Dancing with Molly: an ethnographic study of drug use, harm reduction, and dance club culture

by

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ABSTRACT

DANCING WITH MOLLY: AN ETHNOGRAPHIC STUDY OF DRUG USE, HARM REDUCTION, AND DANCE CLUB CULTURE

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Informed by the normalization perspective of youth drug use, the present study considers how club drug use in Toronto can be managed through harm reduction. To do this, the study looks at the harms posed by club drug use and the ways in which the social and physical setting where such use occurs influences these harms. The research has two core objectives. The first is to explore how club drug users attempt to protect themselves from adverse health outcomes of their drug use. The second is to explore the factors of the nightclub environment that contribute to the potential for such risky outcomes. The participants in this study were found to employ a number of harm reduction strategies when using club drugs. On the other hand, the nightclub environment was found to mostly exacerbate the potential for club drug harm. Overall, the findings show that club drugs users regulate their own use based on harm reduction. It is proposed that the normative status of these drugs is positive for facilitating such harm reduction, as users were comfortable discussing their use with one another and offering advice on how to manage harm. As such, it is recommended that club drug use be dealt with as a public health issue as opposed to a criminal justice issue. More specifically, it is recommended that harm reduction initiatives target both the users of club drugs, as well as the establishments where such use regularly takes place.
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CHAPTER 1: INTRODUCTION

I stand amidst a crowd of sweaty, intoxicated clubbers. The dance floor is so crowded that the clubbers are brushing shoulders with one another. The DJ transitions to a new beat, and the crowd erupts in cheers. I, myself, recognize this song. It is French DJ, Cedric Gervais’ popular and controversial song “Molly.” The song’s vocals consist of a soothing, robotic-like woman asking over and over again if anyone has seen Molly. The vocalist begs, “Please help me find Molly. I’ve been searching everywhere and I can’t seem to find Molly. Do you know where I can find Molly? She makes my life happier, more exciting... she makes me want to dance.” The name “Molly” is a well-known euphemism for MDMA, which is the unadulterated form of ecstasy. I am familiar with this song because it is played on mainstream radio. The attendees at this club appear to be familiar with the song too. Clubbers are grabbing their friends and rushing to the dance floor. The girls dancing next to me are singing along with the robotic woman, asking each other if they have seen Molly. Clearly this song is well-liked in the dance club community. [Fieldnote, January 11, 2014].

1.1 Background

Clubbing has grown into a massive cultural industry and has become one of the most popular forms of leisure for young people around the developed world (Malbon 1999; Purcell and Graham 2005; Ravn 2012; Sanders 2006). It is a way to socialize with peers and to celebrate the end of the working/school week, and thus, it appeals to a large proportion of the youth population (Ravn 2012). The club culture is also associated with illicit drug-taking (see Barrett et al. 2005; Hammersly et al. 2002; Hunt and Evans 2003; Kelly 2006; Perrone 2006; Ravn 2012; Sanders 2005; Soellner 2005; Wood et al. 2012). In particular, the nightclub scene is commonly associated with the use of ecstasy, ketamine, cocaine, and GHB, hence earning their label of “club drugs” (Barrett et al. 2005; Krebs and Steffey 2005; Parsons et al. 2006; Soellner 2005). Not surprising, then, the rise in popularity of dance club culture has been met with increasing rates of club drug use (Sanders 2006).
In Toronto, the use of club drugs within club culture has typically been responded to through enforcement and prevention (Grayson 2008). The Raves Act, for instance, was instituted in 2000 in Toronto to allow for police officers to enter raves on any pretense and to search for potential criminal activity. This act allowed for officers to arrest both those caught engaging in criminal activity as well as those who organized the rave event. This type of legislation led to the decline of the rave scene in Toronto. That is, raves moved to indoor, established venues in order to avoid such harassment from the police. As a result, the rave scene evolved into the more mainstream dance club culture (ibid).

Today, similar legislation is being proposed to ban all electronic dance music (EDM) festivals from Toronto’s CNE property (Armstrong and McAllister 2014; Gerster 2014; Peat 2014). Toronto city councilor 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 claims that this legislation will save children’s lives (Peat 2014). By this logic, we can see how such legislation may open the door for a citywide ban of EDM festivals held on public property.

In general, Canadian drug strategies have largely ignored the public health dimension (Hathaway 2010; Hathaway and Erickson 2003). This is because public health has traditionally taken a backseat to enforcement. The Raves Act and the newly proposed legislation to ban EDM festivals from Toronto’s CNE property are two clear examples of the neglect of the public health dimension. Because club drug use has traditionally been treated as a criminal justice issue, the present thesis considers how club drug use in Toronto might be regulated informally through harm reduction. To do this, an
ethnographic study was conducted with a group of club drug users in Toronto. The study looked at the harms posed by club drugs and the ways in which the social and physical setting of such use influences the potential of these harms.

1.2 Research Objectives

The research has two core objectives. The first is to explore how club drug users manage harm. The findings suggest that club drug users often employ numerous strategies to reduce the risks associated with their use. The second objective is to explore the environmental factors that influence the potential for club drug harm. This study focuses on the nightclub setting where such use often occurs. The findings show that Toronto nightclub venues are not conducive of safe and responsible drug use. In fact, many factors related to the nightclub setting restrict club drug users from employing risk reduction strategies. Ultimately, the purpose of the research is to demystify negative stereotypes about club drug users and to show that such use has the potential to be responsible and sensible. This suggests that club drug use can be regulated informally through harm reduction.

1.3 Theoretical Framework

The research is framed within the context of normalization. To say that club drug use is normalized is to say that this once “deviant” activity has been accommodated into a larger grouping or society (Parker et al. 1998). This assertion is the foundation of the normalization thesis as originally posed by Howard Parker (1998) and his colleagues. The idea is that drug use is no longer concentrated within a subculture that is separate
from mainstream society. Rather, the use of illicit drugs has crossed boundaries of class, gender, and race (Cristiano 2013; Parker et al. 1998; Parker et al. 2002; Sanders 2006). Illicit drug use has also been accommodated through fashion, media, music, and other industries that target youth markets (Parker et al. 1998). The song “Molly” is a prime example of such accommodation of drug language and imagery in mainstream music. Overall, the thesis proposes that drug use has become so widespread that youth commonly perceive it to be a “normal” aspect of their everyday lives (Parker et al. 1998). This means that illicit drug use has moved from the margins of society to the center of youth culture (ibid).

It is important to note that the normalization thesis does not extend to all forms of drug use (Parker et al. 1998). Originally, the thesis was meant to refer to the recreational use of cannabis, and to a much lesser extent the recreational use of nitrates, amphetamines, LSD, and ecstasy (ibid). As such, there is consensus in the literature that cannabis is normalized, at least to some extent (see Duff 2003; Hathaway et al. 2011; Parker et al. 1998; Parker et al. 2002; Poulin and Elliot 1997). On the other hand, the normative state of club drugs remains debated (see Cristiano 2013; MacDonald and Marsh 2002; Parker et al. 2002; Ravn 2012; Shildrick 2002; Shiner and Newburn 1997). In particular, there is agreement in the literature that club drug use is normalized in the nightclub scene (see Parker et al. 1998; Parker et al. 2002; Perrone 2006; Sanders 2006), however there is much debate about whether or not it has been culturally accommodated outside of club culture (Parker et al. 1998).

For the present thesis, club drug use is looked at as being normalized within the dance club community. It is not concerned with whether or not it is accommodated
beyond the clubbing scene. In its simplest sense, the normalization thesis is used as the theoretical lens for interpreting drug use within the nightclub world. This is because a normalization perspective allows for researchers to move away from conceptualizations of drug use as deviant and immoral. Because the literature has consistently noted normalizing trends of drug use within the dance club community (see Parker et al. 1998; Parker et al. 2002; Perrone 2006; Sanders 2006), the present research conceptualizes of such use in terms of normalization.

