodation appeared to support the sharing of risk information and, in some ways, to support moderation (despite

sometimes also supporting overconsumption). Stigmatization, on the other hand, appeared to prevent participants from getting harm reduction supplies and resources and from seeking help from professionals when they needed it. This might be an example of where harm reduction efforts that target individual behavioural change are needed to complement harm reduction efforts that target environmental change. The idea is that, by de-stigmatizing club drug use, we will create an environment that better facilitates risk management but that might, counterintuitively, facilitate overconsumption. Here, education and outreach programs might be important for informing young people about the risks of overconsumption and for providing advice on how to moderate use.

Age norms

What is acceptable and unacceptable in terms of club drug use also varies depending upon age. In this study, age was an important factor that shaped the participants' understandings and experiences of accommodation and stigmatization. The participants, who were mostly in their late twenties and early thirties, recognized that they were much older than most of the people who frequent the EDM scene. For this reason, they often referred to themselves as "mature ravers." On a number of occasions, the participants referenced the age disparity between themselves and the rest of the people in the EDM scene. Paula, for example, commented on our age after a bouncer at Cactus nightclub admitted us into the club. After carefully checking the I.D. of everyone in front of us in line, the bouncer proceeded to wave Martina, Paula, Tim and I into the club without asking to see any I.D. Paula commented that "we are getting old." We all laughed. "We are at the age where bouncers don't even care to look at our I.D. anymore" she joked. Everyone laughed even more. I observed these types of jokes about age more and more

frequently throughout the course of the fieldwork. I soon realized that these jokes were rooted in broader age norms which the participants acknowledged, and in some cases, subscribed to.

One such norm was that partying (and raving in particular) was not appropriate for someone thirty years old or older. Oftentimes, the participants compared themselves to the “norm” for people their age. They believed that their frequent partying and raving was common for younger age groups but was abnormal for their own age group. When the participants threw a keg party (or a “kegger”), they repeatedly joked about how they were too old to be throwing these types of parties. Jessica, Joey, and Victoria planned the keg party. They picked up a keg from a local brewery and a couple of 40-ounce bottles of vodka. When guests started arriving, they charged them a \$20 admission fee. Once they paid, they were given a red beer cup. We stood around the kitchen enjoying the first beer of the day. Tim, Joey, Martina, Alice, Jessica, Paula, Christian, Ella, and I were the first ones to arrive. Tim made a comment about how “we are 30 years old and still throwing keg parties.” Everyone laughed. Joey chimed in, “people are going to judge us so hard when they see us post shit today on Snapchat and Instagram.” Martina brought up how most people our age were busy planning weddings, having children, and buying their first homes. “Meanwhile, we are hosting keggers!” she shouted. Everyone laughed. These normative expectations around marriage, employment, and parenthood for people in their mid-twenties or early thirties are well reported in the literature on life courses (see, for example, Arnett 1997; Eliason et al. 2015; Hartmann and Swartz 2007). This literature finds that young adults often describe their “transition to adulthood” in terms of the accumulation of these roles (married, employed, parent, and so on) (see, for example, Arnett 1997; Eliason et al. 2015; Hartmann and Swartz 2007). In this way, the participants were essentially comparing themselves to the anticipated normative patterns of the life course.

The participants did not simply assume that there would be judgement for being too old to party, they sometimes experienced it too. Paula, Alice, and Joey, for example, had learned from their friend Tyler that Becca, an acquaintance, disapproved of their drug use and partying because of their age. Becca had apparently told Tyler that they were too old to be partying and using illicit drugs. Paula, Alice, and Joey did not like hearing this. They reasoned that Becca had probably “matured” out of illicit drug use because she initiated such use at a very young age. In contrast, Paula, Alice, and Joey did not start to experiment with illicit drugs until a much later stage in their lives. Often, the participants would reference Becca’s disapproval whenever they were engaging in something that they believed was inappropriate for their age. For example, when the participants attended a rave party hosted at a children’s indoor playground, Alice mentioned that Becca was probably going to judge them. The indoor playground included slides, jungle gyms, and inflatable castles. “This is why Becca thinks we are immature” laughed Alice, as she pushed herself feet-first down the slide with a beer in her hand.

Another age-related norm acknowledged by the participants was that club drug use and raving was inappropriate for those who have children. There was a general consensus amongst the participants that club drug use and raving were contradictory to parenthood. Penny explained:

Nick: And are you gonna completely remove yourself from that scene or do you think you’ll stay involved in it and just scale back on the drug use?

Penny: It’s hard because I see people who are in their forties and still going out to party. But again, they’re responsible. You know, they own companies. Like, you know, they’re very stable and they just like to have fun. So.. at the same time it might be different for me because as a girl, I’m gonna have to stop doing [laughs] everything at some point if I want to have kids. So.. and that’s coming up damn soon [laughs]. So people are reminding me. Definitely within the next 10 years I have to stop. Even by 35, no [laughs] by like um [thinking] 30, um within 5 years.

Nick: Within 5 years you wanna stop?

Penny: I have to. I have to if I wanna have a family, if I wanna just live a normal family life. And I don't wanna be like a 40-year-old – I know some people, like I know at least one person, he's a dad, he has like two kids and he goes out and parties and leaves his wife and kids at home. And he goes out to Vertigo, he goes out – he doesn't sleep. And it just makes me think "how are you like a father right now?"

Nick: Okay so you don't think it goes with parenthood?

Penny: Absolutely not.

Penny explained that she must give up her drug use and all-night partying lifestyle soon if she plans to have children. Her argument seemed to be rooted in biological assumptions (that prenatal drug use is dangerous). She did, however, also reference social norms about parenthood when arguing that she wants to “live a normal family life.” She did not believe that drug use and raving were part of such a life.

Interestingly, Penny alluded to her gender when describing why her “trajectory” might be different from the men she knows who are in their forties and “still going out to party.” Penny seemed to be referring to gender differences in life course expectations. Her expectations were consistent with existing research which shows that women, on average, report a younger expected age of marriage and parenthood than men (Crockett and Beal 2012). This might have to do with biology, as women believe that pregnancy is riskier at older ages (see, for example, Bayrampour et al. 2012). Gender differences in age expectations of marriage and parenthood might also have to do with traditional gender roles and stereotypes which suggest that parenthood is more important to women's identities than to men's identities (Carlson and Williams 2011). Penny might have also been alluding to the fact that mothers (and women in general) tend to be judged more harshly for using drugs than fathers. In her study of women involved in the drug trade, Boyd (2006) argues that women who use and sell drugs are “doubly deviant.” First, as criminals who are breaking the law, and second, as women who are

transgressing traditional gender roles. Mothers who use or sell drugs, in particular, are commonly painted as immoral and dangerous. Boyd (2006) points out how, through moral panics over prenatal and maternal drug use, the woman's body became a new territory for fighting the "war on drugs." This has resulted in increases in medical, social service, and legal surveillance of women. Penny seemed to be speaking to these discourses around mothering and parenting when she discussed her own plans for stopping her drug use. She thought that it was important, as a woman, that she stop using club drugs once she starts a family (possibly because she does not want to be seen as "unfit" or "dangerous"). Of course, as I have argued throughout my dissertation, intentions do not necessarily translate into action. It would be interesting to do longitudinal research to see how the participants' drug-using behaviours and practices change, if at all, as they age.

Another important age-related norm that influenced the participants drug-using practices was that older people should know better than to engage in "risky" forms of drug use. There was a general expectation that, as you grow older, you should become more responsible about the way you use drugs. Christian explained:

Nick: So you guys who use these drugs yourselves, you sort of have this idea that like you can – like there's a threshold where you're using too much, where it's too much it's too...

Christian: Yeah. When we were younger, it was whatever. We're young, stupid, we can have our fun. But now we're at the age of putting our life straight.

Christian believed overconsumption was not acceptable at his age. When he was younger, these types of "reckless" drug-using behaviours were normal; however, they were not normal now that he was older. Christian was alluding to a sort of "maturation" in terms of his drug-using practices.

Similarly, Paula explained that she was very irresponsible about her drug use when she

was younger. She recounted a story when she took five MDMA pills in one night:

Um my birthday one year and I [pause] had taken like five pills of MDMA in one night within like a five to six hour span...which is really bad. You should only be taking one [laughs]. um...cause it can last up to like five hours to eight hours. Sometimes even the day after you feel it. Um so that was really reckless on my part. But I feel like that night it was just like okay...like I took one and then I took another and I was like "oh it's my birthday and I don't care" so I just kept taking more and more. And like I know I was going through a lot around that time too so I wanted to really forget about my problems so I didn't really care about what the hell I was taking. And it wasn't even from one source. Like I would get it from one person and then I got it from another person and then I got it from another person later on in the night because I wanted to keep partying. And like I was young so whatever...you only live once.

Paula recognized that this type of overconsumption was irresponsible. She condemned her past self for engaging in such practices, referring to them as “reckless.” She seemed to justify her recklessness by her age, claiming “I was young so whatever.”

Age norms affected the participants’ drug use and risk management practices in a number of ways. First, age norms affected how the participants moderated the amount and frequency of their drug use. For the most part, the participants had scaled back their use based on their beliefs of what was appropriate for their age. Martina, for example, declined an invitation to come to Chaos nightclub to see a DJ she liked because she did not want to party two nights in a row. Joey and Paula messaged in our group chat, trying to convince Martina to come out that night. Martina said that she wanted to go but that she was partying the next day, as she already committed to a friend’s birthday event. She reasoned that she could not go out partying two nights in a row. “I’m too old for that shit” she replied. Joey understood. He explained “I hate going out two days in a row...I’m an old man now.” In this way, the participants limited the frequency of their drug use because they were “too old.”

Joey similarly explained that he is selective about what events he goes to and when he uses drugs because he does not want to be judged for partying too much:

I do worry about what people think if I'm like going out binge-drinking and partying all the time. My brother brings it up a lot, playfully...but he's like "oh out partying again?" or shit like that. "When does the partying end?" things like that. It's like...he's joking but he's not. So I try to pick and choose what I go to and what I get "lit" at [laughs]. Like, it's for my health as well. I'm getting old, I can't binge-drink every weekend. So it's like my health but also just like, I don't want to be that guy who never grows out of partying. You know?

Joey offered two explanations for slowing down his partying: his health, and his fear of judgment. In both cases, Joey came to believe that partying and using drugs regularly was inappropriate for someone his age, and he thereby limited how often he engaged in each.

Age norms also affected the participants' plans regarding when they would fully stop using club drugs. Most of the participants believed that they would give up their club drug use once they started to have a family; however, many believed that they would continue to use cannabis even after becoming parents. Christian explained,

Nick: Okay And so do you see yourself doing these drugs in the future? [Christian: No no]. So when do you think you're going to stop doing them?

Christian: Sooner or later, I feel like when I get my own house and start focusing a little bit more, I think I'll just stick to weed after. If anything it's, at most, probably a line here, line there but otherwise, probably I won't go for it.

Nick: Yeah so like a line here line there like –

Christian: Like someone has it. But if I have kids and I get older, and then it's a full cut off.

Nick: So once you have a family like with children –

Christian: I find it's time to grow up out of it.

Christian clearly did not see cannabis as contradictory to parenthood, but he believed club drugs were.

As I discussed in Chapter 3, Christian tended to talk about his cannabis use through medical discourses (i.e. he explained cannabis use as a tool for "relaxation"). I theorized that this might explain why Christian made clear distinctions between cannabis and club drugs when

defining problematic drug use. I also suggested that the distinction had to do with the fact that cannabis was viewed as less “disruptive” than cocaine and MDMA. For instance, Christian felt like he could function normally in his day-to-day life while using cannabis, but not club drugs. Another possible explanation might be that cannabis use is normalized and is thus, “acceptable,” even as a parent. As Parker et al (1998; 2002) argue, there is evidence to suggest that cannabis has been normalized (or accommodated) in mainstream culture, but there is little evidence to suggest that club drugs are accommodated outside of the club scene. Cannabis might therefore be seen as acceptable for parents to use just like it is acceptable for them to use alcohol (as long as it is controlled). Such a distinction might also be rooted in the fact that cannabis, like alcohol, is legal, whereas club drugs like cocaine and MDMA are not. Christian might therefore view club drug use as unacceptable for parents because there is the risk of criminalization (and possibly losing custody of their children).

Jamie also reasoned that he would continue using drugs until he had a family and a home:

I will never probably be at a point – until maybe I’ve got kids or I’ve got a family or I’ve got a house or I’m really settled. Until that point, I’m never going to be like, "Oh, no. I don’t want to do drugs." If somebody offered me coke, I’ll be like, "yes" instantly. Even if it’s just a night out on a Friday, I’d just be like, "Yes, fuck it." I was doing coke last night. It’s just one of them things. I just enjoy the fucking buzz, even though it’s pointless. It’s a bloody Thursday night and we’re in a fucking bar. I just enjoy the buzz.

Jamie does not see himself giving up his drug use until he is “settled.” He, like the other participants, considers parenthood to be the stage of his life at which he will stop using drugs. Parker and Williams (2003) note that these protector factors (family, a home, a job) are coming much later in life than they were in the past. They argue that the period where young people rely on their parents for support has been delayed (in other words, the period of adolescence has been prolonged). As such, people are not being pushed out of drug use until a much older age. This might explain why many of the participants continued to party and use drugs despite being in

their late twenties and early thirties. Most of them were not yet “settled down” with a family, a home, and a permanent job. Some of the participants were still in school or only recently out of school. Some were still trying to figure out their career path. Some still lived with their parents. Until they have stability and certainty, they believed that they would continue to engage in the EDM scene and club drug use.

What was also interesting was that many of the participants remained open about the possibility of using club drugs as a “one-off” in the future (even after they had families and “gave up” their drug use). Michael explained,

Say I’m married with kids, but my good friend or best friend has a bachelor party somewhere out. You know what? Fuck, if it’s there, then yeah. If it’s there, like why not? You know. One more kick at the can, sort of thing. So yeah, I suppose I’m not gonna say “no absolutely not forever” but I definitely would not go out and get it on purpose

Ella similarly expressed an openness about the future possibility of club drug use:

Nick: Would you rule it out completely?

Ella: I wouldn’t rule it out completely. But it’s different for me to say now because of my issues with my nose. If I didn’t have a nose issue, and say I’m like 40 and I’m having a girls’ weekend with like my girls, like hell yeah we would do it. I know we would do it. [Laughs] But I have so much to think about because I have an issue with my nose that I probably wouldn’t do it.

Nick: OK. So if you didn’t have that issue though –

Ella: I would. If that issue – if the opportunity presented itself when I’m older, like a weekend without the kids, yeah I think so.

Ella, like Michael, imagined that she would use club drugs in the future if the opportunity presented itself. This open-mindedness about future drug use is one of the indicators of normalization identified by Parker (1998) and his colleagues. This trend can be seen by the participants in the present study since, even though they planned to cease their drug use once they transitioned into parenthood, many left open the possibility of a “one-off” if presented with

the opportunity in the future. So, drug use might still occur in parenthood, but it would look very different from their current drug use. It would be more controlled and staggered. Their choice of drugs might change too, as Christian suggested that cannabis would continue to be used but other drugs like cocaine and MDMA would not.

Because “mature” ravers were expected to be responsible about their drug use, they often assumed a parental (or “mentor”) role for younger ravers. In this parental/mentor role, they both criticized young peoples’ reckless and irresponsible drug use as well as offered help and advice to those who looked like they needed it. Tim, for example, explained that, even though he does not use club drugs anymore, he offers help to those who do:

Me and my partner, we pay attention to who’s getting to their overdose level. We always ask them, "Hey, do you need any help?" if some people are lying down. Now we’re more of that, mother and father figures to them and trying to help other people that are like – we know that look in their face, they’re going to OD soon, let’s calm them down.

Penny, too, explained that she was starting to look out for younger people who may need help at these events:

But...But like nowadays when I go, I’m a little more – because I don’t take it too much myself and I know there’s younger people that take it, like I’m gonna watch out a little bit more for them because I know how irresponsible they can get and how they don’t have limits. Because there are people that have tried it and I guess they’re not careful and they don’t experiment, and they’re like "okay." Because maybe they had a friend that’s maybe taken three and they’re fine, so "I’m gonna pop three of the same and be okay with it." And like that’s kind of like their consistent routine – which I don’t understand but it’s starting to scare me nowadays because you should not be doing that at such a young age like that.

Like Tim, Penny took on a parental role in the EDM scene. She watched out for younger ravers who she believed had engaged in “irresponsible” drug use. In this way, age norms appeared to facilitate risk management as they created an environment where “mature” ravers felt that it was their responsibility to share advice and provide assistance to less experienced ravers.

Conclusion

In this chapter, I explored the socio-cultural factors that shaped the ways in which participants took up harm minimization and public health advice in practice. I focused, in particular, on normalization, as the participants' experiences and understandings of accommodation had a significant impact on how they used club drugs and managed risk in specific contexts. My findings support the concept of differentiated normalization, as club drug use was accommodated in some settings and for some people, but not in other settings or for other people (MacDonald and Marsh 2002; Shildrick 2002). This shows the need for research on normalization to pay attention to how views of drug use vary in different contexts.

In those contexts where the participants perceived club drug use to be acceptable (i.e. in EDM settings and/or around club drug-using peers), they sometimes engaged in higher levels of consumption than usual. This is an example of how accommodation appeared to facilitate riskier drug-using practices. On the other hand, the participants felt more comfortable sharing risk information and advice in contexts where club drug use was accommodated. This is an example of how accommodation appeared to facilitate risk management, as the participants were able to further develop their knowledge about club drug risk and the strategies for managing this risk through open communication with one another.

I also explored how the participants experienced and understood stigma in regard to their club drug use. In those contexts where club drug use was perceived to be unacceptable (i.e. in settings outside the EDM scene and/or around people who did not use and/or approve of club drug use), the participants sometimes limited their dose to mask the effects of their use. In this way, stigmatization appeared to result in less risky practices of club drug use than in normalized contexts. However, the participants sometimes did the opposite in contexts where club drug use

was perceived to be unacceptable: they consumed higher doses than normal. In these instances, the participants tried to consume more at once so that they could make fewer visits to the washroom throughout the night (thereby raising less suspicion from others). In this respect, stigmatization produced riskier drug using behaviours. Stigmatization also inhibited the participants from getting harm minimization resources and supplies, and from getting help from others including medical professionals. In this way, stigmatization undermined harm minimization calls to “get help when needed” and to “test it before you ingest it.”

Lastly, I explored how age influenced understandings and experiences of accommodation of club drug use. Because the participants were in their late twenties and early thirties, they felt that they needed to slow down their partying and drug use. They planned to discontinue their use once they got married and started a family. In addition to limiting the amount and frequency of their drug use, the participants also embraced a “parental” role in the EDM scene by helping less experienced drug users. In these ways, age norms appeared to facilitate “responsible” club drug use. A connection might be made to the Foucauldian notion of normalization. The impact that “age norms” had on the participants’ drug-using behaviours signals that forms of normalization (in a Foucauldian sense) are relevant to explaining club drug use. In particular, it signals that people who use club drugs are being governed through norms of conduct (based on age).

The findings of the present chapter are an important contribution to the normalization literature because the relationship between accommodation and risk management has rarely been explored. Ravn (2012), for example, looks at how the perceived level of accommodation in a given nightclub affects practices of club drug use. The study makes the important argument that young people use drugs differently depending on the perceived level of acceptability of such use within a given context. In particular, the study finds that, in nightclubs where club drug use is not

accommodated, the participants typically use their drugs at the pre-party and then refrain from drug use at the nightclub all together. In nightclubs where such use is believed to be accommodated, the participants are more likely to use drugs at the venue itself. He notes, however, that the participants are still cautious about where they use in these settings because, even though they are not concerned about other clubbers' perceptions, they worry about club staff. While Ravn (2012) looks at the impact of accommodation on drug using practices, he does not consider what this impact means for risk management. In this chapter, I extended the normalization literature by considering how accommodation (or lack therefore) affects risk-taking and risk management behaviours. By exploring how the participants experienced and made sense of accommodation in different contexts, I advanced our understanding of why drug users do not always adhere to public health and harm minimization advice in practice.

I have shown that, to facilitate risk management, club drug use needs to be de-stigmatized. By de-stigmatizing club drug use, people who use club drugs will be able to openly discuss their use with one another, to seek help when needed, and to obtain harm reduction supplies and resources without fear of judgment. At the same time, I recognize that, by de-stigmatizing club drug use, young people might be more likely to engage in overconsumption. Education and outreach initiatives that target individual behavioural change are therefore necessary to complement these environmental changes (i.e. de-stigmatization). In particular, there is a need for more education and outreach programs that focus on teaching young people about the risks of overconsumption and how to manage these risks.

Chapter Six: Commercialization, Space, and Time in the EDM Scene

The final Daylight event of the summer had to be relocated last minute because of severe flooding on the Toronto Islands (where Daylight events are typically held). When we arrived at the event, I found myself critically analyzing the new venue. I thought about what parts of the physical setting had changed due to the last-minute venue relocation. The first thing I noticed was that the new venue was much more accessible. While the island could be accessed only by ferry or water taxi, the new venue, located along the city's harbourfront, was accessible by bus, train, and car. I thought about how this might affect the patrons' drug using behaviours. Because the venue was easily accessible, patrons did not need to account for extra time to get to and from the event. When the event was held on the island, patrons needed to account for the long lineups for the ferry or water taxi and the twenty or so minute ride to get to the islands. The easy accessibility of the new venue might encourage more excessive alcohol and drug consumption. Patrons could now indulge in a longer "pre-drink" party and could stay at the venue longer without having to worry about beating the crowds to the ferry or the water taxis to get back home. Adam and Craig, for example, pre-drunk from 2:00pm until 4:30pm before calling an Uber. At a regular Daylight event, they would have left much earlier so that they could account for the long ferry lineup. This means that they would have likely consumed less alcohol before the event and that the effects of that alcohol would have worn off earlier (perhaps while waiting in the ferry lineup). Adam and Craig also stayed at Daylight until nearly the end of the event. This was not their usual practice. Consequently, Adam and Craig partied and used drugs and alcohol for a longer period than they normally would if Daylight was taking place on Toronto Islands.

The physical design of the venue had changed too. The porta-potties were located behind the food trucks. There were significantly fewer porta-potties than normal. There was, however, a washroom structure (which was a part of the venue) that was open for the event. It was located closer to the mainstage than the porta-potties. It was a typical “park” washroom with concrete walls and “traditional” stalls (with doors that did not reach the floor or the ceiling). The new washrooms did not provide the same privacy that porta-potties did. Security, police officers, and others could easily look over or under the stalls as well as through the cracks. As the day progressed, the lineups at these washrooms were significantly shorter than those at the porta-potties, likely because those who were using drugs preferred the privacy of the porta-potty over that offered by “traditional” stalls. Because of the shortage of porta-potties, the participants made fewer trips to the washrooms than usual (at a regular Daylight event they would have made frequent trips to the washroom to do their drugs). Thus, the change in washroom accessibility and design appeared to affect their drug use practices. Perhaps they were using more at once so that they could be more efficient and avoid standing in long lines all evening. Perhaps they were using less because they could not be bothered to wait in the long lineups. Or perhaps they were using their drugs elsewhere (like in the crowd).

I also noticed a fenced-off area beside the second stage which had been designated for cannabis use. Given the recentness of cannabis legalization in Canada, festival and event organizers were likely experimenting with different policies and approaches for responding to this form of drug use. I thought about how the new area might encourage cannabis use because it was now “permitted.” The separation of the cannabis area from the rest of the venue was also notable – it appeared as if they were trying to contain the actual smoke from the cannabis and/or discourage combined cannabis and alcohol use.

Also notable were the many additional “chill out” spaces offered by the new venue. When Daylight was held on Toronto Islands, there were few shaded areas to “chill out” (because the space was basically an open field). At the new venue, there were trees and large structures which provided many shaded areas. There was also a third stage hosted in a gazebo-like structure which was covered from the sun. There were also tables, chairs, umbrellas, and benches that appeared to be a part of the original venue which event organizers had used in their design of the event space. In these ways, the new venue offered many more spaces for patrons to take breaks from dancing and to “chill out.”