Broadly speaking, the normalization thesis is a post-subcultural strand since it rejects the idea that drug users are a deviant and immoral minority (Bennett 2011; Hammersley et al. 2002). In its simplest sense, post-subcultural theory proposes that youth identities have become more individualized, reflexive, and fluid, and therefore the concept of a “subculture” has become redundant as a conceptual framework (Muggleton 2000; Redhead 1990; Thornton 1995). This theory is supported by current research, which shows that participants of dance club culture are not consistent in terms of their style, class, or ethnicity (Kelly 2006; Moore 2004; Parker et al. 2002; Perrone 2006; Sanders 2006). Studies have also shown that the values of dance club participants are not profoundly distinct from those of the rest of society (Kelly 2006; Parker et al. 1998). Evidently, this youth group does not fit the classical definition of a “subculture” and therefore I utilize a post-subcultural perspective in my research. In this regard, my approach to studying dance club culture and club drug use is informed by post-subculturalism at a meta-paradigmatic level, and by the normalization thesis at a more theoretical and practical level.
1.4 Methods of Data Collection

Data for this study was collected using two qualitative methods: participant observation and in-depth interviews. For the participant observation, I made 10 visits to the field. These visits accounted for all aspects of the night-out, including the pre-party, the dance club event itself, and the after-party. The fieldwork included every aspect of the night-out in order to accommodate for the fact that at each of these phases there are unique and specific practices for using illicit drugs (Hunt and Evans 2003). The purpose of the participant observation was to gain understanding of how the participants use illicit substances rather than having to rely solely on their accounts of their drug-using practices. In addition, the method allowed me to gain a thorough understanding of dance club culture, which is important since it is the context in which their club drug use takes place.

The second phase of the project was the in-depth interviews. These interviews were conducted with 7 of the 16 participants who partook in the fieldwork phase. The interviews were used to gather additional data about the participants’ practices for using club drugs. They were particularly helpful in gaining information about how they define their use and how they perceive the associated risks of their use. In addition, the participants were asked questions pertaining to the nightclub environment. These questions served to enhance my understanding of the factors of the nightclub setting that influence the potential for club drug harm.
1.5 Relevance of Research

This research contributes to Canadian criminological literature in the area of illicit drug use, youth culture, harm reduction, and drug policy. The research is significant because few studies have explored how club drug harm is managed (see Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001; Perrone 2006; Shewan 2000). More so, the influence of the nightclub environment on the potential for club drug harm is largely ignored in the relevant harm reduction literature (see Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001; Perrone 2006; Shewan 2000). The study is theoretically significant because the relationship between drug normalization and harm reduction has rarely been critically examined (Erickson and Hathaway 2010). The findings of this study suggest that normalization is positive for facilitating harm reduction. This is because the normative nature of club drugs in the club scene allowed for users to openly discuss their drug use and to share their strategies for reducing harm with one another. The practical relevance is for policy makers and healthcare professionals. The findings of this study suggest that club drug use in Toronto can be more effectively managed informally through harm reduction. More specifically, the study shows that harm reduction initiatives must target not only the users of club drugs, but also the establishments where such use often takes place. Overall, the data may be used to inform criminal justice agendas and public health initiatives so that they may better respond to the harms associated with the use of club drugs. This research may also be used by nightclub owners in developing or amending their policies and programs for dealing with illicit drug use, which will help to reduce the potential for drug-related harm.
1.6 Outline of Study

The next chapter outlines the theoretical framework and briefly reviews the relevant literature. The chapter begins with an overview of post-subculturalism, followed by a discussion of the normalization thesis. Later, the relevance of normalization to the debate between enforcement and harm reduction is examined. The chapter ends by discussing the gap in the literature that the current research project seeks to bridge.

The third chapter explains the design and the methodological position of the research. This chapter provides an overview of the methods used in other club drug studies, and it offers justifications for the research methods chosen for this project. The chapter also includes a discussion of how the ethical issues posed by the study were overcome. Here, I make clear to the reader my biases and prejudices that may have had an affect on the outcomes of the research.

The results of the study are presented in Chapter Four and Chapter Five. Instead of separating the findings and analyses, these chapters are organized thematically and include both the results as well as the analyses. Chapter Four is based on the first research question about how club drug users manage harm. The techniques that the participants use to manage risk are presented and examined. Chapter Five is based on the second research question about the environmental factors that contribute to the potential for harm. The factors of the nightclub venues that minimize harm, as well as those that maximize harm are discussed. The final chapter discusses the theoretical and practical relevance of the findings, as well as the limitations of the study and suggestions for future research.
CHAPTER 2: THEORETICAL OVERVIEW

2.1 Chapter Overview

The early 1990s rave scene is often viewed as a youth resistance movement to mainstream culture (Wilson 2002). It is traditionally thought that youth attended these raves and consumed illicit substances as a way to escape the forces of society and to achieve a sense of freedom of mind (Clarke 1993; Willis 1986; Wilson 2002). Following the deaths of three Ontario youth who had taken ecstasy in 1999, a new protocol was implemented to regulate the rave community in Toronto (Hier 2002). The protocol mandated that all rave events be moved into establishments that meet certain zoning and building codes, and that drug and health counseling be made available at all such events (ibid). This transformation of raves as underground parties traditionally held in warehouses to parties held in established nightclub venues and open to the general public has challenged the very essence of the scene as an anti-establishment, anti-status quo movement (Sanders 2006). More so, the increase in popularity of dance club culture has paralleled rising rates of youthful drug use in North America, Australia, and many other countries (ibid). Such a rise suggests that the drug culture, which invariably exists within rave culture, is similarly undergoing a mainstreaming process.

Because the rave scene has evolved into the more mainstream dance club culture, the subcultural theory that has traditionally been used to make sense of the scene may no longer be relevant. That is, this transformation of the culture necessitates that we reassess the theoretical framework for studying illicit drug use within the dance club scene. As such, this chapter will consider how best to theoretically conceptualize the relationship
between youth, illicit drugs, and dance club culture. I begin with a summary of subculturalism and post-subculturalism, since these two theories have been most pertinent within the field of youth drug studies (see Hall and Jefferson 1976; Moore 2004; Muggleton 2000; Redhead 1990). I will propose that the post-subculturalist perspective is better suited than the subculturalist perspective for studying club drug use within present dance club culture. More specifically, I will argue that the normalization perspective, a post-subcultural strand, provides the most appropriate theoretical lens for researching youth drug culture in modern society.

Subsequently, I discuss why these normalizing trends may suggest the need for a reevaluation of Canada’s approach to dealing with illicit drug use. Whereas Canadian drug strategies have traditionally favored an enforcement and preventative approach (Hathaway and Erickson 2003), I advocate for an approach that focuses on public health and harm reduction. The chapter ends with an overview of the relevant studies that have been conducted in the area of harm reduction and club drug use. Through reviewing this literature, the importance of my research project to the field of youth drug studies is made evident.

2.2 Subcultural Theory

There are two main traditions of subcultural theory (Moore 2004). The first tradition looks at the role of subcultures in teaching others to be deviant. The second focuses on how issues of social class and power affect the formation of deviant subcultures (ibid). In this section of the chapter I will discuss each tradition and its relevance to modern youth drug use. While this framework is not entirely relevant to the
current state of youthful drug use within dance club culture, one can attain a truly comprehensive understanding of post-subculturalism only through reviewing the subculturalist literature.

Subcultures and Social Learning

Youth drug use has traditionally been understood as criminal, deviant, and abnormal (Becker 1963; Clarke 1993; Goffman 1963; Hall and Jefferson 1976; Willis 1986; Wilson 2002; Young 1971). Such understanding is rooted in the subcultural theory that dominates the early literature on youthful drug use. At the very core of subcultural theory is the notion of “us” versus “them” or the mainstream versus the deviant. This divide between subculture and conventional society is understood by subculturalists to be a result of outside labeling (Becker 1963; Young 1971). It is negative societal reactions that cast social groups like hippies and marijuana-smoking musicians to the margins of society (Becker 1963; Young 1971). As a result, individuals must travel outside of mainstream society in learning deviant behaviors. That is, the early subcultural theory proposes that individuals can only become “deviant” through participation in deviant subcultures (Gourley 2004). It is in subcultures that individuals are introduced to, and subsequently learn to maintain, acts of deviance (ibid).