As the opening fieldnote illustrates, I evaluated (internally) the new Daylight venue based on how I thought the changes to the space might produce and/or reduce drug-related risks. While exploring the new venue, I had speculated about how patrons’ drug-use practices might vary between the old Daylight venue and the new one. In this chapter, I draw on my fieldwork to extend this analysis, looking at the connection between risk management behaviours and the inter-related factors of space, time, and commercialization. I begin the chapter by discussing the dissolution of the “underground” rave scene and the subsequent rise of the commercialized Electronic Dance Music (EDM) scene. I explain how commercialization has affected the spatial and temporal organization of the scene. I then offer a typology (based on the new, commercialized rave scene) for the various venues where such events are held.

The rest of the chapter is divided into two parts: the organization of space and the organization of time. In the first part, I examine how risk-taking and risk management behaviours were affected by spatial factors such as crowding, alcohol availability, water availability, and sound and lighting. In the second part, I look at how risk-taking and risk management behaviours were affected by temporal factors such as length of event, set times, and

season. At various points throughout the chapter, I also consider the impact of commercialization (independent from space and time) on risk-taking and risk management behaviours. In other words, I consider not only how commercialization affects the organization of space and time, but also how it affects, more directly, practices of club drug use and risk management. Through these foci, I highlight the many barriers participants faced when trying to put public health and harm minimization advice into practice.

Commercialization of the EDM scene

Rave parties (now often referred to as “EDM events”) look very different today than they did thirty years ago. To understand the current organizational style of the EDM scene, it is important to reflect on how the scene has transformed over the years. The Electronic Dance Music (EDM) scene, as we know it today, was born out of the underground rave scene of the 1980s and 1990s. As discussed in Chapter 4, Hier (2002) found that, in 2000, there were significant fears in Toronto around rave parties and the use and abuse of ecstasy at these events. Traditionally, rave parties were held in unlicensed and secret locations like warehouses, parks, and parking garages. Based on pressures from politicians, police, the media, and the public, rave organizers attempted to “legitimize” their parties by moving them into licensed venues. With this change, the rave scene went from being a part of the underground economy to becoming part of the city’s legitimate leisure economy. A similar movement of rave parties into licensed venues also took place in other cities with developed rave scenes (in the United States, the United Kingdom, and elsewhere) (see, for example, Anderson 2009; Kavanaugh and Anderson 2008; Measham 2004).

By moving into licensed venues, the rave scene subsequently merged with commercial club culture. As Kavanaugh and Anderson (2017) explain, an unintended consequence of this movement is that club drugs like MDMA and cocaine have filtered into mainstream nightclub populations. In other words, drugs like MDMA and cocaine are being consumed today by more diverse and less experienced young people. Likewise, heavy episodic alcohol use, common among “traditional” clubbing populations, has been introduced to club drug-using populations (i.e. ravers). While alcohol was traditionally uncommon at rave parties, it is now aggressively promoted and incentivized at EDM events. Kavanaugh and Anderson (2017) provide a number of examples of such incentives and gimmicks, including drink specials (such as “dollar beers”), “ladies drink free” nights, and the use of sweet/sugary drinks and shots to appeal to less experienced drinkers. They also point out how heavy alcohol consumption is facilitated through the scheduling of events at “peak hours” for nighttime leisure (i.e. Friday and Saturday nights) and the existence of afterhours venues with extended alcohol licenses (allowing patrons to consume alcohol well after “last-call”). As I discuss later in the chapter, this aggressive promotion of alcohol within the EDM scene creates new risks for ravers.

Not only did enforcement efforts aimed at suppressing the underground rave scene lead to the movement of rave parties into licensed venues, but such efforts also led to the development of EDM festivals. As Montano (2017) explains, the movement of rave parties into licensed venues increased the costs of running such parties. For starters, organizers had to cover the high costs associated with renting out licensed venues. Traditionally, organizers did not need to worry about such costs, as rave parties were held in illegal and underground locations like parking lots, fields, and warehouses. Organizers also had to cover the costs associated with obtaining relevant licenses (e.g. liquor licenses) and with complying with municipal bylaws (e.g,

having a certain number of trained security officers onsite). EDM festivals were thus viewed by event organizers as a new lucrative opportunity since it was believed that they would attract wider audiences than traditional, all-night rave parties. They reasoned that people would be more likely to attend these festivals because they take place during the day and do not run very late. Today, EDM festivals have become an important part of the EDM scene. In Toronto, for example, there are a number of annual EDM festivals which have attracted crowds of up to 85,000 young people (see Consiglio 2013; Markovic 2014; Rayner 2012).

Some might argue that the new commercialized rave scene is a part of the nighttime leisure economy (NTE). The concept of the nighttime leisure economy refers to the post-industrial transformation of downtown city cores into popular sites of consumption and leisure (Smith 2015). This transformation is in large part due to deindustrialization. Ferrell (2012) explains that as deindustrialization relocated “production to developing countries, cities increasingly rely on economies organized around service work, entertainment, and consumption” (1688). Thus, the decline of industrial capitalism has led to the rise of nighttime leisure economies, which are made up of a growing number of bars, restaurants, pubs, lounges, clubs, and mega-clubs (Kavanaugh and Anderson 2017). Hobbs et al (2005) explain that these economies have been created in an attempt to regenerate and rebrand downtown cores and to promote the use of public spaces which became, after the decline of industrial production, “defunct and decrepit” (62). Silvertone (2006) explains that “various night-time economies have emerged in different locales, catering to different crowds and somewhat distinct tastes” (142). The “rave space” can be conceptualized as but one aspect of the nighttime leisure economy.

I would agree that, in some ways, the present-day rave/EDM scene is a part of the nighttime leisure economy. For starters, many EDM events take place in licensed venues such as

nightclubs, bars, and lounges. EDM events also commonly take place at night. As Hobbs et al (2000) explain, the nighttime signifies a time and space characterized by ambiguity. The night is associated with darkness, mystery, and risk. It is a time and space for people to engage in activities not normally available in the daytime. The nighttime leisure economy essentially commodifies the “night” by creating environments that are designed for liminal expression. The rave space is merely one such environment selling to young people the promise of spontaneity, pleasure, and structured deviance.

In addition, alcohol, a defining characteristic of the nighttime leisure economy, is heavily promoted at present-day EDM events. Alcohol is an important part of nighttime leisure economies because it is the core commodity that attracts people to urban centres. Hobbs et al (2003) argue that “the night-time economy is as dependent upon hedonistic drives cultivated in the alcohol/youth nexus as industrial society was on the motive power of coal and steam” (36). As discussed above, alcohol (despite being uncommon at traditional rave parties) has become an important part of today’s commercialized EDM scene.

At the same time, the EDM scene also clearly departs from the nighttime leisure economy in several important ways. For starters, not all EDM events take place at night. In fact, day parties have become increasingly common within the EDM scene. In addition, EDM events are sometimes held in venues which are not commonly thought of as a part of the nighttime leisure economy. For example, they are sometimes held in parks, forests, cruise ships, beaches, churches, warehouses, and parking lots. In these ways, it is difficult to conceptualize the EDM scene using the notion of the nighttime leisure economy.

While, empirically, the EDM scene and the nighttime economy (NTE) depart in a number of important ways, the NTE literature still offers some important insights for understanding the

commercialization of EDM. In particular, there is an important connection that can be made to the NTE literature in terms of how the commodification of leisure activities creates new harms and risks associated with such activities. In fact, a lot of the NTE literature has focused on how the attributes and contexts of the nighttime economy have contributed to problems related to alcohol use and violence (see, for example, Ayres and Treadwell 2011; Hobbs et al. 2005; Kavanaugh and Anderson 2017; Lister et al. 2010; Silverstone 2006). For example, Kavanaugh and Anderson (2017) looked at how extended licensing for nightclub venues facilitated problematic alcohol use. Extended alcohol licensing is but one example of how licenses are being relaxed for bars, pubs, and nightclubs in order to encourage economic growth and development in city centers. As Kavanaugh and Anderson (2017) explain, these “after hours” venues are typically packed with intoxicated persons who are looking to consume more alcohol and party longer. Not only do these venues facilitate problematic alcohol use, but they also create conditions for physical and sexual violence (as they become crowded with a diverse group of young people who are all very intoxicated).

This connection between the economic aspects of leisure activities and harm can be extended to understanding how the features of the EDM leisure economy (e.g. commercialization, promotion of alcohol, crowding) exacerbate drug-related risks and undermine harm reduction. Conceptually, the nighttime economy literature is therefore useful for understanding how the EDM scene has been transformed into a type of leisure economy, and for understanding how this transformation affects drug use and harm reduction. Thus, in the same way that NTE scholars talk about the impact of the commodification of leisure in the nighttime economy on harms related to alcohol use and violence, I focus on the impact of the commodification of leisure in the EDM economy on harms related to drug use.

In this section, I have discussed commercialization and the economics of the new EDM scene, and I considered their impact on the spatial and temporal organization of EDM events. Parties which were once held in unlicensed venues are now commonly held in commercially licensed venues. Crowding (which I discuss in more detail on page 260) tends to be an issue in commercially licensed venues, likely because they are indoor/enclosed spaces and because organizers often overpack them in order to increase their profits. Also important is the new role that alcohol plays at these parties – it is now aggressively promoted, and venues tend to be organized around the sale of alcohol (e.g. bars set up in “ideal” spaces, chill out spaces sponsored by alcohol companies,³⁶ bottle service booths).

In addition, many EDM events (mostly all festivals) are now held outdoors, during the daytime, in public spaces like Toronto Islands and Ontario Place. This is very different from the underground rave scene of the 1990s that typically took place in unlicensed venues at night. In these ways, commercialization and the economics of the new EDM scene have shaped the spatial and temporal organization of present-day EDM events. So, in this chapter, I consider the influence of commercialization and the economics of the new EDM scene on club drug use and risk management both directly and indirectly (via its effect on space and time). In the next section, I consider how we might categorize different EDM venues and events based on their organizational typologies. Developing a typology is important so that we can better understand the spatial and temporal organization of the new, commercialized EDM scene, and its impact on risk management.

³⁶ For example, Strongbow sometimes sets up a lounge area beside their trailer at outdoor EDM festivals. The chairs and umbrellas which make up the lounge area are stamped with their logo.

Typologies of EDM venues

While many have attempted to develop meaningful typologies of EDM-focused venues, none of these seem to perfectly apply to the present-day EDM scene in Toronto. For example, Hutton (2006) uses the terms “underground” and “mainstream” in her research on Manchester club culture to distinguish between various club spaces. She uses the term “underground” to refer to those club spaces that play experimental, non-mainstream music, and that are accepting of many different lifestyles and fashions. On the other hand, she uses the term “mainstream” to refer to those commercial club spaces that play mainstream Top 40 music and that are less accepting of people who are different (such as same-sex couples, those with unique fashion styles, and so on). In the present study, all of the venues attended were EDM-focused, and so, by Hutton’s typology, were “underground.” The problem is that some of the EDM-focused venues in Toronto could be considered “mainstream” too. Chaos nightclub, for example, was considered mainstream by many of the participants because it is heavily centered around bottle service,³⁷ it attracts both ravers and non-ravers, and it has a dress code similar to other “mainstream” nightclubs. More so, some venues, such as Chaos, only host “EDM” events on select nights while catering to “mainstream” crowds on others. These venues thus contain elements of both the “underground” and the “mainstream.”

Many have criticized the distinctions between “mainstream” and “underground” club cultures (see, for example, McRobbie 1993; Redhead 1990; Thornton 1995). The idea is that the “underground” and the “mainstream” have become blurred in late modernity (Redhead 1990). In her study of club cultures, Thornton (1995) argues that the distinctions between

³⁷ Bottle service refers to the sale of bottles of alcohol at nightclubs. Typically, the purchase of bottle service includes a reserved table or booth for the patron’s party. The participants saw bottle service as “mainstream” because they tended to associate it with commercial nightclubs. At smaller, “underground” nightclubs, bottle service was seen as uncommon. See more on page 258.

mainstream/subculture are based in ideologies, not empirical realities. She explains that the “mainstream” is essentially a trope used by young people to “put themselves in the big picture, imagine their social world, assert their cultural worth, and claim their subcultural capital” (115). She gives the examples of clubbers and ravers, all of whom tend to distinguish themselves from the mainstream. The core of her argument is based around her notion of subcultural capital, which she develops from Bourdieu’s (1986) “cultural capital.” The concept refers to the ways in which young people gain status by differentiating themselves from the mainstream. So, distinctions between mainstream and subculture are not so much about objective relationships between different social groups but rather about the ways that young people imagine themselves by differentiating and distinguishing themselves from “others.”

Measham and Moore (2009) explain that the relationship between mainstream and underground has become even more blurred with the commercialization of electronic dance music (EDM) and the growth of the nighttime leisure economy in many downtown cores across the globe. They point out that many EDM brands like *Ministry of Sound* have become multimillion-dollar businesses by hosting large scale events while trying to maintain an “underground” aesthetic. This seemingly contradictory relationship of mainstream businesses with an underground aesthetic can be clearly observed in the EDM scene in Toronto. For example, a few years ago, a major event company in Toronto had promised to host an underground warehouse rave for New Year’s Eve. The venue for the event was to be kept a secret until the day of the event. The event excited many people in the rave community because it was billed as an “old school” and “authentic” rave party. Of course, the party would be run by a major event company and would sell tickets and advertise the party in the same way as “mainstream” rave parties. Furthermore, because the rave party was operating legitimately

(obtaining the necessary licenses), it had to be relocated last minute when the city reported that the venue was not up to safety standards. The party ended up being held in an old nightclub that was under renovation. While not a warehouse per se, the aesthetic still felt somewhat “underground” because the nightclub renovation was unfinished. The feeling of “being in the know” about the party while others were not also made the event feel “underground.”

A similar example of how mainstream business and the underground aesthetic overlap is “Bathurst Street,” an event space which was shut down recently due to safety concerns. The venue functioned as a warehouse during the week and a rave venue on weekends. Many in the Toronto rave community were excited about the underground aesthetic of a warehouse venue. Nonetheless, the venue had mainstream elements. For example, it hosted events with major, world-renowned headlining DJs. It even hosted a “Boiler Room” event (Boiler Room is a massive online broadcasting platform that streams live music events around the world). It was also advertised on major Toronto web blogs and Facebook groups. In these ways, the “underground” and the “mainstream” commonly overlap in the current Toronto EDM scene.

All of this is to say that mainstream/underground typologies of EDM venues are problematic and overly simplistic. Kavanaugh and Anderson (2017) offer another way to categorize EDM venues which I believe is more useful. They categorize EDM venues based on their “organizational styles.” Organizational style refers to the venue’s physical design, management and business styles, use of alcohol, and use of entertainment gimmicks and props. They define two organizational styles of club venues: social-intimate and business-commercial. The former refers to those venues where security is maximized and where drug and alcohol consumption is facilitated, but overconsumption is not. The latter refers to those clubs where profit is placed above all else. These venues tended to be larger than social-intimate venues and

to more aggressively push alcohol onto patrons. Based on this typology, Chaos nightclub would be a “business-commercial” venue. Chaos is a mega-club with four rooms with four different sounds. While the club hosts special EDM-focused events, it traditionally operates as a “mainstream” nightclub. On a regular night at Chaos, the main room plays Top 40, hip-hop, and “big room” EDM (i.e. “radio EDM”). Many have compared Chaos to a Vegas-style club because it is big, glamorous, and flashy. Alcohol is promoted via bottle service and guestlist. Patrons are offered privileges like line bypass if they purchase bottle service. At most other EDM-focused venues in Toronto, bottle service is uncommon. In fact, Paula had commented about a group of people at Cactus nightclub who were dressed fancy (which she thought was unusual for Cactus) and who were partying in a booth with bottles. “Who gets bottles at Cactus?” she laughed while gesturing to them. Clubs like Cactus might be considered “social-intimate” since they are smaller in size and there does not seem to be a push to get patrons to purchase alcohol and to overconsume.

One limitation of Kavanaugh and Anderson’s (2017) typology is that it focuses only on nightclub venues. They do not really account for after-hours clubs or for temporary venues (which are used for festivals and other special events). In Toronto, after-hours clubs are not usually licensed to serve alcohol. There is therefore an expectation that patrons will be using drugs. These clubs tend to be small and to cater to “hardcore” partiers (since they do not open until after 1:00am). In my version of Kavanaugh and Anderson’s (2017) typology, after-hours clubs are their own category of EDM venue, as they are unique enough to be distinguished from both social-intimate and business-commercial venues.

Temporary venues also play a key role in Toronto’s EDM scene. In the summer, festivals and events are commonly held at outdoor venues such as parks, beaches, and parking lots.

Sometimes special events are held in “temporary” indoor venues like the New Year’s Eve warehouse rave party mentioned above. Temporary venues are very different from nightclub venues because they are not part of the nighttime economy (they are converted for the specific purpose of the EDM event). What matters here is not the venue itself, but the way in which the venue is designed for a specific event. Because it is a temporary venue, there is usually flexibility in its design. So, it is possible to make distinctions between social-intimate and business-commercial organization styles, but such distinctions would be based on how a specific event company organizes the space, and not on the venue itself. Lifetime, for example, might be classified as “business-commercial” because it is a large event that is heavily centered around profit-generation (usually through alcohol sales) and it caters to a broad range of “ravers” (including techno, EDM, house, and trance fans). On the other hand, Daylight might be classified as somewhere in the middle of “business-commercial” and “social-intimate” as they have become too large to be considered intimate, but they still cater to a niche crowd (i.e. techno fans). The most recent Daylight event took place at the same venue commonly used by Lifetime. This shows that the same temporary venue can have a very different organizational style depending on the event taking place at it.

In this section, I have explored some of the ways in which the organizational styles of EDM venues might be categorized. I found Kavanaugh and Anderson’s (2017) typology most useful, although I proposed a slight variation. In addition to social-intimate and business-commercial nightclubs, I suggested a third category of “after-hours” clubs and a fourth category of “temporary venues.” For the fourth category, I acknowledged that distinctions between social-intimate and business-commercial styles could still be made. I argued, though, that these “temporary venues” should be in their own category in order to denote their uniqueness from

licensed, nightclub venues. In Appendix B, I provide a table summarizing the differences between these different categories of venues. This typology is important because it helps to show how commercialization has influenced the spatial and temporal organization of the EDM scene (i.e. by bringing “business-commercial” organizational styles to the scene). It also helps to understand how space and time is organized differently at different EDM venues and events. In the rest of the chapter, I explore how commercialization, space and time may facilitate and/or undermine the adoption of risk management practices.

Space

In this part of the chapter, I focus on the organization of space³⁸ within EDM venues. I look at how a venue’s organizational style shapes and facilitates certain substance-use and risk management behaviours while limiting or preventing others.

Crowding

The sensation of being in a crowd is part of the “rave” experience. At the same time, overcrowding does not allow for dancing and free movement. Thus, to be a success, an EDM event must strike the perfect balance between being “too empty” and “too crowded.” The participants often differentiated between the types of crowding at two different nightclubs: Cactus and Chaos. At Cactus, what Kavanaugh and Anderson (2017) might refer to as a “social-intimate” venue, the crowding never seemed to be unbearable. Even at sold-out events, there was enough room for patrons to dance and to move around without bumping into each other. Paula

³⁸ While I acknowledge that “space” can be understood in social terms, my focus in this chapter is specifically on *physical* space. Recall that I discussed social and cultural factors that shape drug-use behaviours in the previous chapter.

thought that event organizers for Cactus purposely undersold tickets for their events because they did not want patrons to have a bad experience.

On the other hand, Chaos, which Kavanaugh and Anderson (2017) might refer to as a “business-commercial” venue, was often criticized for hosting overcrowded events. The participants believed that the event organizers of Chaos often oversold tickets for their events, which made for an unpleasant experience for patrons. Recently, Adam, Craig, Sebastian, and Michael went to a sold-out event at Chaos which they described to me as “utter chaos.” They compared the nightclub to a “sardine can” because they could not move, and they were constantly being pushed and shoved while on the dancefloor. As Kavanaugh and Anderson (2017) explain, “business-commercial” venues are becoming increasingly common in nighttime leisure economies, likely because they are more profitable (in terms of both entrance/ticket fees and alcohol sales at the venue) and they have a wider appeal to the masses than smaller, more niche, “social-intimate” venues. “Business-commercial” nightclubs therefore support the overall objective of the development of nighttime leisure economies, which is to attract a consumer class to city centres who will then engage in “market compliant behaviour” (484). With the rise of these “new” large-scale, “business-commercial” venues, overcrowding is likely to become more of an issue within the EDM scene.

Crowding has been associated with a number of risks, including dehydration, hyperthermia, and neurotoxicity (see Bellis et al. 2002; Lester et al. 2000; Richards 2006). As Measham (2004) explains, these risks have been exacerbated (not minimized) by the movement of rave parties into licensed, indoor venues. Overheating was rarely an issue in fields, beaches, parking lots, warehouses and other spaces where rave parties were typically held, but it is definitely an issue in indoor, commercial nightclub spaces. An effect of many popular club drugs

(like MDMA) is that they increase body temperature. The new, indoor, commercial rave space (which is smaller in size, does not have open-air, and tends to be overcrowded) enhances this effect, especially when paired with prolonged periods of dancing. The risks associated with overheating are also enhanced by the fact that patrons at nightclubs often consume large volumes of alcohol (which can act as a dehydrant).

Not only does crowding increase temperatures, but, as the findings of the present study show, crowding also makes it difficult for patrons to employ strategies for managing these risks. In particular, crowding limited the participants' abilities to employ two specific risk management strategies: drinking water/staying hydrated; and taking breaks from dancing to "chill out."

Victoria explained,

A lot of the time, we'll go to the front of the stage. I guess as the night goes on, it gets a lot more crowded. If we are at the front of the stage, then it's harder to access water. That would be another thing, unless someone's bringing it in their backpack. If we've run out, then it's less likely that we're going to go to the water station to fill up.

Victoria's logic can also be applied to the practice of "chilling out." The participants often wanted to take breaks to rest and to recuperate from dancing in the heat but, unfortunately, crowding sometimes prevented them from doing so. In some instances, participants sat on the ground in the middle of the crowd so that they could rest without having to push through the crowd to leave and possibly lose their spot at the mainstage. In these ways, crowding prevented the participants from practicing risk management when using club drugs.

Crowding at EDM events also affected how the participants used their drugs. On a number of occasions, I witnessed participants becoming so frustrated with maneuvering through crowds to get to the washrooms that they opted instead to use their drugs in the middle of the crowd. At a particularly busy Daylight event, this was the case for Joey, Alice, and others. It was about 8:30pm and the stage had become very crowded. Joey looked around and laughed. He said

there was no way he was going to try to get to the washroom every time he wanted to use cocaine. “It’ll take me way too long” he laughed. He asked Alice if he should just do it in the crowd. She said yes. Joey licked his pinky finger and dipped it into his dime bag. He then shoved it up his nostril, tilted his head back, and inhaled. He handed the bag to Sebastian. He told Sebastian to lick his finger so the cocaine stuck to it. He did. Alice said she does not need to lick her finger because she has long fingernails. She stuck her pinky in her own dime bag (which was sitting in her opened purse) and took a bump. Everyone continued dancing as normal.

About an hour later, Sebastian began complaining that he was tired. Joey told him that he needed to do another bump so that he could get energy, but he was all out. Alice said he could do one of her pills. She said he could have it for free. She pulled a pill out from her purse and put it into Sebastian’s hand. He was about to take it and then Joey interjected. “Actually, I have another baggie” he remembered. He pulled out another dime bag. He warned Sebastian that it was not the best stuff but that “it’ll do the trick.” Sebastian took a bump off his pinky. He seemed to be on a good high again. He thanked Joey. The participants continued to use cocaine in the crowd for the rest of the event.

Another reason that the participants used drugs while in crowds was because they provided anonymity. Sebastian explained,

I usually wait till it’s busy then I’ll just pop (MDMA) in the crowd. You know like you just bend down a little bit and you know? Because it’s a small pill and you just pretend like [gestures drinking a bottle of water]

Fileborn (2016) has similarly noted how crowding at nightclubs can provide anonymity for patrons to engage in illegal behaviours. In her study, she looks at how the anonymity provided by crowded spaces at nightclubs facilitates unwanted sexual attention and touching. Perpetrators feel emboldened to engage in sexual touching and other forms of sexual harassment in crowded

spaces without being observed. In the present study, I found that the anonymity afforded by crowded spaces also facilitated illicit drug use, as patrons could easily use drugs without being observed and/or apprehended by security or police.

In these ways, crowding might undermine risk management practices. For example, the participants might use more frequently and impulsively than usual because they do not need to walk to the washroom every time they want to use their drugs. We saw this when Sebastian took bumps from Joey's dime bag after he offered him some. It is possible that Sebastian would have otherwise declined Joey's offer if it meant that he had to walk through the crowd to get to the washrooms. By taking his drugs in the crowd, he was also making an impulsive decision. If he were to walk to the washroom, he might have changed his mind by the time he got there. The same is true when Alice offered Sebastian a pill because he was starting to "come down" from his high. On the spot, Sebastian was close to taking the pill. Only when Joey found another dime bag of cocaine did Sebastian change his mind about the pill. Had Sebastian gone to the washroom, he would have had to walk across the festival grounds and then wait in line for a porta-potty before taking it. In that time, Sebastian might have reconsidered his decision. Maybe he would have decided that he did not need MDMA, or that he should not take MDMA this late into the night. On the other hand, crowding might facilitate moderation of use. Because the participants were free to use their drugs in the middle of the crowd, they could take smaller but more frequent doses than if they had to go to the washroom every time they wanted to use drugs.

Another way that crowding might undermine risk management practices is by making it hard for friends to find one another. People who use drugs are often advised to never use alone. The problem is that participants will often wander off or go to the washroom alone and then have trouble relocating the rest of their friends afterwards. The darkness of the nightclub also

contributes to the difficulty of finding others. This is another example of how responsabilization is complicated by “context.” For example, we had difficulty locating Sebastian and Michael at Cactus nightclub when we arrived due both to the crowd size and the darkness. Tim commented “I can’t believe how dark it is in here.” Paula laughed, “I am just worried we won’t find the others.” We looked for them, but we did not have any luck. The dance floor was already crowded; it was only 11:00pm. I went to the raised platform beside the DJ booth. I stood on the platform and looked into the crowd. At first, I could not find them, despite Cactus being a fairly small venue. Finally, I spotted Sebastian towards the middle of the dancefloor. “They are over here!” I shouted while pointing to them. We tried to push through the crowd to get to them. In the process of moving through the crowd, I lost both Tim and Paula. Luckily, we were all reunited in the middle of the dancefloor along with Sebastian and Michael. In this instance, the participants and I had difficulty locating our friends because the nightclub was crowded and dark. Crowding might therefore be problematic if participants are alone when they lose their friends; they would be left without their support group. This might be especially problematic if they are experiencing a bad trip or a bad reaction to a drug.

Washrooms

Practices of club drug use and risk management are also influenced by the design and accessibility of a venue’s washrooms. As I explained above, the participants often opted to use their drugs on the dance floor when the washrooms were located somewhere inconvenient (due to either distance or overcrowding). The location of washrooms was also important from an organizer’s point of view. Seth, a risk management specialist, explained the rationale behind why washrooms are often placed at the furthest point possible from the mainstage:

We'll strategically put like the toilets and the food far from the stage, to encourage people to walk. We don't want people to be still, because then they're likely going to get comatose under the influence. We strategically place things from a design perspective, to encourage them to walk around.

As Seth explained, washrooms are intentionally placed in less convenient locations to encourage walking, thereby minimizing risk. But, as I have discussed, inconvenient washroom locations might have the opposite effect, as patrons might instead choose to use their drugs in the crowd, thereby reducing their trips to the washroom and possibly resulting in overconsumption.

Washroom accessibility also depended on the ratio of stalls or porta-potties to the number of attendees at a given event. When there were not enough stalls or porta-potties, washroom lines were very long. At these events, the participants would sometimes search for somewhere else at the venue to use their drugs. In some cases, the participants stopped using drugs all together. Christian, for example, stopped using drugs at East Side nightclub because of the long washroom lineup. After standing in a long lineup for the "coat-check," I walked to the washroom on the other end of the nightclub only to find another lineup. I saw that the lineup for the women's washroom was even worse. There were more than ten women (that I could see) standing outside the doorway, waiting. The men's washroom had only two stalls and three urinals. The guys behind me were making jokes about how the line was moving slowly because everyone was doing cocaine in the stalls. "Doesn't take more than a minute to do a bump!" shouted one of the guys behind me. Later that night, Christian was complaining to me about the washroom situation. He complained about it taking forever to get a stall. He said he was very close to pulling out his dime bag and doing a bump while waiting in the washroom lineup. I laughed. Martina and Ella agreed. "It's even worse for the women's washroom!" shouted Martina. Christian told me that he had stopped using cocaine because of the long lineup. In this case, the

poor accessibility of the washrooms had facilitated risk management by forcing Christian to slow down his drug use, and to stop it all together at a certain point in the night.

Drug use and risk management practices were also influenced by the physical design of the venue washroom. One important feature of the physical design was the type of stall. Most nightclubs in Toronto have washrooms with traditional stalls (with doors that do not go all the way to the ground, or to the ceiling). These stalls are not ideal for drug use because security guards and/or police can easily look over or under the door to see what the occupant is doing. As I discussed in Chapter 4, I observed, on numerous occasions, security guards doing just this.

Christian explained why he did not like doing cocaine in washrooms with “traditional” stalls:

At some clubs that, if someone brings their car, we will go outside and have a smoke and do it in the car. It’s safer. Or we’ll do it in the washroom, but I don’t like the washrooms because you’ve got to always look around to see if there is security or look around if there’s any undercovers. There’s always that fear. There’s some clubs that actually have a full door closed, so no one can walk in, so you’re free to do whatever you want.

Christian believed that the car was a “safer” place to use cocaine than washrooms with “traditional” stalls (with large openings above and below the door). In this case, he might be putting himself at increased legal risk (of being charged with possession of an illegal drug) by using drugs in a car. He is also likely using alcohol and is therefore putting himself at-risk of a DWI (driving while intoxicated) if he or his friends were to be in the driver’s seat while using drugs (even if the car were parked). Christian and his friends might also be more likely to drive (while intoxicated) if they are already in the car.

At other venues, the washroom stalls have doors that go down to the floor and up to the ceiling. Cactus, for example, has stall doors with no openings for security guards to look under or over. Martina alluded to this when she said she was going to do a “number 2” while at Cactus. I jokingly asked her how comfortable she was doing that at a nightclub. She said that she was

comfortable at Cactus because they have stall doors that go right to the floor. She said “they are perfect for taking a shit.” She laughed. “They are also good for doing drugs,” Paula added. In these settings, the participants might be more comfortable taking their time using cocaine. In fact, many participants explained that they snort lines at Cactus whereas they do “quick” bumps at Chaos. This ability to take your time might translate to better moderation. In a nightclub like Chaos, the participants often used a key or their fingers and snorted the cocaine in a hurried fashion. Joey, on occasion, admitted he had no idea how much he snorted because he was rushing. In some cases, he admitted to doing a second bump while in the washroom because he did not know if his first one was enough.

Porta-potties (usually at outdoor events) were also seen as offering more anonymity than “traditional” washroom stalls. The participants were less worried about being caught in porta-potties because there were no clear openings for security guards to look through. There were, however, concerns about porta-potties too. Mainly, the participants worried about the lineups outside porta-potties. While in a nightclub venue there is one lineup for all the bathroom stalls, at a festival there are individual lines for each porta-potty. These individual lineups can create more pressure to “hurry up.” More so, some of the participants worried about the locks on porta-potties. Many had shared stories about people opening porta-potty doors only to find someone already inside. There was a general assumption that locks on porta-potties do not always work (or patrons sometimes forget to lock them). Unlike “traditional stalls” where the occupant’s feet can be seen from under the door, there is no way to know if a porta-potty is in use unless it has been properly locked and the “occupied” sign has switched on. Natalie explained

So those outdoor festivals, I don’t bring cocaine with me because it’s hard to do in the bathroom and I find that I like feel uncomfortable about getting caught, because you have to have it on you. And if somebody breaks through the door of the porta-potty, like, fuck, and you’re just standing there with like a line or a fucking key or something. So I don’t

do that for those reasons mostly [laughs]

In this case, the porta-potty offers anonymity, but it is not guaranteed. The participants adjusted their behaviours accordingly. In Natalie's case, this meant that she would not use cocaine at outdoor festivals. Instead, she used MDMA.

From an environmental criminological perspective, we might view the placement and design of washrooms at EDM events as calculated efforts made by event organizers to curb crime (particularly, illicit drug use) and/or to minimize risk. Some relevant environmental criminology approaches include Crime Prevention through Environmental Design (CPTED) and Situational Crime Prevention (SCP). The basic premise of these environmental criminology approaches is that, through redesigning and manipulating environments, incidents of crime can be reduced (Clarke 1980; Crowe 1991; Jeffery 1971). Clarke (1980), a major contributor to the Situational Crime Prevention (SCP) approach, argues that, to prevent crime, the focus must be on reducing opportunity for crime and on manipulating the costs and benefits of committing crime. Situational crime prevention is based on rational choice theory, as it assumes that offenders are rational decision-makers who seek to act in ways that maximize rewards while minimizing costs. What is important about these perspectives is that they focus on the connection between physical space and crime. It is in this respect that they resonate with the arguments I make in this section of the chapter around the significance of physical space in shaping drug-using behaviours.

An example of situational crime prevention in the nighttime leisure economy is the use of WD-40 in nightclub washrooms in Bristol (see Daily Mail 2005). In particular, police officers in Bristol advised bar and nightclub owners to spray WD-40 to prevent cocaine use in their toilets. They advised them to spray the lubricant on toilet seats and toilet paper dispensers. The logic is that WD-40, when mixed with cocaine, will congeal the powder, thus, making it impossible to

snort. The fluid is also difficult to detect when sprayed on a surface. Patrons will thereby be unaware that the surface has been sprayed until after their cocaine has been sabotaged.

Lavin (2014) provides another example of situational crime prevention in her ethnography of a working-class strip club. She explains that, in the lap dance area of the strip club where she had conducted her ethnographic research, some of the dancers were “turning tricks” (i.e. exchanging sex for money). When the managers learned about this, they removed the large potted plants that were in the lap dance area. They reasoned that these potted plants were providing the dancers with privacy. By removing the plants, the dancers could no longer exchange sex for money without being observed by bouncers or other dancers.

The strategic placement of washrooms at the opposite end of the mainstage might also be considered an example of situational crime prevention. As Seth explained, the placement of washrooms was meant to force patrons to walk around instead of staying in one spot all day and becoming “comatose.” In this case, the objective was not to prevent a crime per se, but rather to minimize the potential for harm. In other words, the event organizers were attempting not to stop drug use, but rather to reduce certain risks associated with drug use such as over-intoxication and overdose.

There are certain features of the washroom design that might also be considered examples of situational crime prevention. The “traditional” stalls at Chaos, for example, may have been purposely chosen by venue owners so that security and staff can monitor the washrooms to prevent drug use and/or drug-related harm. The design of the washroom space also seems to be optimized for surveillance. The stalls at Chaos, for example, are organized into two rows with a long double-sided sink and a mirror in the middle. The mirror provides a useful tool for facilitating surveillance. Additionally, the organization of stalls and sinks, as well as the

single entrance/exit, make it possible for security or washroom attendants to keep close track of when someone enters and leaves the washroom. Likewise, the porta-potties at most festivals are organized into a half-circle shape. The organization of the porta-potties helps to optimize surveillance, as security guards can easily view all porta-potties at once. As I discussed in Chapter 1, supervised injection site (SISs) are similarly designed in such ways to optimize surveillance (i.e. chairs are set up in a half circle, and the back wall is covered by a large mirror so that staff can see what is happening in each injection stall). Thus, the organization of porta-potties and washroom stalls at EDM venues, like the organization of injection stalls at SISs, resemble what Foucault (1975) describes as a panopticon. The logic is that, by maximizing opportunities for surveillance, opportunities for crime (i.e. drug use) will be reduced. Patrons will thereby adjust their drug-using behaviours (engaging in “self-regulation”) because they fear they are being watched at all times.

Sound and Lighting

Sound and lighting also played an important role in structuring participants’ drug use and risk management behaviours. For example, the participants often spoke about the necessity of the “right” music when using club drugs. While the participants admitted to using cocaine in settings outside of the EDM scene, MDMA was typically reserved for venues that played EDM. Penny explained,

Nick: Why do you use those drugs?

Penny: Okay well MDMA just like pure music. I wouldn’t take it if I’m just at like a house party or I’m at a bar. I know people who will do it just sitting at home in front of the campfire with a bunch of friends but for me, I’ll only do it if there’s music that I like.. because I just, I don’t know how to explain it, I feel like it coincides with what I feel inside. It just amplifies how I feel about the music and how happy it makes me, I guess?

Duff (2012) has similarly noted the importance of music in shaping experiences of club drug use. He explains that young people often speak about the critical importance of having a quality sound system and the “right” music when taking club drugs. They attribute to music the power to affect how they experience a given club drug’s effects. As one of the participants in his study explained, a “good pill can become a great pill when the music’s right on” (154).

Interestingly, the participants associated cocaine and MDMA with different genres of EDM. They believed that MDMA went hand-in-hand with “hype” EDM like bass house, big room (or “mainstream” EDM), and future house. Cocaine, on the other hand, went together with techno and tech-house (genres that were typically associated with older crowds). These pairings were based on the perceived physiological effects of the drugs. Specifically, cocaine was believed to produce a feeling of confidence (Ayres and Treadwell 2011) and MDMA was believed to produce a feeling of empathy, closeness, and euphoria (Allott and Redman 2006). More so, the effects of cocaine were believed to be “subtle” whereas the effects of MDMA were believed to be all-consuming. This distinction was clearly illustrated at Opus Festival when the participants using cocaine branched off to go to the “techno tent” while the other participants stayed at the mainstage. After about fifteen minutes into the set, Joey turned to Jessica and said that he was “not feeling it.” She agreed. Paula also chimed in that the music was better at the tent stage. They decided to head back to the tent. I joined them. When we got into the tent, everyone was in much better spirits. Jessica turned to me and said, “I don’t know why but for some reason when I’m on coke, I need like thumping techno and this type of atmosphere.” She said she cannot get into anything else while on coke. I laughed. We continued dancing without anyone really talking for a while. When the headliner came on, the lights turned down. It was almost pitch-black in the tent. Paula, Joey, and Jessica were screaming and shouting. The headliner

dropped a dark beat and they started dancing and jumping. Joey screamed in my ear “this is what I fucking love!” We all danced to the music. In this case, the participants did not get the same “pleasurable” effects from cocaine use when in a setting with “hype” music. They preferred techno music, perhaps because it is low, dark, and repetitive. Alternatively, the euphoric effects produced by MDMA was believed to be better suited to the mainstream “EDM” experience, characterized by “hype” music with lots of bass drops, bright flashing lights, and crowds of people jumping up and down.

While the participants emphasized the importance of having the “right” music when using club drugs, they also admitted to sometimes using club drugs when they considered the music to be “really bad.” In these cases, the participants used club drugs so that the “bad” music became more tolerable to them. At a Daylight event, for example, the participants continuously commented on how bad the music was. They likened it to “hippy” music because it sounded experimental, spacey, and transient. “What the hell are they playing?” Paula asked repeatedly throughout the day. Everyone agreed that the music at this event had been really subpar. Only a few times did everyone get into it. Tim complained that every time the music would start getting good, it would last only about 20 minutes and then a new DJ would come on and “kill the buzz.” This was problematic as it seemed to bring down almost everyone in the group. Tim, especially, complained that he was “losing his buzz” because of the music. Victoria told me that she needed to be “really fucked up” to enjoy the music. In this way, we can see how music was an important factor that influenced their drug using behaviors. Sometimes bad music meant that more alcohol or drugs were needed so that the “bad” music could be tolerated and perhaps even enjoyed.

Lighting also affected how the participants used club drugs. Many of the participants were cognizant of lighting when they entered a venue. Jamie explained,

Jamie: I would say the biggest effect if I go to a rave indoors is the lighting. If it's dark as fuck, I'm going to be taking some serious drugs, because nobody can see. So I'm just going to be like, "Fuck it. I don't give a shit what I look like." There's a place in London I told you about it. That is a dark hole, that is a sweaty dark hole, and you go in there to take ecstasy 100%. That's all you take it there. You take a bit of coke before you go in and then you just go in there and you pop some ecstasy pills and you just get fucking wavy in there.

Nick: Are you saying you'll do lots of Mandy there because people can't see what you look like, or is it because you can actually physically take the drugs and nobody's watching?

Jamie: That's one of the reasons. You can just take it so easily because nobody can see fuck. Second reason is, nobody can actually physically see you either. They can see you but they can't really determine what you look like. It just adds to the whole vibe, if you like. You got that heavy fucking techno, you've got a couple of flashing lights every now and then, then you're really in the fucking zone at that point in your life. Everybody in there is like a fucking zombie, it's just like a big line of zombies just looking at a DJ and just popping.

As Jamie explained, the darkness provided anonymity. In such settings, participants were thereby less worried about looking "too high." They were also less worried about hiding their drug use. In these ways, the "darkness" might facilitate risky practices of club drug use (specifically, increased levels of consumption).

Penny, similarly, explained that she would be less inclined to go to the washroom to use drugs at a nightclub than an outdoor festival:

Okay yeah, if I'm outside, I won't do it out in the open because I'm a little more nervous – especially if it's light out in the afternoon and there's a lot more people walking around. You can see farther. So Daylight, let's say we get to Daylight, I would go to a stall and do it in there. I wouldn't do it out in the open at Daylight. But if, you're in the pitch-black dark at Chaos or Spice, I wouldn't care cause it's late at night, people are already fucked anyway at that point. But at least at like 3 to 4 in the afternoon at Daylight [laughing] like I'm sure there's people popping but...

In this case, participants made more of an effort to conceal their drug use at festivals (especially during the day) because it was light out.

Even without drugs, the lighting and sound at EDM events can create a feeling of being

“high.” The flashing strobe lights paired with the darkness of the nightclub and the throbbing music can sometimes make you feel like you are on MDMA even when you are not. So not only does the lighting and sound enhance the feeling of MDMA or cocaine, but in a way, it also simulates it. The sound and lighting contribute to what Hutson (1999) refers to as “the hyperreality of the rave” (58). The hyperreality of the rave is a sensory overstimulation. The music (i.e. techno) has a higher bpm (beats per minute) than most other music genres. The high bpm produces a throbbing sound (like a heartbeat), and the bass can be felt by patrons as it pulses through their bodies. Strobes and other bright and colourful lights and lasers flood their eyes. They take MDMA, which enhances the sensory overload. And they dance nonstop for hours, which tires out their bodies. All of this is meant to transform the dancefloor into a space that “gratifies a relentless and intense desire for pleasure” (Hutson 1999: 58).

Transportation

Transportation is another important factor that influences drug use practices. Many of the participants traveled from outside the city. A typical Uber ride into the city is about \$60-\$80. The rate home is typically higher, especially when a large festival or event has ended. After Daylight, for example, Paula checked the Uber rate and saw that there was a \$200 surge charge. They decided to walk a bit to see if they could get outside of the “surge” zone. The Uber price did not go down, so they decided to hail a cab. They offered the driver a \$120 flat rate. He agreed. Tim complained, “I should’ve just driven.”

Public transportation in the city is also quite problematic (especially at night). For example, the subway stops running at approximately 1:30am. Of course, EDM events usually run far past this time. In fact, the “headliner” DJ usually does not start until 1:00am. Public

transportation beyond the city is even poorer. Those who live outside of Toronto have very few options to get home at night. In these ways, poor public transportation, paired with high costs of taxi and ride-sharing services, might encourage drinking and driving. Those attending EDM events might reason that it is cheaper and more efficient to drive. For example, Joey, Michael, Tim and others had driven to EDM events to save money on occasion. Often, they would have a few beers and then stop drinking at a certain point so that they were sober when they drove home. Michael often used cannabis on these nights because he did not believe it impaired his driving abilities. On a few occasions, Michael had more than a few drinks and then drove home.

Location

How the participants adhered to risk management advice also depended on the location of the venue. Some venues were less accessible than others. For example, many EDM events were held on Toronto Island. The only way to get to the island was by ferry or water taxi. Patrons therefore needed to be mindful of the long trek home. Often, the participants would slow down their use closer to the end of the night so that they were not sick on the ferry-ride home. Some participants also admitted to consuming less drugs and alcohol at events on the island because they worried about how difficult it might be to get to a hospital if something were to happen.

Jamie explained,

Also, the thing that plays in the back of my mind with something like Daylight is, is the safety of doing something like that. You're on a fucking island, if something goes wrong with you, you're fucked. Whereas if you're in a club in the center of the city, it's like, "Well, if something goes wrong, I can get out there and I'll be at hospital in two minutes."

In this case, the remoteness of the location facilitated moderation as it caused the participants to be more cautious.

Location was also important when the EDM event was being held outside of Canada. Because they needed to travel across national borders, the participants were typically reluctant to bring their own drugs. Ricky explained that his friends were already thinking about how to get drugs for EDC (an international festival held in Las Vegas) which they will go to later this year:

Because like I said earlier, we're going to EDC. They're trying to figure out how to do it there. If you haven't looked into it, there's an app called Radiate. It's almost like social networking for ravers. It's very, very interesting. Take a look at it. Definitely look into—people will legitimately post like, "Hey I'm going to be at this event. Look for the sign if you need anything."

In this instance, Ricky and his friends are considering buying drugs from a stranger at EDC because they cannot bring their own drugs. Similarly, Sebastian informed me that he purchased drugs from a stranger when he went to Creamfields, a major EDM festival in England. He said he bought both cocaine and MDMA from the stranger. In these cases, the participants are putting themselves at increased risk of ingesting a dangerous substance by buying from a stranger. While they place a level of trust into their own dealers, they cannot act on this same level of trust with a stranger.

Water

Earlier, I discussed the risk of dehydration associated with club drug use. I explained that club drugs like MDMA increase body temperature and can consequently cause dehydration (see, for example, Hall and Henry 2006; Measham 2004). The risk of dehydration is enhanced by the fact that people who use club drugs are also engaging in prolonged periods of dancing (often in crowded and poorly ventilated spaces). In addition, many people who use club drugs also use alcohol, another known dehydrant (Bellis et al. 2002).

The participants were well aware of the risk of dehydration; however, they were not always able to manage it because water was not always easily accessible at EDM events. The price alone for a bottle of water (usually \$5) was sometimes a deterrent. For a few more dollars, participants could buy an alcoholic beverage. In this way, the high price of water might encourage (intentionally or not) alcohol consumption over staying hydrated. The price of water was especially problematic at nightclubs because there were not usually other options for “free” water. Patrons could ask a bartender for tap water; however, in my experience, they are not always happy to provide it. More so, it was often difficult to get a bartender’s attention for tap water, especially if you were going back for a second or third time and the bar was busy. Patrons could purchase a bottle of water for \$5 and then refill it; however, the only place to refill it is the washroom. As Sebastian explained, refilling it in the washroom can be awkward and difficult. He wondered whether washroom attendants would even allow it. Martina brought up the fact that the water in the washroom is usually warm. She complained that, “the warm water is good for washing hands, but not for drinking.” In these ways, staying hydrated at a nightclub can be difficult. Similar criticisms were expressed by participants of Lenton and Davidson’s (1999) study of rave and dance parties in Australia. In their study, participants complained that organizers/operators sometimes took advantage of patrons by turning off tap water in the washrooms or forbidding them from refilling their bottles in the washrooms. By doing this, the participants were forced to buy overpriced bottles of water from the bar.

At festivals, there are typically water stations where patrons can fill up their water bottles or camelbacks (i.e. backpacks that usually hold a litre or two of water). The problem is that these stations often become very crowded as the day progresses. At Daylight, for example, there was usually only one water station. On the way to the mainstage, we stopped at the station to fill our

water bottles. The lineup was massive – likely because it was so hot out. “I’m not waiting in that” shrugged Victoria. I told her to give me her water bottle and I snuck around to the front of the line. I filled her bottle and mine. Had I not offered to fill Victoria’s bottle, she might have gone the rest of the festival without water.