Because illicit drug use is considered to be deviant, subculturalists claim that participation in a drug subculture is fundamental to becoming a drug user. The early subcultural literature emphasizes the importance of drug subcultures in teaching individuals how to use and experience illicit substances (Becker 1963; Zinberg 1984). Perhaps one of the first works on subcultural drug use is Howard Becker’s study of
marijuana use, published in his book *Outsiders*. Becker (1963) claims that marijuana is not inherently pleasurable, and so he conducts a study that aims to clarify the process by which an individual is able to become a regular marijuana user. He finds that three conditions must be met before individuals are able to use marijuana for pleasure; the individual must first learn the correct techniques for using the drug, then how to perceive the effects of the drug, and lastly, how to enjoy the effects of the drug. These conditions take place within subcultures of experienced users who are able to help the individual reorganize their conceptions of the drug’s effects as pleasurable (ibid). Overall, the theory contends that involvement with a drug subculture is essential to an individual’s marijuana use. People do not become regular users of marijuana on their own. It is only through interaction with experienced users that regular marijuana use can take place (Goode 2008).

The importance of drug subcultures in teaching individuals how to use and experience drugs is further supported by Zinberg’s (1984) study of controlled intoxicant use. At the time of his study it was broadly assumed that regular use of any drugs was not possible without causing serious health problems and addiction. Zinberg, then, was interested in how some people were able to use illicit substances on a regular basis without ever becoming addicted. He found that the individuals in his study who used drugs in a controlled manner had learned to do so in drug subcultures. Moreover, he concluded that most drug subcultures do not support drug abuse and dependency, but rather provide instruction in, and reinforce, proper use of illicit substances (ibid). In short, these two studies clearly illustrate the subcultural view of drug use as being contingent upon involvement with drug subcultures.
Given that drug users no longer constitute some distinct and deviant group of individuals with a shared collective identity (see Cristiano 2013; Moore 2004; Parker et al. 1998; Parker et al. 2002), the concept of a “subculture” is not really relevant in explaining modern-day drug use. That is, illicit drug use is not limited to individuals who are noticeably deviant from the social majority (see Kelly 2006; Parker et al. 1998; Parker et al. 2002; Sanders 2005; Thornton 1995). For the most part, those that use “soft” drugs like marijuana recreationally are no different than “conventional” members of society (Kelly 2006; Parker et al. 1998; Parker et al. 2002; Sanders 2005; Thornton 1995). The fact that upper class and well-educated youth are using illicit substances (Parker et al. 1998) suggests that drug use is no longer deviant but rather is a part of mainstream culture. In this sense, one does not need to turn to a deviant subculture to learn how to use illicit substances, for they are constantly exposed to drugs in their ordinary, everyday lives. This means that an individual need not leave mainstream society to become a regular drug user, and therefore I reject this aspect of subcultural theory.

Subcultures and Youth Resistance

Much of the later subcultural literature is concerned with the political nature of subcultures and the notion of youth “resistance” (Hall and Jefferson 1976). Perhaps the most well-known research in the area of subcultural resistance comes from the Centre for Contemporary Cultural Studies (CCCS) at the University of Birmingham. Building upon the earlier subcultural literature, the Birmingham school theorists are interested in the class structures and class cultures within which youth subcultures are born. The school’s
theory is best represented in Hall and Jefferson’s (1976) *Resistance Through Rituals*. In this multi-authored volume, the Birmingham scholars describe “subculture” as a form of youth resistance. The term “rituals” is meant to refer to youth subcultures, and the term “resistance” refers to how these groups respond to class oppression, hence “resistance through rituals.” The main idea is that youth form subcultures as a way to counter conventional society. A “subculture,” as per the Birmingham theory, is a collective cultural resistance to the dominant social order.

This tradition of subcultural theory builds upon the work of the Chicago School, but whereas the American theory supports a structural functionalist view of society, the British subculturalists are informed by critical Marxist theory (Moore 2004; Williams 2011). That is, the American subculturalists have a consensual and liberal view of society (Moore 2004). They propose that subcultures develop among those youth that do poorly in school, that live in lower class neighborhoods, and that have little chance of succeeding in the job market. Because they cannot succeed in conventional society, they create their own subcultures based on a reversal of societal values. In this regard, the American tradition proposes that subcultures are “reactive.” The British tradition, on the other hand, views subcultures as being “proactive” (ibid). These theorists propose that subcultures are formed as “solutions” to social problems (Hall and Jefferson 1976; Moore 2004). They view these subcultures as being political in nature; they are responses to structural inequalities in society (Hall and Jefferson 1976; Williams 2011; Wilson 2002). Evidently, it is this radical and critical view that separates the British subcultural tradition from the more consensual view of the American tradition.
The Birmingham theorists use skinheads and hippies as examples of youth groups that have formed in response to structural inequalities rooted in conventional society. In his study of skinheads, Clarke (1993) finds that the formation of this subculture was based on the worsening situation of the working class in the late nineteen sixties. That is, the traditional working class community was declining, and in response, some youth came together to form the “skinhead culture” in its place. Clarke proposes that the subculture’s emphasis on territoriality, collective solidarity, and masculinity signifies an effort to reproduce elements of the traditional working class community (ibid). The skinhead style – which is described as a “kind of caricature of the model worker” – has also been interpreted as a symbolic attempt to revive some of the characteristics of this declining working class culture (Hebdige 1979: 55). In its simplest sense, the skinhead subculture was created as a way for youth to fight the assimilation of their traditional working class community into the dominant culture.

Hippies are another example of a youth subculture that formed in response to problems experienced within conventional society. In his study of hippy culture, Willis (1986) finds that drugs are not habitually used by hippies because of their pharmacological effects, but rather because of the symbolic significance that is associated with the use of such substances. That is, illicit drug use is perceived as a symbolic barrier which divides “straight” society” from the “hip”. Drugs are understood by hippies as a way to achieve freedom of mind. They enable people to override the forces of society and to not be constrained in their ways of thinking about the world. While a person may initially use drugs for their physical effects, Willis argues that it is the cultural meaning of drug use that will lead them to become regular users of these substances (ibid). Overall,
these two case studies clearly demonstrate the relevance of the notion of “resistance” to the study of youth subcultures.

Though the Birmingham school’s subcultural theory may be relevant to earlier forms of youth drug use, it is debatable whether the theory holds true today. Some theorists argue that rave culture can be adequately understood in terms of youth resistance (Wilson 2002). This is because the rave scene was underground and therefore it can be argued that it was separate from mainstream culture. More so, ravers had a unique fashion style, which distinguished them from non-ravers. But this culture has evolved into the more mainstream dance club culture (Kavanaugh and Anderson 2008; Sanders 2005). The parties no longer take place in underground venues, but rather in established nightclubs (Kavanaugh and Anderson 2008; Sanders 2005). In addition, the scene has become very much commercialized (Miles 2000; Sanders 2005). For this reason, the concept of resistance has become much more difficult to apply. Basically, it makes little intuitive sense to talk about dance club attendance a form of youth resistance when the dance club scene itself is now part of mainstream culture. Such reasoning is tautological since it suggests that taking part in mainstream culture is a form of resistance to mainstream culture. In this sense, the subcultural theory holds little relevance to youth drug use within mainstream dance club culture. Because the concept of a “subculture” is outdated, I am forced to turn to a more contemporary theoretical framework for studying youth drug use: post-subculturalism.
2.3 Post-Subcultural Theory:

By the late 1990s, many began to question the relevance of the subcultural approach to the study of youth cultures (Bennett 2011). From this debate emerged a body of literature that criticized the concept of a “subculture” for being redundant and outdated as a conceptual framework. This early literature that critiqued the subcultural resistance model gave rise to the theoretical framework that is now known as post-subculturalism (ibid).