A related problem with the water stations is that cups are not provided. Empty water bottles are allowed at some events but not others. On a number of occasions, I had opted not to bring an empty water bottle because the event organizers had given contradictory information online about whether or not they would be permitted. In these instances, to make use of the water station, patrons must first purchase a \$5 bottle of water from the bar. What is particularly concerning is that bottles of water at festivals and other outdoor events are often served without a cap. Patrons must then carry an open bottle of water for the rest of the event. Joey compared this to “holding a glass of water at a rave;” it is awkward and impractical. In these cases, it could be difficult to keep hydrated throughout the duration of the event.

If patrons do not have money to purchase a \$5 bottle of water, they can try their luck by asking a bartender for an empty plastic cup. However, as I learned at Opus festival, getting an empty cup for the water station is not as easy as it sounds. We were in the middle of the crowd in the tent, and it had become unbearably hot. Event staff had closed the sides of the tent, stopping fresh air from coming in. I told the others that I was going to get water. Jessica said she was going to come with me. We went to the bar nearest to the tent and asked for an empty cup to fill at the water station. The bartender told me that she had no cups because her bar served only cans of beer. She told me to go to one of the main bars and to ask for a plastic cup. On the way, we saw the Perrier bar serving fancy \$20 cocktails. Jessica went up and asked the bartender for a cup. He denied her. I was shocked. I went up myself and asked the bartender why. A woman

behind the bar interjected, saying that they do not have enough cups. Without missing a beat, I pointed out the huge stack of cups behind her. “The night is nearly over and you have all those” I argued. She shrugged her shoulders. I asked her how much to buy a cup. She told me \$20 (the price of a cocktail). I was shocked. She suggested that I go to the main bar and ask them.

When I get to the main bar, I asked the bartender for a plastic cup for the water station. She said she could not give me one. I decided to lie a bit to try and make her sympathetic. I said the water was for my girlfriend. I said she was not feeling well and needed water. She said she was sorry but that she could not give them out. I told her how dangerous it was to deny patrons water. She seemed unsympathetic. She said to try the food trucks. I asked if I can buy a cup for a dollar. She said no but she can sell us a bottle of water for \$5. I rolled my eyes and walked away. I told Jessica. I was actually quite concerned because there were people at the festival who needed water, especially those who were doing a lot of drugs. Our last attempt was the Tweed setup. Tweed, a large Canadian cannabis company, were giving away their signature (non-alcoholic) drinks while promoting their brand to patrons at the festival. We asked for a couple of their sample size cups for the water station. They agreed without hesitation. At last, we were able to get water. As we walked to the water station to fill them up, we could not help but laugh. “Leave it to the stoners [Tweed] to actually be sympathetic and give us a cup” laughed Jessica. In this instance, we were able to get a plastic cup only because we were persistent. Other patrons might give up after the first or second attempt, perhaps going the rest of the festival without water.

Another issue with water stations is that they sometimes do not work and/or are shut off.

Justin recounted:

Justin: I remember one festival – I don’t know if it was Day and Night – turned off the water an hour earlier before the event. For the last set there was no water to refill, so if

you want water you have to go and buy it, which sucked. But, like I said, that's just something that I had to deal with. I would just go out and buy the water if I had to.

Nick: But you didn't?

Justin: I did. I went out and bought another water because I needed it. If I have to spend the money on water, for example, I will. I've never been in a situation where there hasn't been any water at all. I'm thankful for that but I don't know how you'd necessarily prepare for something like that.

While the water station shutoff did not deter Justin from staying hydrated (he bought water at the bar instead), it might deter other patrons.

On some occasions, free water bottles were handed out at festivals and nightclubs. When offered for free, most patrons gratefully accepted them. At a particularly humid Daylight event, for example, a security guard pushed through the crowd while handing out bottles of water to patrons. The security guard pushed a trolley into the middle of the crowd. On top of the trolley was a bucket filled with ice and water bottles. The security guard tapped people on their shoulders and handed them a cold bottle of water. He handed me a bottle. Tim and Paula each reached out for one too. We thanked him profusely. A man standing next to the trolley grabbed onto the bucket, which was now empty except for the ice water that the bottles were in. He dunked his entire head into the ice water. Everyone laughed while watching. In this scenario, hydration was both being facilitated and encouraged.

Alcohol

Earlier, I discussed how Toronto's rave scene was displaced into the mainstream nightclub environment in the late 1990s as a result of increasing scrutiny from police, politicians, and the general public. As Grayson (2008) explains, this movement into the mainstream nightclub environment was ironic because it resulted in a larger patron base and led to greater

exposure to other substances known to have serious health consequences (i.e. alcohol and tobacco). In the late 1980s and early 1990s, alcohol use was uncommon at rave parties. In fact, rave scenes across the world were often praised by politicians and police for their “no-alcohol” ethos (see also Measham 2004). Only when police and politicians learned of the widespread use of ecstasy at rave parties did the rave scene come under intense scrutiny.

Due to fears over the rates of ecstasy use within the rave scene, several attempts were made at the municipal and provincial level to pass anti-rave legislation. After every attempt at passing anti-rave legislation failed, the Toronto Police Service (TPS) designed a new protocol for regulating rave parties which was approved by city council on August 1, 2000. Even though raves were not banned, the protocol provided police officers with immense powers which they could use to make rave parties impossible to run legally. For example, police were provided discretionary power to determine how many paid-duty officers were needed at a given rave party. This new protocol effectively killed the “rave” scene by making them too costly to run. For example, after the protocol passed, a group of rave organizers who were planning a party with 7000 expected attendees were told that they needed to hire 45 paid duty officers for the event. The cost of the paid duty officers was more than \$20,000. For context, a rave party with 13,000 attendees that was held before the protocol had only 10 paid duty officers on site. As Grayson (2008) explains, this attempt to “price” the rave scene out of business had ironically created the conditions for a new group of drug dealers to penetrate the scene: tobacco and alcohol companies.

The ongoing financial hardships faced by event organizers and promoters provided the perfect opportunity for marketers to enter the rave scene. As Grayson (2008) explains, the culture, after much resistance, finally allowed itself to be “pimped to sell dangerous drugs”

(233). While new restrictions on tobacco advertising have made such sponsorship uncommon today, alcohol sponsorship continues to be prevalent in the current EDM scene. Today, many electronic dance music (EDM) events are sponsored by major alcohol companies such as BudLight, Corona, and Smirnoff. The result is that the rave scene, which once had a “no-alcohol” ethos, is now heavily promoting the consumption of alcohol to patrons.

During my fieldwork, I observed several tactics used to promote excessive alcohol consumption at EDM events, including: incentives, deals, and gimmicks. Chaos nightclub, for example, offers a “VIP” treatment to those who purchase bottle service. I observed these incentives on the night of Joey’s birthday when half of the participants agreed to pay for bottle service and the other half did not. When we arrived at the nightclub, we were separated into two lines: those who were paying for bottles, and those who were not. While the bottle service line was small and heated (under a tent), the general admission lineup was long and extended along the sidewalk (uncovered without a tent or heat lamps). Those on bottle service also get into the nightclub for free, while those in the general admission lineup must pay a cover. Michael, Adam, Craig and I stood outside in the cold (it was -27C outside) while those on bottle service made their way almost immediately into the club. These practices raise a number of concerns. First, people who may be taking MDMA or other drugs (instead of alcohol) were being forced to wait outside in the cold. Given the thermoregulatory effects of MDMA and other club drugs (see Crandall et al. 2002; Liechti 2014), this practice might be dangerous. Second, the nightclub was essentially encouraging people to spend money on bottles of alcohol so that they could get priority entrance. In this way, they were encouraging excessive alcohol consumption and perhaps polydrug use too.

Other notable gimmicks and deals I observed during the fieldwork included beer-only

bars (strategically placed throughout the venue to make it more convenient than the regular/full bars), fancy cocktail bars, and free samples. The latter was quite common at outdoor festivals and events. At Daylight, for example, there were often booths set up near the entrance which gave out free samples of beer and cider. Strongbow, for example, often had a trailer setup where they handed out free samples of their cider. Snapple and Hines also had booths (usually side-by-side) to sample their new alcoholic coolers. At the most recent Daylight event, a brand ambassador for Snapple stopped us and asked if we wanted a free sample of their new cooler. Without hesitation, we agreed. We went up to the booth and tasted three different flavoured coolers. We then went to the Hines stand beside to taste the alcoholic root beer they were sampling. They marked our hands with an “X” so that we could not get any more free samples. Tim joked that he hated sugary drinks like these coolers, but that he drank them because they were free. “Alcohol is expensive” he laughed. Later on, Martina and Alice went for samples. Alice said she did not like root beer, so she planned to only get the Snapple samples. Joey told her to go get the root beer and give it to him. “It’s free booze” he laughed, “don’t turn it down!” She obliged. She brought him the sample and he gulped it down. This type of alcohol promotion might encourage risk-taking behavior (mainly, polydrug use). By offering free alcohol, people who otherwise might not intend to mix drugs and alcohol might end up doing so.

Another important factor that shaped the participants’ drug use and risk management behaviours was the price of alcohol. Generally, alcohol was far more expensive at EDM events than at liquor stores. A beer at an EDM festival sells sometimes for about four times its value (a \$3 can of beer sells sometimes for \$12 at a festival). The price of alcohol had an important influence on the participants’ drug using behaviours. They often made decisions about their drug use depending on how much money they had and how much they were willing to spend on

alcohol. At EDM festivals, many of the participants preferred drug use because it was more economical. Michael explained,

So the drugs in question that we'll talk about is MDMA. What I enjoy about it is that it is cost-effective. For 20\$, I can be um in a good state of mind for a good 8 hours. Whereas for 20\$ I can buy one and a half beers in Toronto [laughs]. So that would definitely be the biggest advantage.

In this way, the high price of alcohol caused many to choose illegal drugs instead. This cost-effective argument/rationale for drug use was mostly held by those who used MDMA because a pill is quite cheap (\$10) and the high is long-lasting (participants say about 3-4 hours). Even cocaine might be more economical since participants did about a half-gram at a 10-12-hour festival. This means that they spent approximately \$40 (a gram is \$80). If they were to get “drunk” they would spend a lot more.

Another way that the price of alcohol enhanced risk was by creating an environment where “pre-drinking” was perceived as necessary for a night out. Justin explained,

If I were going to an event, I usually go to someone's house. We have a big pre because drinks are very expensive. So you try to get as much liquor in you as you possibly can.

The “pre-drink” is, in part, about being economical. The participants wanted to get drunk because they anticipated that alcohol would be expensive at the event. According to MacLean and Callinan (2013), the primary reason for “pre-drinking” is cost.³⁹ Young people reason that it is cheaper to buy drinks at the store and drink at home than to buy at bars or nightclubs. MacLean and Callinan find that pre-drinking is associated with high-risk drinking. They report that young people who pre-drink consume significantly higher levels of alcohol per night than those who do not. In a way, then, the price of alcohol encourages high-risk (heavy episodic) drinking.

³⁹ Of course, there are also social aspects to the “pre-drink.” Many young people see pre-drinking as an opportunity for socializing with close friends (often in quieter, more intimate spaces than nightclubs and bars).

Another example comes from Opus festival when Tim brought beers into the Uber to drink on the way to the festival. When we arrived at the gates, it was pouring rain. Tim said to follow him. He started walking away from the gate. I asked him where we were going. He said we were going in-between the cars to shotgun the beers. We walked over to the trees at the other end of the parking lot. We stood under them to keep dry. He handed a beer each to Victoria and Paula. He demonstrated how to shotgun it. He took his car key and poked a hole in the bottom of the can. He bent down on one knee and put his mouth to the hole in the can. He popped open the top of the can to release the beer. He chugged it. It was then Paula and Victoria's turn to chug. Tim popped Victoria's beer first and then Paula's beer. "Crack it open!" he shouted at Victoria who had her lips on the can but had forgotten to open it. He opened the can for her as she chugged from it. The participants were literally chugging beers before entering the festival.

In some cases, participants snuck alcohol into the venue or event. Martina and Alice, for example, brought a water bottle filled with vodka to a bar and they each ordered only one drink. Whenever the server would walk off, they would pour vodka into their drinks. Similarly, Craig and his girlfriend snuck vodka into multiple Daylight events. Craig explained his technique to me. He explained that he fills the water bottle with a clear liquor (so it looks like water) and then uses a lighter to heat the plastic cap to seal it back on. Bringing alcohol to events appeared to facilitate overconsumption, as the participants drank more frequently than they would have if they had to buy drinks. What is also interesting is that it facilitated another risky practice: the sharing of drinks.

While drink-sharing was not as problematic amongst friends, it was definitely problematic amongst strangers. In some cases, the participants had accepted "shots" of alcohol from strangers at festivals. This occurred at a Daylight event when a woman approached Adam

to ask for a piece of gum. After giving her a piece of gum, they began having a friendly conversation. She was holding a bottle of sunscreen. She opened the cap and squirted some into her mouth. “Is that alcohol?” I asked in amazement. “Yes” she replied, “did you want some?” I politely declined. Joey took her up on the offer. She told him to hurry up because she did not want security to see. He took the bottle and squirted it into his mouth. “How did you get that in?” I asked her. She told me that she put vodka in the bottle and then parachuted a bag of sunscreen over top of it. She explained that, if the security squeezed the bottle, sunscreen would come out (not vodka). I assumed she did this because alcohol is so expensive at festivals. A similar instance occurred at another Daylight event where a friend of a friend (not a complete stranger, but still not familiar to most participants) was passing her bottle around to the participants all day. This type of drink-sharing might enhance the participants’ risk of being drugged.⁴⁰ This risk is particularly important for women as drug-assisted sexual assault is most often committed by men against women (see Sheard 2011).

Public/private

Another important dimension to understanding the participants’ drug use and risk management practices are distinctions between public and private spaces. In her study of unwanted sexual attention in the nighttime leisure economy, Fileborn (2016) looks at how young people’s sense of autonomy over their body depends upon their perceptions of whether a given space is public or private. She argues that licensed venues in the nighttime leisure economy are not plainly private or public, but rather contain elements of both. Nightclubs, bars, and other

⁴⁰ One of the most commonly known date rape drugs is Rohypnol, which acts as a muscle relaxant and causes memory relapse. Other common date rape drugs include GHB and ketamine. The participants sometimes used ketamine and GHB; however, if they ingest these drugs unknowingly and in a high dose, they can be very dangerous (see Sheard 2011).

nighttime venues are privately owned. They are also highly exclusive, meaning that not all people can access them. At the same time, they are public in the sense that patrons are exposed to and forced to interact with people they do not know. Even within these venues, there are different perceptions of privacy. Booths, for example, give a sense of privacy. The expectation is that, by purchasing a booth, patrons can have limited contact with “strangers” at a nightclub. Washroom stalls are another example of a space within nightclubs and bars that provide patrons with a sense of privacy. Fileborn (2016) refers to these spaces as “publically private spaces” (204). These spaces are distinguished from the “public” spaces of the nightclub like the dance floor and the bar where patrons expect high levels of interaction with strangers. For Fileborn (2016), young people have different expectations of what should and will occur in “public” versus “private” spaces. She explains that these expectations consequently affect how young people interpret and experience unwanted sexual attention.

Fileborn’s (2016) argument might be extended to the case of club drug use. The idea is that conceptualizations of spaces as “public” or “private,” and the associated expectations of each, may affect how young people understand and use club drugs in a given setting. For example, the participants tended to engage in higher levels of consumption in private settings such as their homes. Alice explained:

I’m always careful in the sense that like if I’m out in public at like a bar, I’m not going to...like I’m going to make sure when I’m using it that no one can see, not people I’m with but just in general. Like its illegal and I don’t want to get arrested. But I guess if I’m with people like using in like a home, I guess it’s...I don’t know, I don’t think I’m less precautions? I think maybe I would just like use more than planned.

As Alice explained, there were different expectations about what would or could happen in a public setting versus a private setting. She alluded to the threat of arrest in public settings. She also alluded to people “in general” who she might not know, but who might nevertheless observe

and judge her drug use. In these ways, Alice accepted that, in public, she loses a certain level of “privacy.” She therefore consumed less drugs and was more secretive about her drug use in public than in private spaces.

Audrey similarly described private spaces as preferred settings for using drugs because she did not feel as compelled to hide her use as she did in public. She explained,

I think my favourite thing is house parties. I love doing drugs at my own house or at my friends' houses. It's the most comfortable environment. You don't have to worry about bouncers or security or getting searched or anything. You just go and you're open to do whatever you want. And I just want to take some of the pressure off of having to be sneaky about it, or yeah, it's just like a really good time when you're just in the comfort of someone's home or your own home...I find that when you're in a club and you're having to kind of sneak to the bathroom, and go in the stall, and you gotta hurry up because there's a line.. it takes a lot away from the experience. So, yeah, being in a house I find is the most comfortable place to be doing drugs.

Jessica similarly explained,

So if we are out in public, you know, we would be more...we would use more discretion when it comes to our drug use. Like we would take turns going to the washroom. And things like that. But if we are at home, you know, we are doing it up, like we're in the comfort of our own home, we're surrounded by people who do it too...then we'll be very open and we'll do it in front of everyone.

In these ways, a conceptualization of a space as “public” might better facilitate risk management than a conceptualization of a space as “private.” In particular, participants may be more cautious about moderating their use while in “public” spaces.

Even within “public” spaces like nightclubs, there were varying degrees of privacy which affected how the participants used club drugs. Washrooms, for example, offered a certain sense of privacy, and thus the participants most often consumed drugs in these spaces when at EDM events. As I noted above, some washroom designs offered more privacy (like porta-potties) than others (like traditional stalls). The participants adjusted their drug-using behaviours accordingly. I gave the example of Joey at Chaos nightclub who explained that he never knew how much

cocaine he had consumed because he always rushed while in the washroom so that he did not get caught. He worried because the “traditional” stalls at Chaos have clear openings which security guards or policy officers can look through. This is different from porta-potties, as participants felt that they provided a greater level of privacy. The participants were thus more likely to snort lines of cocaine (a process which takes longer than a quick “key bump”) in porta-potties.

While washrooms offered a certain sense of privacy to patrons, dancefloors did not. The participants were therefore less likely to use illicit drugs in these spaces. As I noted above, there were some instances where participants had used illicit drugs on the dancefloor. In these instances, the participants consumed their drugs in a hurried fashion, usually sticking their finger quickly into a dime bag and then bending down to sniff the substance off their finger. More often, participants stuck to consuming alcohol while in these “public” spaces.

In her ethnographic study of space and drug use in a working-class strip club, Lavin (2014) similarly found a relationship between public/private club spaces and drug use practices. Lavin found that the dancers in her study had typically used alcohol and cannabis in the public spaces of the strip club such as the bar, lounge, and smoking area. She reasoned that these drugs were used in public spaces because they were “normalized” and, in the case of alcohol, legal. Certain drugs (like cocaine and heroin) and certain methods of administration (like snorting and injecting) were less socially acceptable and thus were not typically engaged in public spaces of the club. Instead, dancers engaged in these drug-using behaviours in private spaces like back rooms, dressing rooms, and washrooms. The dancers were essentially managing their drug use spatially in order to avoid stigmatization. Through space, they were able to conceal their “discreditable stigma.”

Lavin’s (2014) research shows that there is a relationship between stigma, drug choice,

and conceptions of club spaces as public/private. Her research connects to my discussion in Chapter 5, as it reveals the spatial dynamics of normalization and stigmatization. In other words, it shows how normalization and stigmatization are mediated and shaped by space and the distinctions between public and private. The present study supports these findings as the participants typically consumed alcohol (and to a lesser extent cannabis) in public spaces of EDM venues, but consumed cocaine, a less acceptable drug, in private spaces of EDM venues (i.e. washrooms). MDMA, when taken orally as a pill, was consumed in both private and public spaces. While it was not necessarily “acceptable” like alcohol, it was easy to conceal in public settings (as the pill is quickly popped into the mouth).

Goffman’s (1956) work on the presentation of self might be useful here, particularly his distinctions between front and back stages. Public spaces might be considered “front stage” because individuals need to actively manage what information they reveal about themselves when in these spaces (hiding certain behaviours that they fear people will judge them for, such as illicit drug use). Private spaces, like club washrooms, might be considered “backstage” or “back spaces” because individuals are free to be themselves and to engage in behaviours (like illicit drug use) without fear of judgment.

In this part of the chapter, I looked at a number of spatial factors that affected the participants’ club drug using behaviours. I focused on how these factors sometimes facilitated and sometimes undermined risk management. I have made the case that a venue’s organization of space plays an important role in shaping the ways that people who use club drugs take up harm minimization and public health advice in practice. In the next section, I focus on the organization of time.

Time

In the rest of the chapter, I look at the organization of time⁴¹ within the EDM scene. I explore some of the temporal factors that shaped how the participants took up risk management advice in different ways at different events.

Last Call

In Toronto, “last call” for alcohol is 2:00am. Many of the participants complained that this was too early. Many other cities with extensive nighttime leisure economies have much later “last calls” for alcohol (including London, New York City, and Miami). Interestingly, the 2:00am cutoff for alcohol seems to be at odds with the operating hours of the EDM scene. Cactus, for example, is open until 5:00am. Moreover, the headliner DJ usually does not start his or her set until after 1:00am. There are also after-hours venues that do not open until 1:00am or later. Because of how late they open, after-hours venues typically do not serve alcohol. In these ways, illicit drug use is almost encouraged. Patrons are in a “party” environment but do not have access to alcohol. There is a tacit acknowledgement amongst venue staff and patrons that illicit drug use will occur. So, if the intent of an early last call is to stop people from drinking and partying all night, then it seems counterintuitive since not only are they partying past 2:00am, but they are doing so in riskier ways (i.e. with illegal/unregulated drugs).

Because the EDM scene tends to operate long past “last call” in Toronto, participants may decide to use illicit drugs when they otherwise might not want to. Ella, for example, explained how she used cocaine at Cactus because it was past “last call” for alcohol and she did not want to be sober at the event:

⁴¹ Like “space,” I recognize that there is a large sociological literature around “time” and “temporality.” In this chapter, I focus specifically on time as an object that can be measured, allotted, and perceived.

Well like a month ago we went to Cactus after Lisa's birthday party. And because we went there – literally got inside at 1:50am, I got one drink from the bar and it closed and we just got there and we're going to be there for a couple hours. And I didn't want to do coke because I haven't been doing it a long time and I don't want that hangover associated with it, but I feel like, well I have nothing now. I'm just going to be sober all night. And that pushed me to start doing bumps. Even though I didn't want to. But I didn't also want to be sober...Like if they, if that bar was open all night...like had an extended license, I would have not touched coke. I know that for a fact. I would have just drank.

As discussed in Chapter 5, Ella had stopped using cocaine because she had a sinus issue which she explained was triggered every time she used the drug. At Cactus, Ella decided to use cocaine, even though she did not want to, because she felt like she had no other choice other than to be sober. In these situations, polydrug use might also be more common. A patron who has been consuming alcohol all night might switch to illicit drugs after 2:00am because alcohol is no longer available at licensed venues.

For example, Justin shared a story about a friend who tried cocaine for his first time at an after-hours club (Spice) because they did not serve alcohol. He explained,

You don't have alcohol, you can't get that, no. For me, I'm okay with it because it's usually the end of the night. I've had one friend who went and took drugs because they had no alcohol and he was pretty drunk. He usually doesn't take drugs, it's like a rare occasion. That's how he first started doing cocaine actually because he went there and he still wanted to get fucked up. One of my buddies offered him a bump and then from there he used to be like, "oh, I like this type of thing."

In this case, early "last call" in Toronto played an important role in initiating his friend's cocaine use. The early "last call" facilitated not only drug initiation, but also polydrug use, as Justin's friend had been drinking alcohol all night and was forced after 2:00am to switch to whatever illicit substance was available (in this case, cocaine).

Length of events

Practices of club drug use and risk management were also structured by the length of

events. Outdoor events tend to be longer than nightclub events. An outdoor event in Toronto is usually anywhere between 8 to 12 hours long. Often outdoor events (especially festivals) run for multiple days in a row. Opus, for example, is a two-day festival. Day and Night (hosted just outside of the city of Toronto) runs for three days. For their summer finale, Daylight hosts two back-to-back events on Labour Day weekend (making it a two-day event). Nightclub events, on the other hand, are typically shorter. A typical nightclub event will run from 10:00pm to 3:00am. They do not usually run multiple nights in a row, although there are a few multi-day nightclub events. At nightclub events, the participants usually did not show up until after 11:00pm, sometimes after midnight. The participants were therefore partying for a significantly shorter period of time than they would at a festival or other outdoor event (even when accounting for the pre-party, which usually took place an hour or two beforehand).

The length of an event might facilitate and/or restrict risk management practices in several ways. For example, longer events appeared to facilitate better moderation of alcohol use.

Adam explained:

Adam: A festival usually lasts longer throughout the day or it's multiple days. We would most likely, I would say, drink more alcohol at a festival than a nightclub.

Nick: You would drink more alcohol –

Adam: Because it's a longer duration.

Nick: It's like spaced – ?

Adam: It's spaced out more.

At festivals and other outdoor events, the participants were likely to consume more alcohol than at a nightclub event. As Adam explained, this increased consumption was due to the fact that festivals and other outdoor events are longer in duration.

At a nightclub event, the participants admitted that they were more likely to “binge” drink because the event was so short. Joey explained,

So like, if I’m drinking at a nightclub, right? I guess I would um...I would probably drink more at once. Maybe do like shots and stuff.. I find at festivals, I, like, “nurse” my beers. At a nightclub I would down them fast so I can get another one. It’s like, I know I am not going to be there for long. Where like, at a festival, I’m there for 10 hours or whatever. I’m gonna probably use the same amount or more.. but it would be over 10 hours.

Thus, the longer events might facilitate higher levels of consumption as the participants reported using more alcohol. On the other hand, a shorter event might prevent moderation. The idea was that patrons wanted to achieve their desired state of intoxication, but they had a limited amount of time to do so. They also did not need to worry about pacing themselves so that they could make it through the entirety of the event (as it was much shorter than festivals and other outdoor events). In these ways, short events might facilitate rapid and heavy alcohol consumption.

Likewise, the participants decided how much and how often to use illegal drugs based on the length of the event. Sebastian explained,

Okay so a festival is usually outside. That usually entails that we are gonna be there for a while, so we usually take two to three [pills] because like the hours. Now if you’re in a club, and the club is only 2-3 hours, you only really need one pill because they only last 2-3 hours. Because you’re only gonna be there for 2-3 hours, if you’re there for more than that then, you know, power to you, you have more energy to do that. But clubs usually close at 2 so, and you usually get there at 11...so the time kind of works out perfectly. And then at 2:30 you go eat and then you go home type of thing. So I would say clubs usually you take one, unless you really [laughs] don’t know your limits and you start taking 2-3 then that’s an issue. Um I would say, because if it lasts 2-3 hours you only take one. So, I guess the time difference is a thing.

In this way, longer events might facilitate higher levels of MDMA use. Like alcohol, MDMA use is spread out over a longer period of time. The same applies to cocaine. The participants might use more cocaine during a festival or other outdoor event simply because it is longer than a nightclub event. Like alcohol, club drug use might be better moderated at longer events because there is more room for participants to pace themselves.

Sometimes, participants used more than usual at short, nightclub events. Adam, for example, explained that there were nights where he had taken a second pill even though he knew not to: “I took a second pill that night because I felt like the first one was wearing off. I just, like, dropped a second one maybe two hours later?.” In these instances, the participants were taking two or three pills within a 3-4 hour period. At a festival or other outdoor event, the participants typically took one pill within this same period of time. In this way, moderation might be more of an issue at shorter events than longer events. This also shows that the volume and frequency of drug use was not always the reflection of rational, pre-planned decisions. Sometimes participants made impulsive, in-the-moment decisions to use more drugs. As I suggested in Chapter 3, their judgment might be clouded when they are intoxicated. They might not maintain the same level of concern over risk management when they are high as when they are sober. It is also possible that they take more than planned because the drug is not considered “good quality” (i.e. it is not giving them the high that they anticipate). In Adam’s case, he took an extra pill because he felt the first pill was wearing off quicker than usual.

Because it can be difficult to sleep after using MDMA and cocaine (see, for example, Allott and Redman 2006; Huxster et al. 2006; Schierenbeck et al. 2008), the participants often used cannabis and other legal drugs to help them sleep. These drugs were especially common for multi-day events because the participants wanted to sleep so that they could have energy for the second or third day of the event or festival. For example, Paula and Tim offered Joey cannabis after the first day of Opus festival because he complained that he had too much energy and that he would not be able to sleep. Paula said she had a vape pen with THC. She said he should use it so that he can get a good sleep and be well rested for Day Two of Opus. He worried about getting too high. Tim chimed in. He assured Joey it would not get him too high. He said, “it’s

more like a body buzz.” Paula passed it to him and instructed him on how to inhale it. He sucked on the vape pen and exhaled. A cloud of white smoke blew out of his mouth. Victoria also had some. Eventually everyone agreed to go to bed. Joey said he was feeling pretty high. He took a Gravol (sleeping aid) as well. He said that if the alcohol, weed, AND Gravol did not put him to sleep, he had no other options. He laughed. In this instance, the participants were introducing other drugs into their night’s repertoire because of the duration of the event. This is an example of how context complicates or undermines responsabilization of the “rational drug-using subject.” Joey, who knew the risks of engaging in polydrug use and who often framed himself as a “responsible” drug user, engaged in this risky practice because he felt like he needed to in order to enjoy the second day of the festival.

Dilkes-Frayne (2015) has similarly found that cannabis is used strategically by patrons of multi-day music festivals to facilitate sleep. In his research, he focuses specifically on multi-day music festivals with campsites (where patrons camp onsite at the venue for the duration of the event). The participants in his study recognized that sleeping was important in order to recover from the previous day’s drug use and partying. The problem was that the sleeping conditions at the campsite were less than ideal – the temperatures were extreme (cold in mornings, hot during the day), the ground was rough and uncomfortable, and the music from the festival sometimes played for 24 hours a day. The residual effects from stimulants such as cocaine and MDMA made sleeping even more difficult. Dilkes-Frayne explains that many of the participants in his study used cannabis in order to help facilitate sleep. Cannabis helped to facilitate sleep by mitigating the uncomfortable sleeping conditions of the campsite and the residual effects of the stimulants they had consumed throughout the day and night. This finding is supported by the

present study, thus suggesting that the length of an event may facilitate polydrug use and thereby undermine risk management.

The length of events also affects the likelihood that participants will buy drugs from an “unknown” source while at the festival or nightclub. At Blue nightclub, for example, the participants bought MDMA from a stranger because the event was so long that their drugs began to “wear off” well before the end of the event. On this particular night, Blue had extended the length of their event because a number of outdoor EDM events in the city were canceled due to extreme weather warnings. Paula, Joey, Josh, Victoria and I had tickets to Blue for an event being held that night. When Blue announced their extended hours online, Paula and Josh suggested that we go earlier than we had originally planned so that we could take advantage of the extended hours. We arrived at the nightclub around 6pm. Despite Joey’s hesitation about taking his MDMA too early, Josh managed to convince him and the others to take it after being at the club for no longer than twenty minutes or so.

Because they took their pills so early in the night, their “high” appeared to subside by 10:00pm or so. Their bodies started to sway back and forth like zombies. Every few minutes, one of the participants yawned. Joey and Victoria left to go to the washroom and returned with good news for the others: they found a dealer selling MDMA. They explained that a stranger approached them outside the washroom to ask if they were looking for drugs. They bought one pill from him, which they planned to split. The dealer apparently assured them that it was good quality MDMA. In fact, he gave them his phone number and said that if it’s not good to call him and he will give them their money back. The others were excited by this. They wanted another pill too. Joey and Victoria took them to the basement to find the dealer. We saw him almost immediately, lingering outside the washrooms. Joey introduced the dealer to his friends. They

each bought a pill. In this instance, the participants were buying from an “unknown” source because they did not have enough drugs to last them through the prolonged duration of the event. This was an example of how the length of events could facilitate the risky practice of buying from an unreliable source.

Season

Season was also important to shaping drug use practices. In Toronto, most outdoor events and festivals occurred in the summer because of the weather. For this reason, many of the participants referred to summer as “festival season.” Because most of the major EDM events occurred in the summer in Toronto, the participants often engaged in repeated use of drugs and alcohol within a short period of time. Michelle explained,

Yes, there’s still shows in the spring. But primarily, MDMA is prominent in the summer. Like there’s a lot more drug use happening in the summer because there’s all the festivals and so on. Like Daylight and Opus Festival and Day and Night Festival...it’s all in the summer

Because most major EDM events (and almost all outdoor EDM events) occurred in the summer, the participants felt obliged to go to as many as they could, even if they were scheduled close together. The participants also felt obliged to use drugs at them. Sebastian explained,

But when it’s festival season, you only get in Toronto probably only like 4-5 maybe 6 good events to go to where you say "hey, yeah if we are going to be here a couple of hours, that’s kind of normal, let’s do it."

As Sebastian reasoned, there were only a few good events in Toronto each year where he would use MDMA (which all took place in the summer). Some of the participants preferred outdoor events over indoor events and thus they only went to EDM events in the summer. The result was that the participants’ club drug use was not spaced out – club drugs were sometimes consumed for consecutive weeks in the summer. This goes against the advice of harm minimization

organizations like TRIP! (2020) who recommend that MDMA use be spaced out about two months apart.

Set times

Another factor related to the organization of time that had an important impact on drug use behaviors were set times. The participants organized their drug use based on the set times for the event. They wanted to be at the “peak” of their high during their favourite DJ’s set. At festivals and other outdoor events, the DJs they wanted to be high for usually played in the evenings (after 5:00pm). At nightclubs, the DJs they wanted to be high for usually played around midnight or 1:00am. Before these times, local DJs typically played. While the participants appreciated these opening acts, they were most excited for the headlining DJs (or for the DJs that they knew, and were fans of beforehand).

For example, Michelle timed her MDMA use based on when the headliner DJ would come on. She explained:

I know if it’s a couple day festival and if I have plans to use every single day, I’m going to probably pace myself and you know, I’d probably do more on the last day because it’s you know, the headliner...or make sure that I’m doing in time for the headliner, so you know, I’d want to be able to drop my pill so it hits me when the main DJ comes on. I pretty much time it with who’s gonna be playing and how I want to feel at that time.

Like Michelle, Justin explained that he usually times his first pill based on the set time for a DJ who he knows and wants to see:

Justin: Festivals are a little different because I’ll drink while I’m at the festival. If it’s just an event for one DJ, I’ll just do my drugs there because it’s not an all-day thing. I’m not comfortable usually doing drugs throughout the day that long because there’s obviously the risk of overdose. There, I’ll drink for my first half and then for the second half of the day, I’ll pop my pills.

Nick: If the festival started at one, you would drink till maybe five or six.

Justin: Unless there's a super good act that's on early on the day, I might pop and go back to drinking and then pop again towards the end of the night.

Nick: If you are drinking for the first half, are we leisurely drinking or are we like..?

Justin: It's leisure. I show up hammered and then I just try and keep the buzz going. Once it's starting to get time, I'll start to die down a little because I don't want to be too hammered when I take it.

Many other participants similarly used alcohol until the DJ they wanted to see came on, at which time they would then "pop" MDMA. Justin reasoned that, even after he took MDMA, he might go back to using alcohol if the DJ he "popped" for was on early in the day.

Set times clearly affected how the participants used club drugs and managed risk. In some ways, set times promoted polydrug use since participants would use alcohol until the more popular DJs played (usually much later in the event). This meant that they were sometimes using illegal drugs after having already consumed a fair amount of alcohol.

Conclusion

In this chapter, I looked at how drug use and risk management behaviours are shaped by three inter-related factors: commercialization; space; and time. I began by discussing the commercialization of the "rave" scene. I discussed how commercialization has changed the economics of the scene, transforming it into a legitimate "leisure economy." As I have shown throughout the chapter, commercialization has affected risk and risk management in a number of important ways. In a direct way, commercialization has affected risk and risk management by creating an EDM scene that is predominantly driven by profit. The emphasis on, and encouragement of, heavy alcohol consumption (via drink gimmicks and alcohol sponsorships) is one way commercialization has created new risks related to drug and alcohol use (i.e. polydrug

use, overconsumption, and sexual and physical violence). In a less direct way, commercialization has affected risk and risk management by changing the spatial and temporal dynamics of the EDM scene. For example, it has created new spaces of EDM (i.e. licensed, mega-clubs and outdoor venues for festivals). Commercialization has also created new temporal dynamics of the EDM scene. For example, EDM events now adhere to the city's early, 2:00am last call for alcohol (because they are now "legitimate" and "licensed"), and there is now a "festival season" (characterized by large, outdoor events held in the short few of months of summer in Toronto).

In exploring the impact of space and time on risk and risk management, I considered a number of factors including crowding, accessibility and design of washrooms, sound and lighting, water and alcohol availability and price, "last call" for alcohol, length of event, set times, and season. A full breakdown of the different spatial and temporal factors I analyzed in this chapter, and their "effects" on risk-taking and risk management behaviours, is provided in Table 3⁴². My findings on the relationship between risk and organizational styles of EDM venues and events is important because few studies have analyzed this relationship as closely as I have. One such study comes from Kavanaugh and Anderson (2017), who look at how the rise of a new "nightlife aesthetic" (498), featuring mega-clubs with "business-commercial" organizational styles, has created new opportunities for direct-contact and predatory forms of victimization within the nighttime leisure economy. In a similar way, Fileborn (2016) looks at how opportunities for unwanted sexual attention depend upon a venue's organizational style. For example, she looks at how perpetrators sometimes take advantage of isolated venue spaces (such as secluded stairwells or long hallways to the washrooms) where surveillance is difficult and where victims are often physically separated from their friends. My research differed from these

⁴² Please note that some of the findings do not map easily onto a summary table as the effects of certain factors on risk and risk management were not always straightforward.

studies by focusing on how the organizational style of a venue or event affects *drug-related* risks, which includes victimization, but also a number of others risks such as heat exhaustion, dehydration, overdose, and alcohol poisoning.

In this chapter, I have shown how commercialization and the organization of space and time in the EDM scene has shaped patrons' drug use and risk management practices. In doing so, I have laid a foundation for the re-design of EDM venues and events so that risk management is facilitated. But, as Fileborn (2016) rightfully points out, the re-design of venues alone will have only a limited impact. In her study of unwanted sexual attention, Fileborn (2016) argues that, to enhance safety within the nighttime leisure economy, venue design changes must be complemented by changes to the cultural, emotional, and social environments which support unwanted sexual attention. What this means in terms of the current study is that, to successfully address club drug risks, changes to the organizational styles of EDM venues and events must occur alongside changes to the political, social/cultural, and economic environments that contribute to such risk. In the next chapter, I consider what such changes might look like.

Before moving on to my recommendations for policy and practice, it is important to summarize my findings up to this point. As I have shown, people who use club drugs are quite knowledgeable about the risks associated with their use. "Professional" knowledges appear to be important in shaping young peoples' understandings of risk. In particular, young people often draw on "professional" knowledges to make sense of their personal experiences using club drugs. The findings also suggest that people who use club drugs have been "responsibilized" into subjects capable of managing the risks posed by their drug use to themselves and others. But, as I have shown, this risk knowledge is not always translated into practice. In Chapters 4, 5, and 6, I looked at how "context" sometimes complicates responsabilization. In particular, I considered

how prohibition, normalization, commercialization, space, and time sometimes disrupt and/or undermine the adoption of risk management in practice, thereby undermining the “responsible” and “rational” drug-using subject. In the next chapter, I provide a number of recommendations for improving responses to club drugs which focus not only on changing individual behaviours, but also on changing the environments of club drug use so that they are facilitative and supportive of “rational” and “responsible” drug use.

Table 3. The impact of space and time on risk and risk management

Factor	Negative impact on risk and risk management	Positive impact on risk and risk management
Crowding	<p>Difficult to find space to “chill out” and recoup</p> <p>Impedes hydration</p> <p>Encourages impulsive use and overconsumption</p> <p>Makes it difficult to find friends and stay together</p>	Anonymity might facilitate moderation
Washroom location	If too far/inconvenient, might facilitate overconsumption <i>or</i> moderation	Washrooms are intentionally placed far away from dance floors to facilitate walking
Number of stalls		Scarcity of stalls leads to longer lineups which diminishes drug use
Physical design of washrooms	<p>Traditional stalls (with large openings) might lead patrons to use drugs in their cars instead (which increases legal risks as well as risks of DWI)</p> <p>Traditional stalls make moderation difficult</p> <p>The setup of washrooms (which resemble features of a “panopticon”) can create fear and consequently facilitate “hurried” drug use</p>	Full door stalls and porta-potties provide anonymity and thereby facilitate better moderation
Music genre	Music affects drug choices (ex. MDMA often goes hand-in-hand with big room EDM, cocaine with techno). This does not clearly have a positive or negative impact on risk management	
Bad vs good music	“Bad” music sometimes facilitates overconsumption	
Lighting	Dark lighting might facilitate high levels of consumption (because patrons are less worried about looking “too high”)	
Transportation	High price and poor accessibility of transportation encourages impaired driving	
Location	When an event is held outside of Canada, patrons might be more likely to buy drugs from a stranger (because they fear bringing drugs across borders)	If in a poorly accessible location (like Toronto Island), patrons might use less drugs/alcohol because they are cognizant of the fact that getting to a hospital would be difficult

Water	High price and lack of free water can impede hydration Crowding at water stations can impede hydration	Handing out free water bottles facilitates hydration
Promotion of alcohol	Drink gimmicks (like “shooter girls’ and free samples) facilitate excessive alcohol consumption and polysubstance use Bottle service/VIP treatment facilitates overconsumption and polysubstance use	
High price of alcohol	Encourages patrons to use illegal drugs Might also facilitate “pre-drinking.” Might also encourage patrons to “sneak’ in their own alcohol to the event and to share their drinks with others (increasing the risk of being drugged)	
Private spaces	Can facilitate overconsumption	
Public spaces		Can facilitate moderation
Last Call	An early last call encourages polysubstance use	
Length of Events	Shorter events seem to facilitate rapid alcohol and drug consumption Multi-day events seem to facilitate polysubstance use (as patrons use cannabis and other legal drugs to help them sleep) Buying drugs from strangers is more likely at long events	Longer events seem to facilitate better moderation
Season	“Festival season” is only a few months (June to August). This seems to contradict risk management advice to “space out” club drug-using episodes two months apart or more (see TRIP! 2020)	
Set times	Patrons “time” their drug use for specific DJ’s sets. Sometimes patrons use alcohol in the interim. This means that patrons sometimes engage in polysubstance use	

Chapter Seven: Recommendations for Policy and Practice

In this chapter, I provide a number of recommendations for addressing club drug risk within the Electronic Dance Music (EDM) scene in Toronto and elsewhere. These recommendations address change at both the individual and environmental level. As I argued in Chapter 6, efforts to minimize club drug risk will be most effective if they address *all* environmental (social/cultural, legal/political, physical, economic) and individual factors which contribute to such risk. In other words, the following recommendations are meant to be complementary to one another, and they will be most effective when used in combination. These recommendations will be useful for policymakers, public health professionals, festival and event organizers, harm minimization organizations, people who use club drugs, and others in developing and/or improving drug-related programs and policies.

For the most part, the recommendations have come directly from the participants themselves. In our interviews, I asked each participant what changes, if any, they would make to better facilitate harm minimization within the EDM scene. I used their suggestions to put together a list of recommendations for policy and practice. I added a few of my own recommendations to the list (which were not addressed in the interviews) based upon what I had observed in the field. So, rather than writing a standard “policy implication” section that relies solely on the researcher’s own interpretations of the data, I have tried to take a more collaborative approach to addressing club drug harm. I was inspired by the Participatory Action Research (PAR) approach,⁴³ which emphasizes community engagement, participation, and

⁴³ By no means would I refer to the present study as Participatory Action Research. Due to financial and time constraints, I did not feel that I could do PAR justice in the present study. While I tried to involve the community in many different steps of the research process, I did not work with them as equal collaborators (or as “co-researchers”). Furthermore, I did not employ community members to help collect data, nor did I train them so that they could do research for themselves. This is why I do not refer to my study as PAR. Instead, I say that the study was *inspired* by some of the principles of PAR such as community engagement, participation, and collaboration.

collaboration (see, for example, Cornwall and Jewkes 1995; Flicker 2006; Khobzi and Flicker 2010; Meulen 2011). PAR is essentially a collaborative approach to doing research that seeks to empower people and communities to overcome the problems or obstacles they face and to thereby improve their lives (Park 1993). In PAR, research is done *with* communities rather than *on* them (Cornwall and Jewkes 1995; Meulen 2011). By developing a list of recommendations based on the participants' own suggestions, I have tried to include the EDM community in the very decisions that may shape their lives.

1. Better Education:

One important area for addressing club drug risk is “education.” Many of the participants believed that there was a need for “better education” about club drug risk and risk management. So, what should club drug education look like? Based on my interview discussions with the participants, I have developed the following guidelines for improving education:

a. Accurate, evidence-based information must be available and accessible to all

Canadians

All Canadians (including *young* Canadians) have a right to accurate and evidence-based health information. Currently, the Government of Canada (2020) provides information about the risks of a range of controlled/illegal drugs on their website. The problem is that there is limited information about how to manage such risks. In addition, the government has a long history of promoting moralistic and abstinence-only drug education (see, for example, Beck 1998; Pan and Bai 2009; Rosenbaum and Hanson 1998). As a result, people may be skeptical about drug information provided on a government website.

The participants in this study obtained information online from a variety of sources including online blogs, forums, NGO websites, and other “unofficial” websites. Consequently, many complained about not being able to decipher between fact and fiction. This suggests that there is a need to help young people distinguish between credible and non-credible online sources. A “credible” source is one which is based on scientific, peer-reviewed research. Perhaps public health officials might endorse and promote credible, evidence-based websites. Perhaps public health officials might work together with event organizers and promoters to advertise these websites to young people who attend nightclubs and music festivals. What is important is that young people have a “go-to” source for all their club drug-related questions and concerns, similar to how the “planned parenthood” website has become a well-known resource for sexual and reproductive health. Organizations such as TRIP! or DanceSafe could conceivably fill this role as they already provide club drug information and advice on their websites. These websites should focus on providing up-to-date, accurate research and information about club drugs and harm reduction, and they should be promoted and advertised to all young people.

In addition to a website, people who use club drugs might also benefit from a harm reduction phone app. Currently, there are several harm reduction applications available in the Google and iTunes app stores which can be downloaded onto phones and other devices. One such application that I believe to be particularly well-done is KnowDrugs. This application provides users with information about the effects, risks, and interactions of different club drugs like ecstasy (MDMA), cocaine, ketamine, and GHB. It also provides tips for how to minimize the risks associated with these drugs. Another interesting feature of the app is that it shows lab results for club drugs that have been tested around the world. Users are able to search through the results of other club drugs that have been tested to see what those drugs look like (their colors,

shapes, textures) so that they can compare them to the appearance of their own drugs. This is meant to give them a better idea of what exactly they are planning to ingest. It also helps users to learn about potentially “bad” batches of club drugs circulating within their area.

One limitation of this app is that it operates internationally and thus is somewhat generic. In other words, the information and advice is not specifically tailored to Canadians. When searching through the “lab results” feature, only two results come up for Toronto (two different MDMA pills which were tested in 2011). Perhaps TRIP! might work alongside KnowDrugs to create a Canadian version of the app. In this version, information and advice could be tailored specifically to the drug use and risk management patterns and practices of Canadians. Such an application could also be useful for sending out emergency alerts/notifications to users about “bad” batches of drugs in their area. Perhaps the application might also include forums for users to ask specific questions about club drugs that moderators (people hired by the app company) can answer publicly with accurate and evidence-based information. Another related limitation of the app is that it is not well-known within the Toronto EDM scene. None of the interviewees had mentioned this app, nor did I notice any of the participants using the app while in the field. In fact, the app has only been downloaded worldwide 200,000 times. So, not only should a Canadian version of the app be developed, but it should also be promoted to young people so that it can become a well-used resource within the EDM scene.

b. Educational programs must emphasize “harm minimization” not “abstinence”

There is a need for honest and fact-based educational programming. Research has found that abstinence-only and fear-based approaches to education are ineffective (O’Malley 2004). Take for example, the Drug Abuse Resistance Education (DARE) program, which operated in

the 1980s and 1990s across North America and elsewhere during the height of the United States' "War on Drugs" (an effort led by the Reagan administration to stop illegal drug use through increased enforcement and incarceration). The DARE program fit with this model of drug regulation, as it was delivered by police officers and its objective was to stop young people from using drugs rather than teaching them how to manage the associated risks. Today, there is a general acknowledgement that the program was mostly unsuccessful, likely because young people's experiences with drugs contradicted the information provided by the program (for example, they were not getting "hooked" after taking a single drag of cannabis) (see Beck 1998; Pan and Bai 2009; Rosenbaum and Hanson 1998).