In this section of the chapter I begin with a discussion of the basic principles of post-subculturalism. I proceed to apply the post-subcultural perspective to the study of dance club culture and illicit drug use. In the subsequent section of the chapter I discuss the normalization perspective that has emerged from within the post-subculturalist literature.

*Post-Subcultures and Youth Identities*

Post-subculturalism is easiest understood as a critique of the traditional “subcultural resistance” model. Redhead (1990) first introduced the term “post-subculture” in describing what he perceived to be the end of youth culture. His rejection of the subcultural model is based on three specific trends he observed in studying late 1980s dance music culture (Redhead 1990). First, there has been a loss of meaning (Wilson 2002). That is, underground cultures can no longer be easily differentiated from mainstream cultures. Second, it is near impossible to express “shocking” messages through style because “shock” has become so commonplace that it is now dull and unoriginal. Lastly, clothing styles have become nostalgic, as they are reflective of past
fashions. It is because of these trends that Redhead rejects the notion of a “subculture” in favor of a radically updated conception of “post-subculture” (ibid).

Shortly after Redhead (1990) introduced the term “post-subculture,” a body of literature emerged which expanded and shaped the concept into a comprehensive theoretical framework (see McRobbie 1993; Muggleton 2000; Thornton 1996). The basic idea of post-subcultural theory is that youth identities have become too individualized, reflexive and fluid to be conceptualized in subcultural terms (Bennett 2011). This change in the nature of youth identities is often attributed to the increased flow of cultural commodities, images, and texts through which a young person is able to individualize their identity and sense of self (Bennett 2011; Muggleton 2000). In this sense, youth actively construct their identities through the choices they make about their cultural consumption. This has led young people to value individualism over collectivity when constructing their identities (Bennett 2011).

Post-subculturalism is all about diversity and intersectionality. It acknowledges that young people define themselves in a myriad of ways (Miles 2000). Whereas young people may have once been easily defined by a single identification such as their class or race, youth identities today have become much more complex. Today, young people are simultaneously involved in various dimensions of social and cultural life (ibid). The idea is that youth no longer define themselves through their affirmation with a subculture (Bennett 2011; Miles 2000). Their identities have become more adaptable and flexible. This is in large part a result of globalization, which has made available more stimuli and opportunities for youth to use in defining themselves (Miles 2000).
Some post-subculturalists question whether authentic subcultures ever truly existed (McRobbie 1993; Miles 2000; Redhead 1990). They propose that “real” subcultures were the product of subcultural theorists. In this sense, subcultural theorists produced authentic subcultures, not the other way around (Redhead 1990). The idea is that youth culture and pop culture were never really separate, but instead have always been involved in an ongoing relationship with one another (McRobbie 1993). While the authenticity of past subcultures is debatable, all post-subculturalists agree that the subcultural framework is no longer relevant to modern youth culture. As has been shown, it is this rejection of the subcultural conception of youth culture that is most fundamental to the post-subcultural tradition.

*Post-Subcultures and Dance Clubs*

Postsubculturalists argue that dance club culture cannot be conceptualized in subcultural terms because dance clubbers are not consistent in class, race, ethnicity, gender or sexuality (Kelly 2006; Moore 2004; Parker et al. 2002; Thornton 1996). In this sense, dance clubbers are too diverse of a group to be considered a “subculture.” The post-subcultural theory is better suited for studying dance club culture because it is less concerned with collectivity, and is more sensitive to the diverse meanings of the cultural activities of youth (Wilson 2002). Such an approach looks at participation in collective youth cultural activity as not being determined by class, race, or gender, but as being a choice made by youth based on their functions of taste, aesthetics, and affectivity (Bennett 2011). That is, shared interests and tastes are the basis of dance club culture. Clubbers are held together based on their shared musical preferences, their consumption
of common media, and their preference to associate with youth who share similar
interests (Thornton 1996). Evidently, the dance club culture is better conceptualized in
terms of tastes and interests than in terms of class and race.

Another important reason for rejecting the subcultural framework is that the
traditional notion of resistance does not apply to present dance club culture. In studying
the early 1990s rave scene, McRobbie (1993) found that raves were neither aggressive
nor political in their nature. She found that “raving” was simply a way to escape the
pressures of ordinary, everyday life. Youth were expected to deal with many stresses and
demands in their lives like finding a job, finding a partner, going to school, and dealing
with health issues. Clubbing is a leisure activity that allows for youth to escape these
pressures. It is akin to a short vacation or holiday from the pressure and stress of ordinary
life (ibid). As such, McRobbie (1993) proposes that rave culture is a culture of avoidance
and abandonment. She emphasizes the scene’s underlying theme of childhood to justify
this assertion. That is, she argues that there is a theme of childhood in raver language and
style. Ravers, for example, refer to MDMA as “molly”, and to ketamine as “Special K”.
Candy is common to the scene, as ravers will often suck on lollipops and wear candy
necklaces and bracelets. Some ravers go as far as to carry around pacifiers and teddy
bears. In this regard, the rave scene is an attempt to recapture a time in their lives when
they were not burdened with such demands and responsibilities (ibid).

While McRobbie (1993) notes that the traditional notion of resistance is not
relevant to rave culture, she proposes that the term could still apply if it were
reconstructed as a more mundane and everyday action. That is, the term does not apply if
it is defined as a political and aggressive action against conventional society; however, it
does make sense if it is redefined as an everyday practice for symbolically escaping social tensions of ordinary life. In other words, McRobbie (1993) considers hedonistic and pleasure-seeking behavior to be the contemporary version of subcultural “resistance”.

In studying the changing nature of youth lifestyles at the turn of a new century, Dr. Steven Miles (2000) lends further support to this idea that the classical notion of resistance is inapplicable to rave culture. Like McRobbie, Miles (2000) finds that ravers are not rebellious at all. He notes that the youth who partake in this culture do not behave in ways that challenge the dominant order. In fact, he finds that these young people behave in ways that actually reconfirms the social order. That is, this scene is really a very commercialized youth culture, as it is associated with specific clothing styles, types of food, and genres of music. In this sense, their “resistance” is ironically expressed through consumerism and is therefore a mere confirmation of the status quo (ibid).

Overall, Miles (2000) argues that ravers are consuming for consumption’s sake and thus, the notion of resistance is inapplicable to this culture.

In sum, it is clear that the dance club culture cannot be adequately conceptualized as a “subculture.” Dance clubbers are not bound together by class, community, race or gender (Kelly 2006; Moore 2004; Parker et al. 2002; Perrone 2006; Sanders 2006). Instead, they are brought together based on their related tastes and interests (Bennett 2011; Thornton 1996). More so, their actions and behaviors cannot be interpreted as resistant since they are not challenging conventional society. As has been shown, to say that clubbing is resistant is tautological since dance club culture is consumer culture and therefore it bolsters the dominant order (Miles 2000). For these reasons, my theoretical approach to studying dance club culture is post-subcultural.
The post-subcultural theory is also relevant to the study of modern youth drug culture since drug users are no longer a deviant and immoral minority (Hammersley et al. 2002). In fact, people today who use drugs are often ordinary and non-deviant members of conventional society. They use drugs recreationally and do not have problems of addiction, delinquency or crime (ibid). The idea is that gender, education, and economic status no longer remain relevant predictors of illicit drug use (Cristiano 2013; Parker et al. 1998; Sanders 2006). This suggests that drugs are becoming a “normal” part of conventional society. This assertion is the basis of the normalization thesis.

2.4 The Normalization Thesis

Recreational drug use has become widespread. For example, the Canadian Alcohol and Drug Use Monitoring Survey in 2012 reported that 41.5% of Canadians have used cannabis at some point in their lives. It is because of these high rates of recreational drug use that many theorists have begun to talk about such use in terms of normalization (Parker et al. 1998; Parker et al. 2002). This has led to the formation of the normalization thesis. This thesis essentially proposes that the use of certain illicit substances has been normalized (Parker et al. 1998). This theory that drugs are becoming a “normal” part of contemporary society is a strand of post-subculturalism because it rejects the notion that drug use is immoral and deviant (Bennett 2011; Hammersley et al. 2002). To reiterate, my approach to studying club drugs and dance club culture is based on post-subculturalism at a meta-paradigmatic level, and by the normalization thesis at a practical and theoretical level.
In the following section, I describe the normalization thesis and explain how it serves as the framework for my research project. The subsequent section reviews the debate in the drug policy literature between harm reduction and use reduction. Here, I discuss how harm reduction fits within a normalizing framework.