In this study, the participants recognized that authoritarian and fear-based education programs were ineffective because they, themselves, had been subject to them in school. In fact, the "DARE" program was often ridiculed by the participants and by young people in general. During the fieldwork, I observed a number of people at EDM events wearing "DARE" t-shirts and other "DARE" memorabilia with an obvious sense of irony. I also observed a meme circulating online by members of the EDM community which contained an image of the "DARE" program mascot (a lion) and the caption "we all let this guy down." The meme was clearly making fun of the fact that so many young people are using illicit drugs despite the fact that the "DARE" mascot warned them not to. In these ways, there seemed to be an acknowledgement by the participants (and by the EDM community in general) that education programs like "DARE" are ineffective.

Not only did the participants stress the importance of honest, evidence-based education programming, but they also stressed the importance of programming which targets *young* people. Penny explained:

Nick: If you could change anything what would you change?

Penny: Um...I don't know, I really like how they're being more open about the testing now. So, I don't know if there's anything to add on to that...but the exposure and being there in your face about it and uh being like "it's okay, just do it responsibly" and being educated, I think for me that would be the most important part. So I just don't know what types of programs you'd do to have those younger kids engaged enough...like I think they're starting to accept it now and be more open to adults about it, at least more than I have.

Penny believed it was important to educate “young kids” so that they learn how to use club drugs responsibly. Justin and Ricky, the youngest participants in the study (at 21 years old), similarly emphasized the importance of education programs that begin at an early age, reasoning that EDM festivals are becoming increasingly popular amongst high schoolers. Club drug education should therefore begin in Grades 9 and 10.

The Ontario Curriculum (2015; 2019) sets out a number of expectations for drug education. There are also a number of education toolkits (including those provided by OPHEA). The problem is that risk management/harm reduction does not appear to be a requirement of the Ontario curriculum. Moreover, there does not appear to be any specific club drug-related education toolkits (there are, however, specific kits for teaching about cannabis and opioids). A club drug education toolkit should be created that focuses on the specific risks associated with club drugs and strategies for managing those risks including: moderation of use; “testing it before ingesting it;” buying from a trusted dealer; and finding safe modes of transportation to/from the event. I recognize that high schools may be reluctant to take such an approach to drug education given that these drugs are still illegal. I believe that it is thus important for the Ontario government to not only endorse “harm reduction” education, but also to make it a mandatory part of their physical and health education curriculum.

c. *More funding must be allocated to club drug research*

There is still a lot that is unknown about club drugs. For example, there is very little research on the *long-term* effects of club drugs (Shewan 2000). Many of the participants acknowledged this “gap” in research. Josh, for example, explained,

So, you know, there’s not a lot of long-term research and whatever long-term research has been done is not *that* long-term because it’s more popular now. So, if you do, um, if you look at a long longitudinal study right, maybe the furthest back it goes is like 15 or 20 years. That’s not like, the entire lifespan of a person, right? We are talking people living to 80, 90, 100. So, what are the effects for, you know, 60 years from now? You can’t tell.

Kelly (2005) has similarly made calls for more research on the long-term harms associated with club drugs. He argues that “efforts to fund such clinical research should be a priority for both public and private funding sources of drug-related research” (1456).

Some of the participants also expressed a desire for more research on acute or short-term effects. For example, many of the participants wanted to know more about the effects and risks of different drug combinations. Such research is important since the participants often combined multiple substances in a given night. Existing research has similarly found that people who use club drugs are often “polydrug users” (see Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001; Parker et al. 1998; Parker et al. 2002). Conducting more research on club drug use is important because, as the present study has demonstrated, scientific research has the power to influence drug-using and risk management practices.

d. *More onsite education*

Many of the participants emphasized the need for “onsite” education at EDM events. One way of delivering such education is through harm minimization booths run by organizations like TRIP!. Penny explained:

Nick: So like education?

Penny: Yeah but at the venue

Nick: Okay. So like a booth or something?

Penny: Well I mean [laughs] at festivals, yes, 100%. Like outdoors, I think. Especially if they're there for two days. Like can you imagine like how many drugs some kids take in two days? Yeah...

During the fieldwork, I observed harm minimization booths at four of the events I attended. These booths tended to be present only at outdoor festivals and events, and were uncommon at nightclub and other indoor events. They were also more likely at larger events than smaller ones. These booths should be mandatory at *any* music event where club drug use is anticipated. For festivals and other outdoor EDM events, a condition of licensing should be the provision of on-site harm minimization education. This becomes a bit more complicated for EDM-events hosted in licensed nightclubs because nightclubs might host EDM-events on some nights but not on others. It would then be difficult to mandate when venue owners and/or event organizers need to have a harm minimization booth onsite, especially since they are not obtaining a special license every night the club is open. It would also be too costly to expect nightclubs to have a harm minimization booth (operated by harm minimization "experts") every night the club is open, regardless of whether or not an EDM event is being hosted. So, having an onsite harm minimization booth at nightclub EDM events would be difficult to enforce, but it should be strongly recommended to nightclub owners. Perhaps, nightclubs might be mandated to provide a permanent table or stand with club drug information and resources for patrons. These tables or stands would *not* be actively run by harm minimization organizations, but they would feature some of the organizations' pamphlets and resources. This would be less expensive and easier to

enforce than mandating that nightclubs have staffed harm minimization booths onsite every night the club is open.

In addition to harm minimization booths, the participants gave other suggestions for onsite education. For example, Shelly suggested using posters to educate patrons at EDM events about the effects and risks of club drugs:

I think in every washroom, where every party takes place there needs to be a simple chart saying these are drug interactions with all the drugs on one side green, yellow, red. Just so that people know, like visual cue: "Hey, this is what I'm taking tonight." Or "maybe I shouldn't mix these things."

Thus, the purpose is to provide information to venue patrons who may be using club drugs.

These efforts are important for those who might not do their own research on club drugs and the associated risks. They are also important for outreach such as to issue a warning about a bad “batch” of MDMA or cocaine circulating in the city.

2. Event organizers must defer to risk management experts

There is a need for event organizers to hire or consult risk management experts⁴⁴ when planning and operating a mass gathering event like an EDM festival. Seth (a risk management expert) suggested, “I think more needs to be done from organizers on doing proper risk assessments, getting a professional security person to do their risk assessments.” Seth had essentially recommended that event organizers be required to consult with risk management experts from the outset (during the planning phase). These experts should put together a risk assessment as well as a risk management strategy plan for the event. These plans should identify

⁴⁴ A risk management expert is someone who has a background in event planning and event management in the entertainment industry, who is knowledgeable about the different legal, reputational, insurance, health, and safety risks with running music events, who has experience conducting risk assessments and developing risk management plans, and who keeps up to date on “best practices” for risk management at music events.

all of the potential risks and then provide steps for managing such risks through venue/site design, and training, deployment, and oversight of staff (medical and security).

The risk management experts should also be onsite at the venue to do a last-minute assessment before the event to ensure that there are not any issues and, if there are, to resolve them before the event starts. Employing risk management experts in these ways will help to ensure that harm minimization principles are incorporated into the planning and execution of EDM events.

3. Police and security must focus on harm minimization, not enforcement

The participants believed that police officers and security guards served better in a harm minimization role than in an enforcement role. Paula explained,

Yeah at a festival I went to I saw that there was cops and security going around and basically searching people um to see if they had drugs on them and taking away their drugs. I don't think that helps, I think that makes people more scared to like do drugs safely. I dunno. It was really scary because I know we had to like.. we had drugs on us and we had to kind of like run away [laughs]. I didn't think that was a good approach to it, um...like I said, if they are there to help you, not to scare you, I think it's better. Like I know it's illegal, but they know, like the event organizers and staff and police, they all know that there is a high amount of people there with drugs. So, I think they shouldn't scare you. I think they should help you to understand what these drugs can do to you and to be safe about it.

Paula stressed the need for police and security guards to help patrons instead of scaring them.

Natalie similarly recommended,

Um maybe potentially have, like specifically at venues where they know that drug use is happening, maybe have uh like more approachable security guards. Because right now I think part of their thing is they're meant to look intimidating. And they definitely do. Especially if you're a little girl who's having a bad experience. Like I don't really necessarily want to go and talk to them.

Thus, the participants believed that patrons should be able to go up to police and security to ask for help when they need it.

It is also important that there is consistency in terms of how club drug use is responded to. In the present study, police and security responded differently to club drug use at different venues and for different people. In Chapter 4, I discussed how the consequences for being caught using or selling drugs at EDM events was anything but straightforward. In some cases, police or security kicked patrons out of events for using or selling drugs. In other cases, they simply confiscated their drugs without removing them from the venue. And in other cases, the police or security did nothing, “looking the other way.” The result was that the roles of police and security officers were confusing to patrons. They were sometimes seen as enforcers of the law, and sometimes as promoters of public health and wellbeing. Police and security should therefore embrace a harm minimization stance and this stance should be consistent in all EDM venues and for all instances of club drug possession and use.

4. Implement measures for oversight of security and other venue staff

A related recommendation is to implement measures to ensure that security and other venue staff are not engaging in questionable or corrupt activities. As the study has demonstrated, security and venue staff are often involved in drug trafficking networks at nightclubs and other EDM venues. They also often engage in bribery and extortion. Currently, there is little oversight of security guards in Canada. Michael Bryant, the head of the Canadian Civil Liberties Association, explains “we’re giving them [security guards] significant power, but we’re not setting up the mechanism to hold them to account” (Hadley 2019). Measures must therefore be put into place to oversee the behaviours of security guards (and venue staff). Perhaps a third-party oversight committee could be put together to deal with complaints from venue patrons related to security and venue staff corruption.

In addition to an oversight committee, more careful consideration is needed during the hiring process for security and venue staff. In his study of bouncer culture, Sanders (2005) similarly recommends that an “outside” organization run extensive background checks on new bouncers before they are hired. The purpose of these background checks is to screen out those individuals who have a history of violence and/or criminal behaviour.

5. Less stigma around recreational club drug use

It is also important to de-stigmatize recreational club drug use so that people who use club drugs can seek help if they need it. Jessica explained,

Um maybe if doctors made it more comfortable for their patients to talk about their drug use. Um...more openly with them. Maybe then that would reduce harm in some way? I mean like I said before, I am very VERY worried of the image people have of me. And I don't think I'm alone on that. So, I think if the people that we would normally not dare to talk to...maybe if they came out and were willing to provide more opportunity for communication than I think that would have a lot to do with facilitating harm reduction.

Jessica explained that stigma needs to be removed so that people who use club drugs are more willing to be open about their use and to ask for help when needed. When club drug use is not stigmatized, advice can be easily shared with people who use club drugs. In her study of recreational drug use and transitions to adulthood, Green (2016) similarly found that the stigmatization of club drug use deters young people from seeking medical help when needed. She argues that the stigma around club drug use needs to be removed so that young people can access both informal and formal resources and support when necessary.

De-stigmatization efforts might take a number of forms. For example, education programs or campaigns might be developed or revamped to help demystify and challenge common stereotypes and misperceptions about club drug use and people who use club drugs. These programs might also teach people the importance of choosing their words carefully when

addressing people who use drugs and/or have addictions, thus helping to reduce stigmatizing language. De-stigmatization efforts might also be directed at doctors and other healthcare professionals. In particular, training programs might be implemented on how to interact with patients who use illegal drugs in ways that minimize stigma. In addition, young people need to feel comfortable going to their doctors with drug-related problems in the first place. Perhaps a media campaign might be put together that encourages young people to talk to their doctors and others about their drug-related problems (similar to campaigns around mental health, like Bell's "Let's Talk"⁴⁵).

6. Encourage club drug-using peers to support one another and to offer help when needed

In this study, many of the older participants accepted a "parental" role for younger ravers. In this role, they both criticized young people for using drugs "irresponsibly" as well as offered help and advice to those who looked like they needed it. This type of peer mentorship and peer support needs to be encouraged and facilitated. Shelly suggested, "I think creating a culture of care is important within people's peer groups. I think we need to be less afraid to call each other out on potentially reckless behavior." Shelly argued that people should feel comfortable and encouraged to offer advice to others and to point out drug-using behaviours that are risky and irresponsible. To encourage peer mentorship and support, organizers might incorporate messages about "looking out for one another" into their events.

Organizations like The TRIP! Project (which are youth-run, and which train peer educators and volunteers) also help to facilitate peer mentorship and support. Such organizations

⁴⁵ Let's Talk is an awareness campaign created by Bell (a Canadian telecommunications company). The purpose of the campaign is to raise awareness about mental illness and to help destigmatize it. The campaign encourages people to talk about mental illness (to "break the silence").

essentially provide a platform for peers to share their knowledge and experiences with one another. For example, The TRIP! Project sets up booths at EDM events where peer volunteers offer drug-related information and advice to patrons. There is a need for increased presence of such youth-run harm minimization organizations at EDM events. As I recommended earlier, EDM festivals and events should be required (as a condition of their license) to have one of these booths onsite at their venue.

These organizations should try to find creative ways to encourage peer-to-peer education and support. For example, they could have open discussions/forums on Facebook or Twitter that allow peers to ask drug-related questions of one another, or they could offer onsite training to patrons on how to recognize and respond to a peer having a negative drug experience.

Panagopoulos and Ricciardelli (2005) explain that harm reduction strategies are learned and executed within the context of peer groups. They therefore suggest that the design and delivery of peer-education programs be refocused on groups instead of individuals. For example, peer educators might seek to educate entire peer groups instead of individuals on risk management strategies at EDM events. In these ways, harm minimization organizations can play an important role in creating what Shelly referred to as “a culture of care.”

Duff (2005) similarly notes the importance of peer-to-peer support and education amongst young people who use drugs recreationally. He emphasizes the need for “the development of more effective ‘peer to peer’ education and information strategies in which the practical benefits of harm reduction might be communicated to young people in a way that resonates with their own experiences” (169). Duff also notes the importance of such peer-to-peer programs and strategies in changing broader cultures of drug use so that moderate use is tolerated but excessive and risky use is not.

7. Change cultural norms around “sober raving”

Going sober to a rave should not be “lame” or “uncool.” There needs to be a change to what it means to “sober rave.” Shelly suggested that more non-alcoholic options be offered at EDM events:

Shelly: We shouldn't feel afraid in our peer group to be like, "Hey, I'm not drinking tonight because I don't want to." "I'm not drinking tonight" and not have to add a 'because.'

Nick: You think that you should be able to say, "I'm not drinking tonight" and it shouldn't sort of be like, "Oh, you have to drink," that kind of thing?

Shelly: Yes. There should be more – I'd like for there to be more non-alcoholic options at bars and parties too that are just as appealing as alcohol. At a lot of parties that I do in the city, we now have two craft mocktails. While you're sitting in the bar, "Oh, do I want another tequila," whatever "or do I want this really lovely lavender lemonade?" Creating the option of choice.. leaning towards healthier choices.. and event organizers opening up the dialogue around how to be safe and how to be kinder to ourselves. I think it's shifting the focus from, "Let's go out and get fucked up" to "let's go out and enjoy this experience together."

These types of negative reactions to non-drinkers occur in many social settings (not just at raves). As Paton-Simpson (2001) explains, social drinking has become customary at many social events. An unwillingness to drink alcohol at functions where alcohol use is expected is often met with judgment and/or questioning. The media has also played a key role in associating drinking alcohol with being sociable. In this respect, the pressure to drink alcohol that Shelly felt seems to come from broader cultural norms around alcohol consumption and sociability (and, in this case specifically, “partying”). This pressure is especially intense in the context of a rave, which is unlike most other social events.

In addition to offering more non-alcoholic options (as Shelly suggested), there should be less aggressive promotion of alcohol at EDM events. Drink gimmicks and incentives should not be used at events where high levels of illicit drug use are expected. Organizers should also

consider avoiding alcohol sponsorships for EDM events. Perhaps “sober raves” might be held once in a while to show that people do not always need to use drugs and/or alcohol to have a good time and to appreciate the music at a rave.

8. More trained staff onsite to deal with drug-related harms

EDM events should be required to have trained paramedical⁴⁶ staff onsite to respond to drug overdoses and other drug-related harms. Jamie explained,

I never get in a situation where I need any medical assistance, but I’ve seen people that definitely do. It’s probably a very fucking scary place when you can’t get it. That’s fucking important. If these people are going to charge you \$50, \$60 to go to their fucking rave, the least they can do is help people that fucking OD. People are going to do that there. That’s why people go there. Like I was saying earlier, that’s what people go there for. They go there to take drugs and have a fucking time...but a stupid mistake, like they take a little bit too much and they can’t handle it, they need to have something there to help them.

Munn et al (2015) examine the benefits of onsite medical staff at Shambala Music Festival in British Columbia. They explain that Shambala has onsite, at any one time: at least one physician; three registered nurses; three paramedics; three occupational first-aiders; and a medical secretary/office assistant. They argue that this type of approach to medical care at EDM events can “inform patient care, reduce presentation rates and acuity, and decrease impact on the host community’s local health services” (233).

While the “Shambala model” is commendable, it might not be realistic for most EDM events (especially smaller events and regular nightclub events) due to the associated costs. In fact, Seth (a risk management expert), had criticized a Toronto city councillor for trying to make it mandatory for certain nightclubs in Toronto to have an ambulance onsite every night the nightclub is open. He explained, “at some point, the organizer has to make money on events and

⁴⁶ Such paramedics should have training and expertise in drugs and harm reduction (e.g. a public health nurse).

an ambulance is not cheap.” The number of paramedical staff and services required should therefore be tailored to the type and size of the specified EDM event. For guidance, we might turn to Victoria, Australia. In 2013, the Victorian government introduced the *Code of practice for running safer music festivals and events* (Victorian Government Department of Health 2013). In this code, they recommend the following formula for determining how many qualified on-site first aid and medical staff are needed at a given event: two first aid qualified (or higher) persons are needed for events with less than 500 patrons; and two more are needed for every additional 1000 patrons after that. After 5000 patrons, one first aid qualified (or higher) person is needed for every additional 1000 patrons. This would mean at a large music festival with 20,000 people, approximately 26 first aid qualified (or higher) persons would need to be onsite.

In addition to having trained medical staff onsite, there is a need for security guards to also be trained to respond to specific drug-related harms such as overdoses. Seth explained that security guards are not typically trained on how to respond to these types of harms:

Seth: A lot of these security people are trained...they're trained – I don't want to go too much on a tangent but most security guards in the province of Ontario get a basic training that prepares them to be concierge at a hotel. They're not prepared to be a security guard at a mass gathering festival where they have to deal with large crowds. They have to deal with people under the influence. They have to deal with people with maybe mental illness and a whole different spectrum of issues. As festival organizers, we have to hire these people, that I hate to use the term, but for the most part, are just pylons.

Nick: [laughs]

Seth: It makes our job a lot harder to really serve our patrons when the caliber of security guards is very low.

As Seth explained, there is a need for security guards to be specifically trained to work EDM events and festivals. Training security guards on how to respond to drug-related harms is important since they are usually the first ones to respond to such situations (due to the fact that

they often closely monitor crowds during events and there are often many more security guards than paramedics at events).

9. Make water more available and accessible at EDM events

At every EDM event, clean drinking water must be provided to patrons for free. Victoria explained,

They should be giving out free water, having more water stations. I've seen a few people that have definitely passed out from heat exhaustion from doing drugs. Obviously, that would be a huge thing because if they added more water stations, it would make it more convenient for people.

Victoria, like most of the participants, believed that free water should be provided at venues.

Where possible, a separate station for filling water bottles should be provided, like at Daylight festival and Lifetime Festival. As I observed during the fieldwork, the number of water stations at a festival is important. Large EDM events like Daylight and Lifetime must have more than one water station, especially if the weather is humid.

10. Redesign washrooms so that they are more supportive of risk management

As I discussed in Chapter 6, the location and design of washrooms affects practices of club drug use and risk management. Washrooms should be strategically placed far enough away from the mainstage so that walking and moderation is facilitated, but not too far that overconsumption is inadvertently encouraged (i.e. if patrons decide to use their drugs in the crowd because they cannot be bothered to walk a far distance to the washrooms).

The design of washroom stalls is important too. Full door stalls are more supportive of moderation than traditional stalls. As I explained, the participants often consumed their drugs quickly in traditional stalls because they worried that security and/or other club staff might see

them through the openings above and below the stall door. In many cases, this meant that the participants could not properly moderate how much they were consuming (because they often snorted their drugs in a hurried manner). Some of the participants preferred to go to their cars to use their drugs than to use them in washrooms with traditional stalls. As I argued, this might heighten the risk of criminalization (for possession of an illicit drug and/or for driving while impaired). EDM venues should consider installing full stall doors in their washrooms.

A related recommendation is that police officers and/or security guards not patrol washroom areas. As my study has shown, this type of enforcement led patrons to use their drugs in a panicked way (making their use riskier than it would be otherwise). Perhaps a paramedic or a security guard who is not in uniform can be stationed in the washroom area to make sure that no one passes out in the stalls. Or perhaps bathroom attendants can be trained to take on this role. In either case, the job of the staff member patrolling the washroom should be to call security for assistance when a patron has been in a washroom for a long time and they are worried that they might have passed out. Their job should *not* be to patrol and to stop drug use in the washroom area.

11. Hold EDM events at safe, easy-to-access locations

A number of events are currently held on Toronto Island. Jamie explained why Toronto Island is a dangerous location for these events:

It's [DayLight Festival] fucking dangerous. Some guy died, didn't he? The last one fell off a fucking boat on the way back and they didn't stop. They didn't stop. They didn't try and find him. Nobody fucking knew what was going on because everybody's fucked. They shouldn't be doing raves like that on an island. If they are, let people camp there overnight, don't allow them to go home because it's not safe to go home. It could happen to any fucking one. Anybody could fall into that water. Anybody that falls asleep on the side, just flip over the edge, that's it, done, gone ... So, find more appropriate places to put it. There's so much shit that has gotten nothing going on, on mainland. Find a bloody

area, go to Hamilton, go to fucking anywhere. There's so many empty spaces. Just go somewhere else. Don't do it on a fucking island. It's stupid.

Many of the other participants had similarly complained about EDM events being held on Toronto Island. They believed it was a dangerous location because of its remoteness. They recommended that EDM events be held in safe and accessible locations. In particular, EDM events should be held on the "mainland" in locations that are accessible by multiple modes of transportation (i.e. train, car, and bus).

12. Host more EDM festivals in the fall, winter, and spring

Most major EDM festivals and events in Toronto take place in the summer. The result is that young people feel compelled to go to as many EDM events as possible in the summer, even when they are scheduled close together. This means that young people are using club drugs on numerous occasions within a short period of time (three months). Event organizers should consider hosting large EDM festivals and events at other times of the year (like in the fall, winter or spring). These events can be hosted indoors or outdoors. The logic is that, by hosting large events outside of "festival season" (June-August), young people will have more options for choosing what events they want to go to, and will consequently feel less compelled to go to every "major" event in the summer.

13. Onsite drug-checking services

Many of the participants believed that drug-checking services should be available onsite at EDM events. Ella explained,

I emailed Trip! And I asked "Will you guys be doing testing onsite? Can I bring my drugs to have them tested?" and they said "no." They're just there I guess for information and whatever. So, to me I wish they would do testing and that would make me feel more

secure because I would obviously test my drugs before I do them. And then if something was wrong with them, I'd throw them and just drink.

Earlier, I recommended that harm minimization booths be a condition of licensing for EDM festivals. Onsite drug-checking services, too, should be a condition of licensing. In fact, the two go hand-in-hand, as both onsite drug education and onsite drug-checking services can be provided at the same booth, run by the same harm minimization organization.

McCrae et al (2019) conducted a study to assess the quality of substances being consumed at music festivals and events. In their study, they provided drug-checking services at four music festivals and events in Canada. They found that a large proportion of the substances they tested contained unexpected adulterants. Their study highlights the importance of drug-checking services at large events where illicit drug use is expected. These services will provide young people with a better idea of what exactly is in their drugs. They can then make a more “informed” decision about whether or not they want to consume them.

Of course, there are a number of obstacles to implementing drug-checking services at EDM festivals and events. Feith (2017) identifies social acceptability as one such obstacle. She explains that there has long been resistance to drug-checking services, and to harm minimization efforts in general, because of the belief that it encourages and/or facilitates illicit drug use. There is also the financial cost of offering these services at every EDM event or festival. Insurance policies are another obstacle to drug-checking services. In Chapter 4, I gave the example of Nova Scotia's Evolve Festival, which had originally planned to offer an onsite drug-checking service, but which had to cancel the service at the last minute because their insurance underwriter had pulled coverage after learning that the festival would be offering this service.

There are also technological challenges to consider. Winstock et al (2001) explain that reagent testing kits (the cheapest, most common kits used for testing club drugs) are subjective.

These kits are subjective because they are based on a colour reaction. Basically, the reagent is mixed with a small portion of the substance which causes the substance to change colour. A colour chart is provided which identifies different colours with different groups of substances. The problem is that the interpretation of the colour is subjective. Thus, a person may misinterpret the shade/colour of the substance, subsequently identifying it as the wrong drug. To add to the confusion, the substances are often grouped together in broad categories. For example, both MDMA and MDA correspond with the colour purple. It would therefore be difficult to distinguish the two using a reagent testing kit, despite the fact that they have quite different effects.

Finally, there are legal concerns that must be considered. As Sage and Michelow (2016) explain, the legality of drug-checking services is ambiguous. There is debate over whether providing drug-checking services constitutes a crime. Currently, drug-checking services at Canadian music festivals are being offered without ministerial authorization⁴⁷ (i.e. exemption from the Controlled Drugs and Substances Act). To mitigate the risk of prosecution, most organizations do not touch the substance themselves. Instead, they have the patron do the test while simply providing them guidance during the process. Overall, there are many obstacles to providing drug-checking services at EDM festivals and events. To facilitate the implementation of such services, change must therefore occur at a broader legal, social, and economic level.

In addition to onsite drug-checking services, there is also a need to make testing kits more accessible outside of EDM festivals and events. Many of the participants had complained about testing kits being expensive and being difficult to find. There is clearly a need for these testing kits to be more readily available to people who want them. Perhaps testing kits could be made

⁴⁷ Ministerial authorization/exemption is very difficult to obtain. For this reason, many organizations undertake drug-checking services without such authorization (see Sage and Michelow 2016).

more available by having them at *all* public health clinics and/or by having them available for purchase on a government-sponsored website.

14. Longer nightclub events

The findings suggest that rapid, heavy alcohol and drug consumption was more likely at nightclub events than festivals because they were shorter in duration. Club owners and/or event organizers should consider opening their nightclubs earlier and hosting longer events. They could feature more than one headliner DJ, and potentially feature more local talent in the opening hours of the event. By extending the length of nightclub events, patrons will be better able to moderate their alcohol and drug use.

15. Make more “chill-out” spaces at venues

Venues must provide adequate spaces to “chill out.” Jessica explained what these spaces should look like:

um...maybe more places to sit and just relax [laughs] instead of having to be in a crowded area. Like maybe an area where you can kind of like space yourself out and relax in the shade, you know? At a lot of these venues the sun is like pounding on you so maybe that would be something that they could consider.

These spaces should be cooler and quieter than other spaces at the venue. They should have chairs or couches for patrons to sit on.

In his study of drug use at music festival campsites, Dilkes-Frayne (2016) similarly recommends that greater consideration go into designing chill out areas. He explains that they “need to be provided both away from the central festival grounds to facilitate escape from overstimulation, where peer support workers can provide assistance to those having difficult experiences, as well as adjacent to dance floor and entertainment spaces, to increase utilisation

by those not wanting to become isolated or lost from dancing, or to miss the music acts they came to see because of their need for water, shade and rest” (34).

16. Host separate “all ages” events with no alcohol

EDM events should be 19+. If “all ages” events are held, they should be specifically catered to underage young people. Alice reasoned,

If I am over nineteen, why am I hanging out with a twelve-year-old? Why are we at the same event? I’m not saying that you don’t have “all ages” events ever. I’m saying they need to be separated. You shouldn’t be having events sponsored by alcohol companies and like allowing that to kind of mix. Like if you want to have “all ages” events, they should be sponsored by like Coca-Cola. You know what I mean? I think you’re allowing things to happen. It’s not their fault either. Like they are young, and they just want to be cool.

Overall, more careful consideration needs to go into planning “all ages” events so that alcohol and drug use (which are commonly associated with the EDM scene) are not facilitated and/or encouraged for underage patrons.

17. Allow patrons to bring harm minimization resources into EDM events

Patrons should be able to bring their harm minimization resources into nightclubs or festivals without harassment from security or police. During the fieldwork, Opus Festival had adopted a new rule which allowed patrons to bring naloxone with them to the festival. Michelle recommended that all festivals and events allow naloxone:

Um, being able to bring naloxone into festivals, because a lot of festivals they don’t allow individuals to bring naloxone in, they just have first aid and EMT individuals that have naloxone. And those people sit in a tent, you know, 50-feet to a kilometer away from the individual who could be passing out and they don’t find out until it’s too late.

In addition to naloxone, patrons should be able to bring in other harm minimization resources such as testing kits and sterile snorting equipment.

18. Extend last call

In Toronto, “last call” for alcohol is 2:00am. The problem is that EDM events often run well-past this time. As I argued in Chapter 6, an early “last call” can facilitate illicit drug use at EDM events, as patrons want to continue partying (past 2:00am) but alcohol is not available. In other cities like London, New York City, and Miami, there is a much-later “last call” for alcohol. Toronto should extend their “last call” to at least 4:00am. Such an extension will also bring economic benefits to the city’s nighttime leisure economy.

19. Prevent overcrowding

Given that club drugs are associated with heat exhaustion and hyperthermia (see Crandall et al. 2002; Hall and Henry 2006; Liechti 2014; Shewan et al. 2000), crowd sizes need to be reduced and to be carefully monitored at EDM events. When an event is being held where patrons are expected to be using club drugs, the maximum crowd size for the event should be significantly lower than for other events. The Health and Safety Executive (2014) (a government agency in the United Kingdom) developed an event planning guide which is considered the international standard for event planning. In the guide, it is recommended that capacity of a venue be measured based on a ratio of one person for every 0.5m² of available floor space. Based on this benchmark, I would suggest the ratio be higher at EDM events and other events where club drugs and/or excessive alcohol consumption is expected (perhaps one person for every 0.75m² or 1m² of available space).

20. Legalization (and regulation)

Ideally, all club drugs (including MDMA, cocaine, ketamine, and GHB) should be

legalized in Canada. As Taylor et al (2016) explain, legalization presents less risk to public health and safety than prohibition. By regulating club drugs, their content, strength, and purity can be known and assured (i.e. people will know what exactly is in the drugs they are taking and will thereby be able to better moderate their use). People will also be able to obtain drugs without having to engage with the criminal market. Legalization will also reduce police, court, and prison costs associated with the enforcement of prohibition laws. Legalization will also mean that EDM organizers can overtly address club drug risk without worrying about reputational consequences. Justin explained, “if they were legalized and more accepted, then that could help because you could have proper safety measures within the rave. For example, you could have people handing out drug test kits.” Thus, there are many anticipated benefits of legalization. We have seen some of these already with cannabis legalization, such as a significant decrease in the number of Canadians buying cannabis from the illegal market and/or from friends or acquaintances (CCSA 2019).

However, as many of the participants acknowledged, legalization of club drugs is unlikely to occur in the foreseeable future. Adam, for example, admitted,

One thing would be regulation of these drugs. Obviously, it’s hard now because it’s illegal. Again, it goes back to where is it coming from, where is this coming from and people taking these drugs and not really knowing 100% what they’re taking. If there was a way to manage that, the only way I would see it is like if somehow these drugs became legal which probably won’t happen. That’s a hard question.

At the very least then, simple possession of club drugs like cocaine and MDMA should be decriminalized. This will prevent otherwise law-abiding citizens from being swept up into the criminal justice system. They will not be saddled with a criminal record and their future employment opportunities will thus not be affected. Moreover, they will not be subject to incarceration and its negative effects on psychological and physical wellbeing. Decriminalization

will also reduce prison and jail costs and will free up law enforcement to focus on more important matters. It will also potentially help to reduce stigma around club drug use so that people who use club drugs feel comfortable seeking treatment and support when they need it.

Challenges and barriers

I recognize that there are a number of potential challenges and barriers to implementing these recommendations. For starters, the use, possession, and sale of most club drugs (with the exception of alcohol) is prohibited under the Controlled Drugs and Substances Act (CDSA). The legal status of club drugs can create a number of challenges to implementing harm minimization services and programs. Above, I discussed how the legal status of club drugs might create challenges for onsite drug-checking services at EDM festivals and events. As noted in Chapter 5, not only are these drugs illegal, but they are also highly stigmatized outside of club culture. It is therefore likely that there will be resistance from the public to some of these proposed changes, such as the move away from abstinence-only school-based education programs. Political leaders might also be hesitant to support some of these recommendations, such as the recommendation for increased funding for club drug research, if they believe that the public holds strong negative views towards club drug use.

Another barrier is reputational costs to event companies and nightclubs. In Chapter 4, Seth (a risk management expert) explained that expressing tolerance for club drug use can be damaging to an entertainment company and its brand. Many event organizers and nightclub owners are therefore reluctant to share overt messages about drug use and harm minimization at their events. One way around this might be to enlist third-party organizations like The TRIP! Project to disseminate harm minimization information and messages at their events.

There are also economic costs to event companies and nightclubs that must be considered. For example, most event companies and nightclubs rely on alcohol sales for a good portion of their nightly revenue (see Kavanaugh and Anderson 2017). Hence, the recommendation to encourage “sober raving” and to scale back on alcohol promotion at EDM events might be unrealistic if event companies and nightclubs cannot make up money lost from alcohol elsewhere. Commercialization is an important barrier in this respect as it has increased the costs of running EDM events, and has thereby made it difficult to balance the inclusion of harm minimization services and principles into events while remaining profitable.

Perhaps organizers might charge more for tickets to cover these costs. Participants in the EDM scene might be willing to pay more for tickets if they know that harm reduction services and principles will be implemented. Earlier, I shared a quote from Jamie where he claimed, “if these people are going to charge you \$50, \$60 to go to their fucking rave, the least they can do is help people that fucking OD.” His quote suggests that he already considers ticket prices to be too high. Increasing the cost of a ticket might therefore deter him and other participants from attending an event. At the same time, he seems to suggest that the provision of harm reduction services and initiatives should be part of the ticket price. This suggests that participants might be willing to a bit pay more if their ticket price was to cover such services and initiatives. Perhaps the government could help to incentivize the adoption of harm reduction principles at EDM events by making public spaces and venues more available and affordable to EDM event organizers (on the condition that certain harm reduction services/initiatives are implemented).

A related barrier is insurance. Above, I gave the example of Evolve Festival in Nova Scotia which had to cancel its onsite drug-checking service because their insurance provider did not want to cover it (see Feith 2017). Nightclub owners and event organizers might therefore be

prohibited from including harm minimization programs and services at their events if they violate their insurance policies.

And lastly, the behaviours of people who use club drugs themselves might be a barrier to harm minimization, regardless of how supportive the environment might be. This is the reason why harm minimization efforts aimed at individual behavioural change are still necessary. In particular, there is a need for education initiatives which seek to provide current and prospective club drug users with information about the associated risks and strategies for managing said risks.

Overall, there are a number of potential barriers and challenges to consider in light of the recommendations made in this chapter. While some of these recommendations will be easy to implement, others will require broader social/cultural, political/legal, and economic changes to take place first. As I have argued above, the major obstacle to harm minimization (as imagined by both the participants and myself) is prohibition. We must therefore continue to fight for drug policy reform.

Conclusion

In this chapter, I have provided a number of recommendations for addressing club drug risk within the Electronic Dance Music (EDM) scene. These recommendations are meant to be used by policymakers, public health professionals, festival and event organizers, harm minimization organizations, and others to influence future program and policy development and implementation. I used my ethnographic insights to inform the recommendations. Through ethnography (and my intimate insider status), I was able to gain a detailed and contextualized understanding of the realities of people who use club drugs which I used in developing the

recommendations in this chapter. I also asked the participants directly (in our interviews) about what changes, if any, they would recommend for making club drug use safer. As I have argued throughout this study, practices of club drug use and risk management are shaped by “lived experiences.” My intention has therefore been to provide a list of recommendations for policy and practice that are rooted in the “lived experiences” of people who use club drugs. These recommendations are important because they are informed by the experiences and perspectives of the people who will be directly affected by club drug-related program and policy development and implementation: people who use club drugs.

Conclusion: embracing a risk environment approach in harm reduction research and practice

The primary focus of harm reduction tends to be on individual behavioural change. People who use illicit drugs are provided with information about risk and advice on how to manage such risk, and are expected to adjust their behaviours accordingly. However, as Rhodes (2002) rightfully argues, individual behavioural change can only occur if the environment enables it. Research which seeks to understand and reduce drug-related harm must therefore focus not only on the person who uses drugs, but also on the situations and structures in which such use takes place. For this reason, the present study contributed to a contextualized understanding of young people's club drug use by exploring conceptions and patterns of risk in relationship to contexts of use. In this final chapter, I explore the theoretical and practical contributions of the research. I begin with a brief summary of the study. I then discuss the study's contributions to knowledge and to practice. I conclude with recommendations for future research.

Summary of study

The present study had two main objectives: (1) to examine how people who use club drugs understand risk and risk management, and (2) to examine how their abilities to act on such understandings of risk are facilitated and/or limited by the social/cultural, political/legal, economic, and physical contexts of club drug use. To make sense of the former, I turned to the risk/governance framework, which proposes that citizens are governed through "expert" knowledge about risk (see, for example, Dean 1999; O'Malley 2004a; Rose 1996). To make sense of the latter, I turned to the risk environment framework, which proposes that an individual's capacity to enact behavioural change depends upon the environment in which such

behaviour is situated (see, for example, Moore and Dietze 2005; Rhodes 2002). By bringing the two frameworks together, I was able to look at the ways in which “conceptions of risk” and “contexts of use” intersect to shape risk-taking and risk management behaviours. In other words, I was able to look at how people who use club drugs take up and respond to risk information in different ways in different contexts.

Because the focus of the research was on situating risk behaviours within the social/cultural, legal/political, economic, and physical contexts of club drug use, I chose to do an ethnography. The purpose of ethnography is to see the world from the participants’ point of view (Burawoy 1991). In my research, I used ethnography to explore the detailed and contextualized realities of people who use club drugs. The final written ethnography provided a glimpse into these lived realities and revealed the ways in which these realities sometimes worked for, and sometimes worked against, risk management (as imagined by public health and harm minimization programs).

There were two key findings from the study. The first key finding was that the participants were generally knowledgeable about the risks of club drug use and the recommended medical and public health strategies for managing those risks. Not only were they knowledgeable about risk and risk management, but most of the participants accepted the responsibility of managing such risks. I argued that they had been responsabilized and constituted as “responsible” drug-using subjects. By accepting responsibility for managing club drug risk and adjusting their behaviours accordingly, they were therefore engaging in technologies of the self (Foucault 1988).

The second key finding was that “context” played an important role in shaping how the participants’ risk knowledge was translated into practice. In some ways, the social/cultural,

political/legal, economic, and physical contexts of club drug use facilitated the adoption of risk management strategies and in other ways they impeded them. The result was that participants sometimes engaged in “risky” drug-using practices despite being knowledgeable about the dangers related to such practices. In these instances, the participants often *wanted* to practice risk management but, due to certain contextual restraints, were unable to do so. There were, however, instances where the participants did not engage in risk management even when the circumstances supported it, a reflection of the emotional and pleasurable aspects of club drug use.

Contributions of the study

In this section, I discuss the theoretical and practical significance of the study. I focus specifically on five key contributions to knowledge and practice.

1. The findings contribute to our understandings of young people’s conceptions of club drug risk

The analysis of risk conceptions presented in Chapter 3 adds to a thin body of literature which looks at how people who use club drugs understand and manage risk (see, for example, Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001; Kelly 2005; Perrone 2006; Shewan et al. 2000). In the present study, the participants had extensive knowledge of the risks associated with club drugs including: addiction; heat exhaustion; dehydration; neurotoxicity; adulteration; overdose; and sexual assault. The participants also knew about, and often employed, a number of risk management strategies recommended by experts including: refraining from certain methods of administration; limiting frequency of use; using drugs only for the “right” reasons; drinking water to stay hydrated; limiting alcohol consumption; taking

breaks from dancing to “chill out;” pre/post-loading (with vitamins and diet); using around trusted friends; buying from a reliable source; drug-checking before using; and never leaving drinks unattended. In these ways, the findings are consistent with existing research, which has found that people who use club drugs are aware of the associated risks and employ a number of strategies for managing such risks (see, for example, Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001; Kelly 2005; Perrone 2006; Shewan et al. 2000).

The findings presented in Chapter 3 on risk conceptions are especially important given the fact that most of the existing research on risk conceptions of club drug use focuses solely on MDMA (or ecstasy) use (see Allott and Redman 2006; Hansen et al. 2001; Shewan et al. 2000). As my research has demonstrated, many other drugs, in addition to MDMA, are being used within the electronic dance music (EDM) scene. Some of the other substances that the participants consumed included alcohol, cocaine, ketamine, GHB, and cannabis. My research therefore makes an important contribution to existing literature by showing how young people understand the risks associated with not only MDMA, but also other club drugs. This is important because people who use club drugs often engage in polysubstance use (see Parker et al. 1998). By focusing on only one club drug (like ecstasy) we might thereby miss the broader context in which young people think about and make sense of risk.

Another related contribution of the study is that it provides a meaningful analysis of how conceptions of club drug risk are informed by public health and harm minimization programs and discourses. The impact of public health and harm minimization programs and discourse on conceptions of club drug risk has rarely been explored in the existing literature. Kelly (2005), for example, looks at what he refers to as “professional” and “folk” models of risk. The former refers to those risks identified by researchers and public health experts. The latter refers to those

risks identified by people who use club drugs themselves. These “folk” models of risk are rooted in young people’s experiences with using club drugs. While Kelly (2005) makes a great point that young people’s conceptions of risk are experientially based, he does not offer much consideration of how professional models of risk might influence folk models of risk.

Kelly (2005) briefly acknowledges the relationship between professional and folk models of risk when he argues that people who use club drugs usually recognize the same potential harms reported by “experts,” but that they assess the likelihood of experiencing such harm differently based on their own experiences. He proceeds to frame the rest of his discussion of the two models as if they are dichotomous. But, as my research has shown, young people’s conceptions of club drug risk are rooted both in “professional” knowledge as well as in their own experiences using club drugs. For example, the participants’ knowledge about the risk of short-term depression was based both on “expert” knowledges and personal experiences. The participants knew about short-term depression because they had experienced it firsthand. They often referred to the short-term period of depression that followed club drug use as a “comedown” or a “Terrible Tuesday.” On the other hand, the participants were able to describe the process whereby club drug use depletes serotonin levels thus causing depression in the days following use. The participants were therefore relating “professional” knowledge to their personal experiences. In this way, the study provides an important contribution to the existing literature by analyzing how people who use club drugs incorporate “professional” knowledge (usually disseminated through public health and harm minimization programs and discourse but also shared between members of the EDM community) into their conceptions of club drug risk. It suggests that people who use club drugs have a “hybrid knowledge” of risk rooted in both the professional and the experiential.

2. The findings contribute to our understandings of the role of “context” in shaping practices of club drug use and risk management

The detailed, contextualized accounts of club drug use presented in this study provide much needed insight into how environmental factors shape risk and risk management. Little research has sought to understand how context shapes club drug use and risk management in as much detail and with as large a scope as the present study. Most of the existing research focuses on specific environmental factors, rather than examining more broadly the social/cultural, legal/political, economic, and physical contexts of club drug use.

For example, Hughes et al (2017) and Dunn and Degenhardt (2009) look at how increased police presence at music festivals facilitates risky behaviours such as buying drugs within the festival grounds and bingeing drugs (to swallow “evidence”). While these studies are valuable, they only focus on one aspect of prohibition: law enforcement. In Chapter 4, I take a much broader approach to examining how the realities of prohibition facilitate “risky” drug-using practices. In addition to law enforcement, I focused on many other aspects of prohibition. For example, I looked at how private security shapes practices of club drug use and risk management at EDM events. While previous research has acknowledged the role of private security in nightclubs and the nighttime economy (see, for example, Chatterton 2002; Hobbs et al. 2007; Sanders 2005), little research has examined the role of security in selling drugs at nightclubs (see Sanders 2005) and no research, to my knowledge, has looked at how the involvement of security in drug selling at nightclubs might facilitate “risky” drug using practices by venue patrons.

In my research, I considered how the involvement of security in “nightclub drug economies” affects practices of use and risk management. For example, I discussed how the

participants' reluctance to ask for help when they needed it (like when Paula was experiencing a "bad trip") was directly related to their belief that private security is sometimes "corrupt." In particular, the participants recognized that security guards are sometimes involved in drug trafficking at EDM events. They also acknowledged that guards sometimes extort money from patrons after catching them using drugs in the washroom. The participants were therefore reluctant to ask for help from security because they worried that security might try to blackmail them.

Other aspects of prohibition beyond police and private security include organizers and staff, as well as people who use club drugs themselves. For example, venue staff such as bartenders and "bottle service" servers were often involved in the enforcement of club rules. They have the power to "cut off" patrons who seem over-intoxicated. They also tend to notify private security or police when they believe a situation warrants their intervention. They sometimes engage in corruption (in similar ways to security guards). Even between club drug-using peers, there is a sort of "policing" of drug-use behaviours which I discussed throughout the study (i.e. peers calling out one another when they are using drugs in "risky" ways). Prohibition, then, can take a number of different forms and be exercised by a number of different actors (beyond just police officers). In some ways, these practices can facilitate risk management, such as when a person stops using alcohol after a bartender cuts them off or when a person stops overconsuming drugs and/or alcohol when they are "scorned" by one of their peers. In other ways, the practices might undermine risk management, such as when a person who is "cut off" from the bar turns to illegal drugs instead (think of Justin's friend who used cocaine for his first time because alcohol was not available), or when a person keeps their drug use private and/or is reluctant to ask for help when needed because they fear being judged by their peers.

I also considered the impact of insurance and concerns around brand/reputation, as indirect effects of prohibition, on risk and risk management. In some cases, organizers were prohibited from adopting certain harm reduction principles and/or services into their events because they went against their insurance policies. Reputation/brand image also influenced how organizers thought about, and implemented, harm reduction. For example, Seth (a risk management expert) and his colleague worried about sharing “overt” harm reduction messages because they feared the reputational consequences of “admitting” that drug use takes places at their events.

In Chapter 4, I also considered how the “messy” realities of an unregulated market affect club drug use and risk management practices. Similar research has been conducted on other types of drug use. For example, Carroll et al (2017), McKnight and Des Jarlais (2018), and Rouhani et al (2019) look at how people who inject drugs have changed their drug use behaviours in response to the fentanyl epidemic. While the fentanyl epidemic most directly impacts people who use opioids, it is important to also understand how this epidemic has affected practices of non-injection and non-opioid use. In this study, I found that people who use club drugs, too, have changed their drug-using behaviours in response to the fentanyl epidemic. In particular, I found that fentanyl contamination had become a “risk priority” for many of the participants. As a result, they became more concerned with getting fentanyl test strips or naloxone kits to minimize the risks associated with fentanyl contamination than with practicing other forms of harm minimization that they had practiced in the past (like getting testing kits to test for other adulterants). These findings on how the fentanyl epidemic has changed club drug use practices are an important contribution to the existing literature.