*What is Normalization?*

The normalization thesis of youthful drug use has recently emerged in sociological literature as an alternative to the classical subcultural framework. The basic idea of this post-subcultural strand is that recreational drug use has become so prevalent that it can no longer be considered deviant or abnormal. Howard Parker (1998) and his colleagues, and their work on British youth drug culture, have been most influential in this area. They use the term normalization to refer to how a “deviant” population or behavior can be accommodated into a larger grouping or setting. Those with learning disabilities, for example, were once segregated and warehoused but have now been accommodated into mainstream society. Parker extends this logic to recreational drug use and proposes that this once subcultural and deviant behavior is now accommodated, at least to some extent, in mainstream culture (ibid).

The concept of normalization is often misinterpreted as meaning acceptable and good. This has led many researchers to reject the thesis on the basis that drug use is not “accepted” by most youth in their samples (MacDonald and Marsh 2002; Ravn 2012; Shildrick 2002; Shiner and Newburn 1997). Some researchers note that even those that identify themselves as drug-users often do not consider such behavior to be “acceptable” (Shildrick 2002; Shiner and Newburn 1997). Ultimately, normalization is being couched
in the wrong terms (Taylor 2000). To state that young people regard drug use as “normal” is not to say that it is desired or accepted but rather to imply that such practices are part of the range of lifestyle choices available in contemporary society. That is, a young person’s perception of drug use as “normal” is irrespective of whether they approve of it or not (ibid). As such, the concept of normalization that is applied in this research project refers to the acceptance of recreational drug use as a common lifestyle choice by a social group or by wider society.

**Normalization and Club Drugs**

There are six key features of the normalization thesis: drugs availability, trial rates, drug use, future intentions, peer accommodation, and cultural accommodation (Parker et al. 1998). Each of these six features is used as evidence to support the thesis that drugs are becoming normalized. According to Parker and his colleagues, not all drugs and all patterns of use are undergoing a process of normalization. They meant for their thesis to refer to sensible and recreational drug use and not to reckless and dependent ‘daily’ use of illicit substances. In particular, they meant for their thesis to refer primarily to the occasional use of cannabis, and to a much lesser extent the occasional use of nitrates, amphetamines, LSD, and ecstasy (ibid).

With respect to club drug use, Parker (1998) and his colleagues contend that it is judged too excessively by cautious peers to be accommodated outside of dance club culture. They do, however, accept that club drug use is normalized in the nightclub world (ibid). More recent studies have provided further evidence of a normalizing trend of club drug use in the dance club scene (see Kelly 2006; Perrone 2006; Ravn 2012; Sanders
Overall, while it is debatable whether or not club drug use is accommodated outside the nightclub culture, it is generally agreed that such use is normalized within the dance club scene (Kelly 2006; Parker et al. 1998; Parker et al. 2002; Perrone 2006; Ravn 2012; Sanders 2006). For this reason, the present study looks at club drug use within dance club culture in terms of normalization. To reiterate, it is not concerned with whether or not such use is accommodated beyond club culture.

Because club drugs are normalized in the dance club scene, it is important, then, that we reevaluate our response to the harms of illicit drug use. The reality is that such use has become so widespread among clubbers that it is no longer deviant or abnormal (Krebs and Steffey 2005; Sanders 2006). For example, a study conducted on recreational drug use among clubbers in the South East of England found that 79% of clubbers had taken drugs at some point in their lives (Deehan and Saville 2003). This suggests that drug use is too widespread in dance club culture to be considered deviant. In fact, the users of club drugs are otherwise ordinary and conventional members of society (Miles 2000; Moore and Miles 2004; Perrone 2006; Sanders 2006; Schensul et al. 2005). As such, it makes little sense to continue treating club drug users as a marginal and deviant group if they have crossed boundaries of gender, class, and ethnicity (Cristiano 2013; Parker et al. 2002; Sanders 2006). Ultimately, the widespread use of club drugs shows that the traditional punitive approach to dealing with such use has been largely ineffective and is therefore in need of amendment.
2.5 Theorizing About Harm Reduction in the Context of Normalization

There is an ongoing debate in the drug policy literature about how to effectively deal with illicit drug use (Boyd 1991; Caulkins et al. 2010; Erickson and Hathaway 2010; Hathaway 2010; Hathaway and Erickson 2003). On the one hand, there are those that support the preventative model, which aims to suppress all drug use (Caulkins et al. 2010; Hathaway and Erickson 2003). On the other hand, there are those that advocate for a public health model that focuses on harm reduction. This approach seeks to reduce the harms associated with illicit drug use, rather than eliminating drug use all together (Boyd 1991; Caulkins et al. 2010; Erickson and Hathaway 2010; Hathaway and Erickson 2003; Parker et al. 1998). In this regard, prevention focuses on reducing use whereas reduction focuses on reducing harm. While reduction is concerned with the harms that are experienced by drug users, prevention is concerned with the harms caused to non-drug users (Caulkins et al. 2010).

In Canada, countless attempts have been made to find a balance between enforcement and reduction (Hathaway and Erickson 2003). Despite these attempts at establishing a more balanced approach, Canadian drug initiatives have all disproportionately emphasized enforcement and prevention at the expense of reduction (Hathaway 2010; Hathaway and Erickson 2003). The Allen Ho inquest is a good example of a failed attempt at integrating harm reduction and enforcement. In 1999, Allen Ho died at a Toronto rave from causes determined to be MDMA-related (Grayson 2008). Many were shocked when the coroner’s inquest concluded that raves should not be banned, and that city-owned properties should be made available for these raves to be held. In other words, the jury did not recommend that raves be forbidden, but rather that they be made
safer. This led to a new protocol, which lifted the ban of raves in Toronto. The problem was that much authority was left to the discretion of police. Similar to the Raves Act that was introduced in early 2000, police were given the power to determine whether a rave met certain requirements and to shut down those that did not. As a result, these raves became over-policed. Evidently, this effort to treat club drug use as a public health issue was unsuccessful. Much like other attempts at regulating the rave community, this protocol ended up supporting an enforcement model at the expense of harm reduction (ibid).

Advocates of the preventative model either view the harm caused by illicit drug use as unchangeable, or worry that harm reduction efforts will lead to increases in use (Caulkins et al. 2010). The assertion that harm reduction may lead to greater use is the most salient among the preventative supporters (Caulkins et al. 2010; Jarvik 1990). The idea is that people are more likely to engage in an activity if it is made safer. For example, drivers became more reckless in response to the invention of seatbelts and to other safety improvements of the automobile (Caulkins et al. 2010). In this regard, making drug use safer may result in more people using drugs – many of whom may not have otherwise. Supporters of the preventative model also fear that harm reduction may lead to greater availability and accessibility of illicit drugs (Jarvik 1990). Consequently, this could allow for Canada to become a leading exporter of cheap drugs to foreign black markets (Jarvik 1990).

Alternatively, the supporters of the public health model view illicit drug use as unavoidable (Boyd 1991; Erickson and Hathaway 2010; Hathaway 2010; Hathaway and Erickson 2003; Parker et al. 1998). They understand drug use as a rational choice that
young people make (Parker et al. 1998). Drug use is a fact, and they therefore seek to reduce the potential harm to users and to others (Boyd 1991; Erickson and Hathaway 2010; Hathaway 2010; Hathaway and Erickson 2003; Parker et al. 1998). They advocate for education campaigns to facilitate the sharing of information about how to reduce the harms of illicit drug use (Parker et al 1998). They argue that young drug users should be made to feel safe in discussing their drug use to doctors and relatives, especially when it may be causing health issues. More so, they contend that the preventative approach has hindered scientific research on the long-term effects of illicit drugs (ibid).

Both sides of the drug policy debate have used the normalization literature to support their claims. Advocates of harm reduction acknowledge that drugs are becoming normalized and thus are unavoidable and widespread (Erickson and Hathaway 2010). They accept that drug use is no longer limited to the margins of society (ibid). In this regard, drug normalization indicates that drug users are “normal” members of society and therefore they need to be treated as such (Hathaway and Erickson 2003). The normalization thesis has also been used to support claims for stricter enforcement and preventative initiatives (Erickson and Hathaway 2010). In fact, evidence of normalization has served to strengthen suppressive models in Australia, Canada, and Britain (ibid). That is, drug normalization has been interpreted as evidence that the drug problem is out-of-control, and that stricter enforcement is therefore needed.

For the present study, I contend that drug normalization indicates the need for harm reduction measures. The logic is that club drug use is “normal” in the dance club scene (see Kelly 2006; Parker et al. 1998; Parker et al. 2002; Perrone 2006; Ravn 2012; Sanders 2006). I reject the enforcement approach because it treats drug users as deviant
and criminal (Erickson and Hathaway 2010). Such an approach does not account for the fact that many of the young people using these illicit substances are highly educated, upper class, Caucasians (Cristiano 2013; Parker et al. 2002; Perrone 2006; Sanders 2006; Schensul et al. 2005). These users are otherwise conventional members of society (Miles 2000; Moore and Miles 2004; Perrone 2006; Sanders 2006). Harm reduction, like the normalization thesis, accepts that drug use is a “normal” activity that rational, normal youth choose to partake in (Parker et al. 1998). Drug use, then, cannot be prevented, and it is naïve to think that it can (Akram and Galt 1999). The idea is that we cannot truly deal with the issue of illicit drug use until we accept that such use is going to persist, regardless of any efforts to prohibit it.

For this reason, the present study focuses on how club drug users manage harm. The purpose of the research is to understand the context in which harm reduction initiatives for club drug use can be implemented. The research aims to show that club drug use has the potential to be sensible and controlled, and to thereby show that it should be dealt with as an issue of public health.

2.6 Research Gap

There are many risks of club drug use. Perhaps the most well known risks are heat exhaustion and dehydration (Akram and Galt 1999; Allott and Redman 2006; Baggott 2002; Freese et al. 2002; Hansen et al. 2001; Trip! Project 2014). These risks are particularly relevant to clubbers, since they dance for long periods of time while on these drugs, often in nightclubs that are hot and overcrowded (Shewan et al. 2000; Trip! Project 2014). Water intoxication is another risk of such use (Trip! Project 2014). This occurs
when users overhydrate, and as a result, disrupt their kidney’s ability to maintain water. Such a condition can be fatal. Club drugs can also lead to overdose and consequently, death (ibid). This risk is enhanced by the fact that the purity of these drugs is unknown to users (Freese et al. 2002; Mohamed et al. 2011). This is worrisome because these drugs are often cut with other substances (Freese et al. 2002; Mohamed et al. 2011). Another documented risk has to do with the influence of these drugs on driving performance (Mohamed et al. 2011; Veldstra et al. 2012). Some studies have suggested that cocaine and MDMA can affect a person’s ability to drive (Mohamed et al. 2011; Veldstra et al. 2012). These drugs have also been linked to mood disorders such as depression (Allott and Redman; 2006; Bogt and Engels 2005). This is especially relevant to ecstasy use, as the comedown period has been linked to depression (Bogt and Engels 2005). Overall, the use of club drugs poses many health risks.

Although the risks of club drug use are well documented in the literature, few studies have examined the harm reduction practices of club drug users (Allott and Redman 2006). In fact, harm reduction research typically focuses on problematic drug use, which accounts for only a small proportion of the drug-using populations (Erickson and Hathaway 2010). For the most part, little consideration has been given to how harm reduction initiatives may benefit recreational drug users (ibid). While club drug users may not be “problematic” in the sense that they are not addicted or dependent (Akram and Galt 1999; Hansen et al. 2001; Sanders 2006), there are still many harms that their drug use poses that must be addressed.

The few studies that have examined harm reduction and club drug use have found that most clubbers exercise precaution in attempt to minimize harm (Akram and Galt
The most common harm reduction methods are drinking water and taking breaks to “chill out” (Akram and Galt 1999; Allott and Redman 2006). Each of these techniques is meant to avoid dehydration and overheating (Akram and Galt 1999; Allott and Redman 2006). Clubbers also avoid overdose by limiting the amount, frequency and intensity of their drug use (Hansen et al. 2001). It is important to note, however, that club drug users are often polydrug users (see Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001; Perrone 2006 Shewan 2000). These mixing practices are worrisome because most deaths related to ecstasy were found to be in the context of polysubstance use (Allott and Redman 2006). Another precaution that many clubbers take is purchasing drugs from a regular and trustworthy supplier (Hansen et al. 2001). This reduces the risk of getting drugs that are poor quality and are “cut” with toxic chemicals. It also allows for the users to dissociate themselves from the dangerous drug industry (Boyd 1991).

Overall, the research shows that club drug users employ different methods to manage harm (Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001; Perrone 2006; Shewan 2000;). There is a need for further research in this area because the existing literature is mainly quantitative (see Akram and Galt 1999; Allott and Redman 2006; Yacoubian et al. 2003). While such studies provide valuable information about trends, qualitative research is needed to better understand the social and physical context of club drug use. More so, the existing literature is somewhat dated (see Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001; Perrone 2006; Shewan 2000). Given that the dance club scene is continuing to mainstream and evolve, research in the area needs to be ongoing and up-to-date. There is also a need for such research to be
conducted in a Canadian context. That is, the dance club scene in Canada may wholly differ from that in Europe or the United States, and therefore Canadian clubbers may have their own unique practices for managing club drug use. Given that Toronto’s nightlife is continuing to thrive (Consiglio 2013; Rayner 2012), research that focuses on club drug use and harm reduction is especially relevant to the city of Toronto. This research can help to inform public health initiatives for improving the safety of club drug use. Moreover, the research can contribute to the ongoing debate in the drug policy literature between prevention and harm reduction.

This study is modeled after the work of Dr. Dina Perrone (2006) on New York City club kids. Perrone (2006) conducted ethnographic research with a group of young clubbers in New York City to understand how they protect themselves from drug-related illnesses and from conflict with the criminal justice system. This study builds upon her work. It looks at how Canadian club drug users manage drug-related harm. One significant divergence is that Perrone (2006) pays little attention to how nightclub owners manage harm. In my research, I found this to be a particularly important issue in improving the safety of club drug use. This has been included in my research study so that I can show how Toronto nightclub venues reduce harm and how they facilitate it. This is consistent with a healthy settings approach, since it explores the relationship between environmental issues and substance use (Bellis et al. 2002; World Health Organization, Jakarta Declartation 1997; World Health Organization, Sundsvall Statement 1991). That is, a healthy settings approach allows for “environmental issues and substance use to be tackled together” (ibid). This is important because the risks that are posed by club drugs are often related to the nightclub setting where they are
commonly consumed (Bellis et al. 2002; Calafat et al. 2001; Shewan et al. 2000). Non-availability of fluids and overcrowding are just some of these issues reported in nightclubs (Shewan et al. 2000). This aspect of my research is of particular importance to the literature, as the existing studies mostly focus on the harm-reducing practices of club drugs users and give little consideration to how the nightclub environment may influence the potential for club drug harm (see Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001; Perrone 2006; Shewan 2000).