In Chapter 5, I looked at how experiences and understandings of normalization facilitated and/or undermined the adoption of risk management practices. This is an important gap in the literature as very few studies have considered how normalization affects risk management. One such study comes from Bahora et al (2009), who look at how ecstasy normalization has shaped young people's perceptions of ecstasy-related risks. They find that young people have low-risk perceptions of ecstasy. They explain that these low-risk perceptions are in many ways attributable to ecstasy normalization since young people who use ecstasy are constantly exposed to, and in contact with, other people who use ecstasy. The participants in the study thereby came to view ecstasy as "normal" and as low risk. While these findings are interesting, Bahora et al (2009) only briefly explore the relationship between normalization and risk management – the central focus of the study is on how young people perceive the social and cultural acceptability of ecstasy.

Ravn (2012) similarly looks at how experiences and understandings of ecstasy normalization affect practices of ecstasy use. He finds that young people's practices of ecstasy use vary depending on the perceived level of acceptability within a given nightclub. While Ravn's study is important for understanding how normalization affects practices of drug use, it does not consider how these practices relate to risk. In these ways, the findings in Chapter 5 present a much-needed analysis of how normalization affects risk management. In addition, the present study, unlike existing research, considers how normalization affects other types of club drug use (not solely ecstasy use). Some of the key findings from the chapter were: (1) normalization facilitated the sharing of risk information and advice; and (2) higher levels of club drug consumption were more likely in normalized (as opposed to stigmatized) contexts. Based on these findings, I recommended that harm minimization efforts focus on de-stigmatization. I

suggested a number of ways in which de-stigmatization might be achieved including education programs and campaigns (which focus on challenging stereotypes and myths), and training programs for healthcare professionals. At the same time, I recognized that de-stigmatization might unintentionally facilitate overconsumption. I recommended that more effort (and money) go into the design and implementation of education programs which teach people about the dangers of overconsumption and about how to moderate use.

Chapter 5 also looked at how people who use club drugs experience stigma and how such experiences affect practices of club drug use and risk management. I built upon the work of Goffman (1963), Murphy and Irwin (1992) and Hathaway et al (2011), who all look at how people who use illicit drugs experience stigma and how they manage that stigma. While this literature is important for understanding experiences of stigma and techniques of stigma management, it does not consider the ways in which stigma affects practices of drug use and risk management. My study adds valuable insight to the literature by considering how stigma both facilitates and limits risk management. In particular, it shows that stigmatization can act as a barrier to seeking professional help. It can also act as a barrier to obtaining harm minimization supplies and resources. Stigmatization also makes moderation difficult as participants are forced to use their drugs in a “hurried” fashion in order to avoid suspicion and/or detection from others. As I have explained above, efforts should focus on de-stigmatization because stigma undermines risk management more than it facilitates it.

My discussion of age norms and risk management (in Chapter 5) is another important contribution to the literature. Existing literature looks at how age norms and drug use patterns and practices have changed in late modernity due to a prolonged period of adolescence (see Parker et al. 1998; Parker and Williams 2003; Williams 2016). This literature proposes that

young people are using illicit drugs later on in life because young people are taking longer than past generations to secure permanent employment, get married, and have children. It is important to understand what these changes in age norms and use patterns mean for risk management. I was able to do this in my study because my sample consisted mostly of people in their late twenties and early thirties. I was therefore in a unique position to look at how “age norms” affect practices of club drug use and risk management for those considered “mature” ravers.

In Chapter 6, I looked at the impact of commercialization, space, and time on risk management. In terms of commercialization, I looked at how the commercialization of the EDM scene has both directly affected risk management (e.g. greater availability and active promotion of alcohol) and indirectly affected risk management (by changing the spatial and temporal dynamics of EDM events and venues). In looking at the organizational styles of EDM venues and events, I considered the effect of a number of spatial and temporal factors on club drug use and risk. A few studies have similarly examined the relationship between venue organizational style and practices of drug use and risk management. For example, Kavanaugh and Anderson (2017) look at how the increasing prevalence of mega-clubs with “business-commercial” organizational styles has given rise to new forms of violent and sexual victimization within the nighttime leisure economy. Similarly, Fileborn (2016) looks at how a venue’s organizational style can create opportunities for unwanted sexual attention and touching. My research built upon this literature, but instead of focusing on risks of sexual and violent victimization, it focused on drug-related risks.

In terms of space, I analyzed a number of factors including crowding, washrooms design and accessibility, public/private distinctions, alcohol and water availability and accessibility, and location. The findings demonstrate the significance of physical space in shaping drug-using and

risk management behaviours. My research also considered how the organization of *time* affects risk and risk management (something which was not explored in much detail in the aforementioned studies). Some of the temporal factors I analyzed included last call, length of event, season, and set times. Based on the findings, I recommended that last call for alcohol be extended (so that polydrug use is not facilitated), the duration of nightclub EDM events be longer (so that patrons are less likely to engage in rapid, heavy consumption), and more EDM events be scheduled outside of summer season (so that EDM participants space out their drug-using episodes).

3. The study provides a theoretical model for doing research on illicit drug use and risk management

The present study was framed by the intersection between two literatures: the risk/governance literature; and the risk environment literature. I drew on the risk/governance literature to theorize how people who use club drugs are governed through public health and harm minimization programs like TRIP! and DanceSafe. In Chapter 1, I explained that, in neoliberalism, much of the power that was once concentrated in the State has been downgraded to non-state actors and to citizens themselves (see Dean 1999; Garland 1997; Rose 2008). Citizens have thereby been “responsibilized” into subjects capable of managing their own health and wellbeing (O’Malley 2004a). These subjects are governed not through force, but through expertise. They are provided with truths about dieting, exercise, investment, drug use, and so on, and are expected to adjust their behaviours accordingly (for the sake of their own wellbeing). Thus, the subjects are free in that they can choose how to think and act, but the possible field of action is constituted in ways that will produce conformity (Dean 1999; Garland 1997; Simon

2007). They thereby engage in technologies of the self, acting upon their own bodies and souls in order to enhance their health, security, and wellbeing (Foucault 1988).

In these ways, the risk/governance literature is relevant to the present study as it provides an alternative to traditional conceptions of power as hierarchical, coercive, and repressive. As my research has shown, people who use club drugs are seldomly governed through force. For the most part, they are governed through “expert” knowledge about risk and various techniques of surveillance. This “expert” knowledge was most commonly disseminated through public health and harm minimization programs like TRIP! and DanceSafe. Surveillance was enacted by security, staff, and peers, and facilitated by spatial arrangements (ex. washroom placement and furniture).

While I used the risk/governance literature as the starting point for the study, my primary interest was in how responsabilization is complicated by “context.” In this way, my research revealed some of the limitations of the risk/governance approach to drug use and risk management. I explored how “expert” knowledge did not always translate into practice, despite the fact that the participants were aware and accepting of such knowledge and were constituted as “responsible” drug-using subjects and citizens. For example, the participants sometimes engaged in polysubstance use despite knowing that such practices were “risky.” I argued that, to make sense of these contradictions, practices of club drug use must also be understood as responses to particular risk environments. I thereby turned to Rhode’s (2002) risk environment framework.

The risk environment framework gives primacy to “context” in trying to understand and reduce drug-related harm. As I have explained, such emphasis on “context” is important since it has traditionally been overlooked in analyses of governmental programs (Brady 2014). The

problem is that the risk/governance literature is more concerned with identifying and reassembling rationalities and technologies than with understanding how these rationalities and technologies actually function in practice, a reflection of its emphasis on documentary and textual analysis (Garland 1997). In reality, these programs are never perfectly realized. By pairing the risk/governance and risk environment frameworks, I was able to look at how participants take up and respond to risk discourse in different ways in different contexts. I was thereby able to examine what O'Malley et al (1997) refers to as the "messy actualities of what actually happens" (509).

Only a few studies have taken a risk/governance approach to analyzing risk environments (see Bourgois 1998; Bourgois 2000; Fischer et al. 2004; Moore 2004). These studies all focus on opioid and injection drug use. Moore (2004), for example, focuses on heroin overdose prevention in Australia. He explains that overdose prevention discourse contains assumptions that people who use heroin are rational and autonomous and thus, capable of self-governance. Heroin overdose prevention has thereby been focused primarily on individual behavioural change by providing people who use heroin with information about risk and advice on how to manage such risk. But, as Moore (2004) explains, the social, cultural and economic realities of people who inject heroin often work against the successful adoption of this advice in practice. He gives the example of the advice to never inject alone. This advice is contradicted by the fact that people who inject drugs are often distrustful of one another. This distrust is due to the fact that exploitation is common amongst people who inject drugs (i.e. they often steal from one another). So, despite knowing about the risk of injecting alone, they often do so anyways because of their distrust of one another and their fear of exploitation.

This study has used a similar theoretical framework for analyzing the risk environments of club drug use. It has thereby shown how a risk/governance approach can be taken to analyze risk environments of non-injection and non-opioid use. Consistent with existing literature, the study has demonstrated the usefulness of combining the risk/governance and risk environment frameworks to explain the often “chaotic” practices of people who use illicit drugs. Together, these two frameworks allow researchers to study how young people are actively governed and responsabilized through expert knowledge, without making the assumption that young people will always act on such knowledge the same way in every context. Future researchers who are interested in how governmental programs actually function in practice (as opposed to simply reproducing such programs through textual and documentary analysis) should consider using a risk environment framework. To explore how governmental programs actually function, future researchers should consider a more grounded, ethnographic approach to research, which can draw out tensions between formal expert knowledge and practices on the ground.

4. The study provides a useful methodology for doing research on illicit drug use and risk management

Ethnography allows researchers to appreciate context and multiplicity, both of which have often been overlooked in the risk/governance literature because of its overreliance on documentary and textual analysis (Brady 2014). In my study, I used ethnography to analyze how public health and harm minimization programs function in practice. Ethnography allowed me to examine the “messiness” of social life and to simultaneously examine *multiple* factors that shape club drug-using practices (in addition to risk discourses). Bourgois (1998; 2000) and Moore (2004) have similarly used ethnographic methods in their studies of heroin and methadone use.

In these studies, ethnographic methods were used in order to examine the “lived experiences” of people who use heroin and/or methadone. My ethnographic study has similarly focused on the “lived experiences” of people who use club drugs. As Rhodes (2009) explains, these types of ethnographies of “lived experience” are important because they can “reveal, as well as *challenge*, the assumed objectivity of positivistic knowledge regarding risk regulation” (197).

Another key contribution to knowledge related to the study’s methodology has to do with my position as an “intimate insider” doing research with people who use illicit drugs. While there is literature on the ethics of doing intimate insider research, as well as literature on the ethics of illicit drug research, there is very little that considers the ethical issues produced through the intersection of the two. In Chapter 2, I discussed some of the challenges and issues I experienced and some of the lessons I learned while doing intimate insider research with people who use illicit drugs. My discussion of these issues was meant to help future drug researchers better prepare to address similar issues in their own research. I also showed (in Chapter 7) how drug researchers can develop recommendations for policy and practice using some of the principles of Participatory Action Research (PAR), such as community engagement, participation, and collaboration.

5. The study provides a list of recommendations for improving responses to club drug risk

In this study, I have made the case that club drug-using practices are shaped by physical, political/legal, social/cultural, and economic contexts, which may work for and/or against risk management. Responses to club risk must therefore focus not only on individual behavioural change but also on environmental change. In particular, harm reduction efforts should embrace a collectivist approach to use, focusing on changing not only the individual but also the broader

culture around drug use so that people are more supportive of helping others use safely and with little harm to themselves. Efforts should also focus on changing the organizational styles of EDM events as well as the policies and laws around club drug use so that risk management is facilitated.

In Chapter 7, I provided a list of recommendations for improving responses to club drug risk (which were based largely on the participants' own suggestions). These recommendations addressed change at both the individual and environmental level. As I have suggested, these recommendations for minimizing club drug risk will be most effective if they are used in combination with one another. For example, changes to the physical environment will have limited impact unless such changes are complemented by changes to the social/cultural, political/legal, and economic environments, as well as to the individual behaviours, which contribute to club drug risk. These recommendations will be useful for policymakers, healthcare professionals, festival and event organizers, and harm minimization organizations like TRIP!

Future research

Additional research might be conducted to look at club drug use in other nightlife scenes. For example, future research might employ the present study's theoretical framework and methodology to examine practices of club drug use and risk management within gay nightlife scenes. Such research is important since club drugs like MDMA, ketamine, and GHB are popular amongst gay and bisexual men who frequent gay dance clubs (Boyd et al. 2003; Kirby and Thornber-Dunwell 2013; Krebs and Steffey 2005; Mansergh et al. 2001; Theodore et al. 2014). The use of crystal methamphetamine (a drug not commonly associated with the EDM scene) has also been linked to the gay nightlife scene (Boyd et al. 2003; Kirby and Thornber-Dunwell 2013;

Krebs and Steffey 2005; Mansergh et al. 2001; Theodore et al. 2014). In this way, future research on the gay nightlife scene is necessary since crystal methamphetamine was not used by participants in the present study and thus the specific risks posed by such use were not considered. Such research is also important for examining how risk is produced and/or reduced through the physical and social/cultural environments of the gay nightlife scene (which may have key differences from the EDM scene). Other nightlife scenes that could be the focus of future research include: hip-hop scenes; after-hours scenes (which I only briefly touched on in the present study); and bar/pub scenes.

Not only is there a need to focus on different nightlife scenes, but there is also a need to focus on different groups of club drug users. In my research, the sample was overwhelmingly white, middle class, cis-gender, and heterosexual. I, myself, admit to doing this research from a privileged position (as a white, middle-class, educated, man). There is thus a need to focus on other groups of club drug users, especially those who do not enjoy the same privileged positions as the participants in my study. Those from ethnic and racial minorities and those with lower socioeconomic statuses might not have the same experiences with law enforcement as the participants in this study. Their experiences of normalization and stigmatization might be very different too. This type of research is necessary so that new policies, programs, and initiatives can be developed, and/or existing policies, programs, and initiatives can be modified, to address the unique risks associated with specific groups of people who use club drugs within specific settings of club drug use.

Future research should also explore the relationship between age and club drug use in more detail. As I have argued in the present study, age plays an important role in shaping club drug use and risk management practices. My sample, however, included mostly “mature” ravers

in their late twenties and early thirties. I was therefore unable to analyze in detail how younger ravers are using club drugs and managing risk. The “mature” ravers in my study often criticized “novice” ravers for engaging in “reckless” and “irresponsible” drug use. Future research should examine the extent to which such criticisms might be valid. Longitudinal research should also be conducted to better understand the “aging out” process of club drugs. As Parker et al (1998) explain, young people today are taking longer to “age out” of drug use than in past generations. Many young people are also remaining open-minded about the future possibility of drug use. Longitudinal research should be conducted to examine more closely how club drug use and risk management practices change as people age, and when, if ever, people “age out” of club drug use.

Lastly, future research should focus on the impact of new environmental changes such as cannabis legalization on club drug use and risk management behaviours. During the fieldwork for the present study, cannabis legalization was still very much in its infancy in Canada. Future research should therefore take a closer look at how new regulatory policies and programs for cannabis have affected drug-taking and risk management behaviours within the EDM scene. In Chapter 6, I explained that some events now include designated areas for cannabis smoking. Legalization may therefore lead to increased rates of cannabis use at EDM events. It will be interesting to see how, if at all, cannabis use practices change post-legalization and how, if at all, these changes affect other club drug-using practices. While cannabis use alone presents minimal risks, it is likely that cannabis will be used alongside other legal and/or illegal drugs within the context of the EDM scene. It will be interesting to see how the introduction of cannabis to many club drug repertoires might produce new, unique risks.

Another environmental change that might be worth examining is the COVID-19 world pandemic. At the time of writing this dissertation, many schools, businesses, and government facilities are closing to try to contain the spread of the virus. The EDM scene has been affected significantly by this pandemic, with major festivals and events like Ultra Music Festival in Miami and Tomorrowland Winter in Alpe d'Huez (France) being cancelled at the last minute (Eggersten 2020). Many Toronto nightclubs have also shut their doors temporarily. Future research might consider how this pandemic affects the EDM scene in the long-run and how it subsequently affects practices of club drug use. Will the pandemic change the “setting” of club drug use? Will the pandemic change the ways in which people think about risk and health, long after the COVID-19 outbreak has been contained? In the present study, we saw how the fentanyl epidemic had made fentanyl contamination a “risk priority” for the participants. The constant exposure to messages about fentanyl led the participants to prioritize the risk of fentanyl contamination over all other risks. Future research on the impact of COVID-19 might find that the risk of contracting COVID-19 (or any other virus for that matter) has become a “risk priority.” It is important to understand what the implications of this “risk priority” might be for other risk management behaviours.

Final concluding thought: time for a radical re-thinking of the EDM scene?

In this study, I have shown the significance of “context” in shaping the risk-taking and risk management behaviours of people who use club drugs. I have argued that, while young people who use club drugs are often knowledgeable about the risks associated with their use and the advice for managing said risk, the adoption of this advice in practice is sometimes limited or prevented due to certain contextual factors. This research study has thereby demonstrated a need

for harm reduction to recognize that practices of club drug use and risk management are shaped by a range of both individual and environmental factors. It has thus made a case for a “risk environment” approach to club drug use which targets both individual and environmental change.

I have made a number of recommendations for changing the “context” of club drug use so that it is supportive of risk management. These recommendations are mostly based on the status quo (i.e. they are based on improving, but not overturning, the current commercialized EDM scene). But, what might a radical re-thinking of the EDM scene that places health and safety over profit look like? For starters, it would probably look something similar to the underground, grassroots rave scene of the late 1980s and early 1990s. Events would be run by rave participants and music enthusiasts themselves. They would not be driven by profit, but instead by a desire to bring like-minded young people together to enjoy music and to share an experience.

At these events, the focus would be on harm reduction and not law enforcement. Many of the roles of police and security would be taken over by paramedics and other public health professionals. Their focus would be on trying to help people to use club drugs safely, not on trying to stop club drug use all together. The sharing of information and advice about risk and risk management would be facilitated and encouraged. Ideally, risk and risk management would be addressed “overtly,” without fear of reputational or legal consequences. In other words, drug use would not be “denied” or “downplayed,” but would instead be acknowledged and dealt with in direct and “overt” ways. This, I recognize, is an ambitious undertaking, which involves major changes to legal/political, economic, social/cultural, and physical environments at both micro

and macro levels. Nonetheless, this is my vision of what an EDM scene that is optimized for risk management would look like.

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Appendix A:Interview Guide**Preamble:**

Thank you for agreeing to participate in this interview. As you are already aware, I am a PhD candidate working on a research study of club drug use and harm reduction. I am interested in how people manage risk when using club drugs. In particular, I am interested in how and why practices of club drug use and risk management vary in different contexts. That is what we will be discussing today.

During the interview, you may be asked questions that make you uncomfortable. If you are uncomfortable with a question you may skip it or refuse to answer it while still remaining in the study. You may also withdraw from the study at any time for any reason. Should you decide you no longer want to participate in the interview, your interview data will be destroyed and your interview will be excluded from the analyses.

Do you have any questions before we begin?

We are going to begin with a few general questions.

Ice Breaker:

1. Can you describe to me what you enjoy about the rave scene?
 - Prompts: Why did you become involved in the rave scene?
2. Can you describe to me a typical “night out” from beginning to end?
 - Prompts: what role do drugs play in a typical “night out?”
3. Why do you use drugs?
 - Prompts: What do you like about using drugs/getting high? Why do you use drugs within the context of raves?

I am now going to move into the first topic of the interview. All of the following questions have to do with how you experience and understand the social acceptability of club drug use.

Experiences and Understandings of Social and Cultural Accommodation:

4. (In your opinion) How do your non-drug using peers view club drug use?
5. How do you know whether or not club drug use is socially “acceptable” within a given setting?
6. Whom are you comfortable discussing your drug use with and whom are you uncomfortable discussing your drug use with? Why?

7. What types of images and messages about club drugs do you encounter outside the rave scene?
 - Prompts: what images and messages do you get from the media? School? Doctors? Parents? Peers? Do you think that these messages and images vary depending on the type of club drug? If yes, how?
 - a. What types of images and messages about club drugs do you encounter *in* the rave scene?
 - b. How are these messages (i.e. those in and outside the rave scene) similar or different?
 - c. How do you make sense of these messages and/or resolve the conflicts between them?

We will now move on to our final topic. All of the following questions focus on your practices for using drugs and for managing the potential for harm.

Drug-using practices and risk reduction:

8. What, if anything, do you worry about when using club drugs?
9. What strategies, if any, do you use to manage these risks (or "worries")?
10. If you wanted help or advice regarding your drug use, whom would you go to?
 - Prompt: Do you get information and guidance from the Internet? Fellow-drug users? Doctors?
11. How do your practices for using drugs vary depending upon where you are and whom you are with?
 - Prompts: What are your practices for using drugs when you are around other drug users? How about when you are around non-drug users (and/or people who disprove of club drug use)? How about when you are in the scene (ex. at a rave) versus outside it (ex. at a house party)?
12. How do your practices for using drugs vary depending upon the venue (and its associated rules, regulations, organization of space)?
 - Prompts: What are the different types of rave venues you have attended? Which ones do you feel most comfortable consuming drugs at? Which do you feel least comfortable? Are your practices for consuming drugs different depending on which venue you are at? If so, how?
13. At what age, if ever, do you see yourself stopping your drug use and why?

14. What changes, if any, would you make to better facilitate harm reduction both within the rave scene and outside it?

These are all of my questions. Did you have any questions for me or is there anything that I did not ask in the interview that you think is important?

I want to thank you for participating in this interview. Once I have transcribed the interview I will provide you with the opportunity to review it. You will also have the opportunity to review the first write-up. In both cases I invite you to share your feedback and concerns. Thank you again.

Appendix B:

Typology of EDM venues

	Business-commercial nightclub (or “basic nightclub”)	Social-intimate nightclub (or “EDM-focused nightclub”)	Temporary venue (for EDM festivals)	Temporary venue (for other EDM events)	After-hours clubs
Physical layout	<p>Large</p> <p>Multiple rooms with multiple sounds</p> <p>Many bottle service/VIP booths</p> <p>Bright, colourful flashing lights</p>	<p>Small</p> <p>Typically, only one room and one sound</p> <p>Some bottle service/VIP booths, but rarely rented out</p> <p>Dark, usually with a white strobe light and disco ball</p>	<p>Varies in size</p> <p>Usually outdoors (but not always), in parks, parking lots, forests, beaches</p> <p>Multiple stages with multiple sounds</p> <p>Bright, colourful flashing lights and sometimes pyrotechnics at night</p>	<p>Varies in size</p> <p>Can be indoors or outdoors</p> <p>Indoors: warehouses, churches, concert halls</p> <p>Outdoors: parks, parking lots, forests, beaches</p> <p>Lighting can be dark or colourful</p>	<p>Small</p> <p>Typically, one room with one sound</p> <p>No alcohol and no bottle service</p> <p>Dark, minimal decor</p>
Length	Approx. 5-6 hours	Approx. 6-7 hours	Approx. 8-10 hours for 2 or more days	Varies, but unlike festivals, are “one-off” (i.e. only occur one night or one day)	Approx. 8-10 hours, starting at 2:00am
Music	Mixture of music: Top 40, Rap, Hip-Hop, Latin, R&B, and EDM (usually a mixture is played in the main room, and there are smaller genre-specific rooms)	Only EDM (usually one genre of EDM is catered to on a given night. One night, for example, might play only techno music)	Only EDM, but multiple sub-genres. Usually there are multiple stages with different genres played at each. The mainstage tends to cater to big room EDM	Varies, but only EDM	Usually “local” DJs play Techno, Techhouse, House
Audience	General clubgoers. On EDM-specific nights (where a known EDM DJ is playing the main room), there are more “ravers” present. For the most part, the DJs booked cater to “big room” or “mainstream” EDM (usually younger “ravers”).	“Ravers” (usually those who enjoy the specific genre being played on a given night)	Mixture of general population and “ravers.” Even among the “ravers” there is diversity in terms of genre-specific preferences	Tend to be specific to music genre or DJ playing	Hardcore “ravers” (usually those wanting to continue partying and using drugs into the early morning)