2.7 Chapter Summary

This theoretical overview has clearly demonstrated a divide within youth cultural studies between the earlier subculturalist perspective and the recently emerged post-subculturalist perspective. While both theories offer some valid insights for understanding youth culture, this overview has largely favored a post-subculturalist approach to the study of present-day drug use amongst dance-clubbing youth. In particular, this overview has favored the normalization perspective, which sees recreational drug use as too widespread to be considered deviant or subcultural (Hammersley et al. 2002; Parker et al. 1998; Sanders 2006). Such a perspective understands drug use as a “normal” part of youth culture. In this regard, my approach to studying dance club culture and drug use is informed by post-subculturalism at a meta-paradigmatic level, and by the normalization thesis at a more theoretical and practical level.
Because club drugs are so common in the nightclub scene (Barrett et al. 2005; Johnson et al. 2009; Kavanaugh and Anderson 2008; Sanders 2006), I have taken the position that club drug use is in the process of becoming normalized within dance club culture. As such, I have argued that an enforcement and preventative approach to dealing with illicit drug use does not make sense if we are to accept that drugs are becoming a normalized enterprise. The idea is that drug use has moved from the margins to the center of youth culture (Parker et al. 1998), and therefore we need to stop treating drug use as being limited to a small and deviant segment of the population. A harm reduction approach is compatible with the normalization thesis in the sense that they both understand illicit drug use as inescapable (Erickson and Hathaway 2010). A harm reduction model does not aim to eliminate drug use all together, but rather to minimize the harm that is associated (Boyd 1991; Caulkins et al. 2010; Erickson and Hathaway 2010; Hathaway and Erickson 2003; Parker et al. 1998).

For harm reduction initiatives to be successfully employed in Toronto, qualitative research is needed to understand the context in which club drug use occurs. As such, my research study examines the practices of club drug use among a sample of Toronto dance club participants in order to understand how these users manage harm. The findings show that club drug use is not necessarily problematic or irresponsible, but rather it has the potential to be sensible and controlled. This suggests that a harm reduction approach that focuses on managing drug use as opposed to preventing it may be more effective in dealing with club drug use in Toronto.

The following chapter discusses my methodological stance and the methods that I employed for gathering data about club drug use.
CHAPTER 3: METHODOLOGY

3.1 Chapter Overview

Sociological studies that center on youth drug use within the context of a nightclub are sometimes referred to as “club studies” (Demant et al. 2010; Ravn 2012). A club study is a study of both club culture and drug culture; it is a hybrid of cultural studies and drug research (Demant et al. 2010). This means that researchers can approach club studies from a range of methodological perspectives. As such, a multitude of methods have been employed for collecting data in such studies, including participant observation, interviews, questionnaires and surveys (Demant et al. 2010; Perrone 2006; Ravn 2012; Sanders 2006). To determine which methods were most appropriate for my club study, I first considered the relationship between methodology and methods.

Whereas methods are the tools researchers use to gather data for their studies, methodologies are the researchers’ epistemological and ontological assumptions about the world (Guba and Lincoln 2007). In this regard, a researcher’s methods should compliment his methodological standpoint (ibid).

In this chapter, I begin by discussing my methodological perspective. I proceed to review the methods and methodologies that have been employed in the club drug literature. I explain how my methodological stance and research questions compliment my research methods. Later, the research design is discussed, including an explanation of the recruitment process and the data analysis process. I conclude the chapter by addressing issues of reflexivity, positionality, and ethics.
3.2 Interpretivism

The interpretive paradigm rejects the positivistic assumption that there is an objective reality that can be studied empirically (Willis 2007). Rather, it views reality as being socially constructed and as existing within the mind (Clark 2010; Grbich 2007). Interpretivists are relativists, and therefore reality is understood not as absolute, but as being socially and societally specific (Clark 2010; Grbich 2007). The idea is that what is moral and what is truth is not universal, but instead it changes from culture to culture, situation to situation and person to person (Guba and Lincoln 2004). Deviance, for example, is not an inherent quality of the act or behavior itself, but rather it is the product of the ability of others to label said act or behavior as deviant (Becker 1963). For this reason, interpretivists are concerned with meaning, understanding and depth and not with causal relationships (Grbich 2007). Interpretive research focuses on how people make sense of their experiences in the world (Guba and Lincoln 2004; Grbich 2007; Willis 2007). Specifically, the focus of such research is on how understanding and meaning is shaped through social interaction (Clark 2010; Grbich 2007).

Qualitative methods are most commonly used for collecting data in interpretive research (Grbich 2007; Willis 2007). This is because the purpose of such research is to understand reality from the viewpoint of those being studied (Grbich 2007). As such, participant observation, in-depth interviews, and focus group interviews are commonly used in interpretive studies (Grbich 2007; Willis 2007). These qualitative methods are popular among interpretivists because they allow for thick and detailed descriptions about human behavior. More specifically, these methods allow for researchers to study things in
their natural settings and to “interpret phenomena in terms of the meanings people bring to them” (Denzin and Lincoln 2005: 3).

The interpretive researcher has an active role in the production of knowledge (Denzin and Lincoln 2005; Guba and Lincoln 2004; Grbich 2007; Willis 2007). The researcher and the researched work together throughout the investigation to develop the “findings” (Guba and Lincoln 2004). In this regard, the researcher’s role is as a participant and a facilitator. Contrary to the positivist tradition, the researched is the expert and not the researcher. This is because the researched are the experts of their own reality (ibid).

An interpretive approach to drug use would look at the meanings and actions of drug users according to their subjective frames of reference. The purpose would be to understand how the users interpret their reality. An interpretivist would be concerned with how these drug-using behaviors are shaped through the user’s interactions with his or her social world. Howard Becker (1963), for example, studied how a person can use marijuana freely in a society where this act is deemed immoral and deviant. He found that marijuana users interpret conventional conceptions of marijuana as uninformed and inaccurate. In this sense, they have a different interpretation of marijuana use than non-users. Becker claims that this view of marijuana is acquired through interaction with other users of the drug. That is, the user learns through interaction with other users to no longer perceive marijuana use as deviant and immoral (ibid). In this sense, a user’s subjective interpretations of marijuana are important for understanding their use.

Schaps and Sanders (1970) also take an interpretive approach to their study of campus drug use. In particular, they look at how perceptions of societal sanctions affect
drug use. They found that students were not concerned with concealing their drug use on campus. This led to drugs being used openly on campus. Basically, Schaps and Sanders are looking at users’ attitudes towards drugs and how these shape their practices of use. They propose that students have come to perceive drug use as being widely accepted and tolerated on campus. As a result, students feel little need to conceal their use (ibid). A similar study on dorm room dealers found that these dealers were able to sell and use drugs openly due to the fact that they had not been labeled as deviant (Mohamed and Fritsvold 2010). The lack of deviant labels allowed the dorm room dealers to downplay their criminal behavior and to view themselves as ordinary, otherwise “conventional” people (ibid). Overall, both of these studies show that drug use is shaped by a person’s subjective perceptions of reality.

The present study draws from the interpretive tradition. The study is small-scale and focuses on gaining detailed and rich data from a range of clubbers. Two qualitative methods are used for gathering data: participant observation and in-depth interviews. These methods are used to gain data on the drug-using practices of dance clubbers in Toronto. In taking an interpretive approach, the study looks at how the participants’ drug-using practices are influenced by their interactions with their social world. More specifically, the study is concerned with their perceptions and understandings of club drug harm and how these shape their practices for consuming club drugs.

3.3 Review of Methods in Drug Research

Quantitative methods are used in many studies of illicit drugs (see Akram and Galt 1999; Allott and Redman 2006; Cheung and Cheung 2006; Wibberly and Price
2000; Winstock et al. 2001; Wood et al 2012). These methods are useful when researching drug-using patterns and trends. Allot and Redman (2006), for example, used self-administered questionnaires to obtain data about the harm reduction strategies employed by ecstasy users. The results indicated that ecstasy users commonly alter their practices for consuming these substances in order to minimize adverse effects. Similarly, Akram and Galt (1999) use self-administered questionnaires to gain data on harm-reduction practices of club drug users and to assess the extent to which these users mix club drugs with prescription medications. Again, the findings showed that club drug users employ a range of methods to minimize harm. Evidently, these studies explore how dance clubbers consume club drugs. While this quantitative data shows the trends and patterns of club drug consumption, there is little consideration given to the context in which such use occurs. That is, the quantitative data decontextualizes the drug-using behaviors and perspectives from the real world setting in which they take place. As such, many drug researchers pair quantitative methods with qualitative methods (see Parker et al 1998; Parker et al. 2002; Ravn 2012; Shiner and Newburn 1997). Howard Parker (1998; 2002) and his colleagues, for example, utilized a mixed-methods model in their Northwest Longitudinal Study of youth drug use in Britain. For their study, Parker recruited a sample of over 700 fourteen-year-olds and tracked them annually for five years using self-report surveys. In-depth interviews were held in the forth year with 86 of the participants. These interviews focused on exploring more thoroughly some of the themes and issues that arose from the data obtained through the questionnaires. That is, the interview data was meant to supplement the survey data by providing more detailed information regarding the subjects’ perspectives about taking drugs or abstaining from
taking drugs. In this regard, the quantitative data shows the trends and patterns of drug use and the qualitative data shows the meanings and motivations that youth give to their drug use or abstention thereof (ibid).

For the present study, I have decided against quantitative methods. To reiterate, qualitative methods are more compatible with the interpretive tradition than quantitative methods (Denzin and Lincoln 2005; Grbich 2007; Willis 2007). This is because quantitative methods are used for measuring and analyzing causal relationships (Denzin and Lincoln 2005). Hence, quantitative methods are common in positivist research. Qualitative methods, on the other hand, do not provide numbers and facts, but rather they provide rich and detailed data regarding a phenomenon and the meaning of that phenomenon. Because these methods are conducive of richness and depth, they are appropriate for studies that aim to explore the complex meanings and interpretations that people have of the world around them (Rank 2004). For this reason, I have chosen qualitative methods for the present study. Provided that I was not constricted in time and cost, a mixed-methods model may have been suitable for this project. More specifically, quantitative methods could have been used to show the normative status of club drugs within the dance club community in Toronto. These statistics could have been used as the starting point for the qualitative research, which looks at how club drug harm is managed when club drugs are normalized. Unfortunately, I had to decide against a mixed-methods model because of time and cost constraints.

Many qualitative methods have also been employed for studying drugs. Participant observation, for example, is quite common in club drug studies (Perrone 2006; Ravn 2012; Sanders 2006). Sanders (2006) used fieldwork as a method for gaining
data in his study that looked at ecstasy use and supply in a large London nightclub. For his study, Sanders was able to utilize his role as a security bouncer at the nightclub when collecting observational data for his research (ibid). In her study of New York City club kids, Perrone (2006) collected data by attending dance clubs and music festivals with a group of young clubbers. Her study focused on how clubbers use illicit substances and how they protect themselves from drug illnesses and the criminal justice system. Through accompanying her participants on numerous nights out and to multiple overnight festivals, Perrone was able to obtain detailed information on their practices for consuming illicit substances (ibid). Evidently, these two studies focus on obtaining rich and detailed data about common practices of club drug use. These studies clearly show that fieldwork is a suitable method for gaining data about practices of drug use. For this reason, participant observation has been selected as the primary method of data collection for the present study.

In-depth and focus group interviews are also regularly used by drug researchers. Often, drug researchers will pair participant observation methods with in-depth and/or focus group interviews (Hansen et al. 2001; Ravn 2012; Sanders 2006; Shildrick 2002; Shiner and Newburn 1997). In many cases, these interviews are used as a follow-up to the participant observation, as they provide researchers an opportunity to clarify and to further explore their field observations (Ravn 2012; Sanders 2006; Shiner and Newburn 1997). These methods are especially useful in exploring perceptions and understandings of drug use. In his study of Danish club drug use, Ravn (2012) conducts individual and group interviews with a large sample of clubbers to investigate their knowledge about drugs and their perceptions of the risks that these drugs pose. For the present study, in-
depth interviews were conducted with seven of the field participants. This method was useful in gaining additional data about the participants’ perceptions and understandings of club drug harm. Essentially, these interviews helped to clarify and to further explore some of the themes that emerged from the fieldwork data.

To conclude, a variety of methods are employed in drug research. Through reviewing this literature I have not only identified the many different methods available for collecting data, but I have also demonstrated how each of these methods are guided by one’s research questions and objectives, and by their epistemological and ontological assumptions. To reiterate, my research perspective is interpretive and therefore I have selected qualitative methods as opposed to quantitative methods for my research project. My decision to select participant observation and in-depth interviews as my methods for data collection has also been informed by the research questions that my project poses. They are as follows:

1. How, if at all, do club drug users manage the risks associated with their use?
2. How, if at all, is the potential for club drug harm influenced by the nightclub setting where such use commonly occurs?

3.4 Research Design

In the subsequent section of the chapter, I discuss the research design for my study. To reiterate, data for this project was obtained using two qualitative methods: participant observation and in-depth interviews. The focus of the study is drug-using practices. Participant observation was selected because it allows researchers to directly
observe how young people use illicit substances rather than having to rely on their accounts of their drug-using practices (see Perrone 2006; Ravn 2012; Sanders 2006). More so, the method allows for researchers to observe recreational drug users in their natural habitat and to thereby produce an enhanced understanding of how young people perceive clubbing and club-related drug-taking (Ravn 2012). Given that the purpose of this research is to understand the context in which club drug use occurs, this method is most ideal for the present study. The logic is that “the only way to understand the complexity of social life is to immerse oneself in it” (Bogdan 1973). The in-depth interviews were used as a follow-up to the participant observation. This method allowed me to gain additional data about their practices of use. It also allowed me to gain information regarding their perceptions and understandings of club drug harm.

Recruitment of Participants

Because the research topic is of a sensitive nature, I anticipated that I would experience difficulty in recruiting participants for my study. Drug users are often considered to be a “hidden population” since they are difficult to locate for study and their identities are usually concealed (Griffiths et al. 1993; Vershinina and Rodionova 2011). Evidently, it is difficult to sample these hidden populations, especially when the members of the population possess stigmatized characteristics like drug users (Kelly 2010). As such, I sought assistance during the recruitment process from a personal acquaintance that is involved in the dance club scene in Toronto as both a club owner and a promoter. This acquaintance mentioned the project to some of his friends and colleagues. He asked these friends to explain the project to their friends and to pass on
my email address if they were interested in participating. Through snowball sampling techniques, I recruited friends of friends of these initial contacts in order to ensure that the participants in the study were far removed from my personal acquaintance.

Recruiting willing subjects for the project proved to be even more difficult than I had anticipated. For instance, three participants had agreed to take part in the study over the phone and then never responded to any of my follow-up emails or phone calls. Fortunately, one participant was quite enthusiastic about the project and had suggested some of her friends who may also be interested in partaking in the study. Through this participant I recruited four more clubbers. I shall refer to these five participants as my “core” sample. As the fieldwork progressed, I recruited additional clubbers through my core participants. For example, my “core” participants would often invite other friends to the dance club events. So on a given night out with my core sample, there would be one or two new clubbers joining my group of participants. Again, I made contact with these clubbers in advance to ensure that they would willingly consent to participating in the research. This recruitment technique is not uncommon in contemporary club studies (see Perrone 2006). The idea is that dance club participants do not always go clubbing with the same people every weekend. As such, researchers must be open to having new participants join their sample throughout their fieldwork. In total, sixteen participants were included in the sample. Of these sixteen participants, seven took part in the semi-structured interviews.
Sample Characteristics

All of the participants in the sample resided in Toronto or in the surrounding suburbs in the Greater Toronto Area (GTA). The participants ranged in age from 21 to 29 years, with the majority being between 24 and 25 years old. The participants were regular dance club attendees. For this study, a person who attends dance club events at least once a month is considered a “regular” dance clubber. The participants were also recreational users of club drugs. Only one of the participants abstained from using club drugs. This clubber had admitted that he has never consumed any illicit substances other than marijuana. He was included in the sample because of his close association with my core participants. This participant offered some unique insights to how club drug use is perceived and understood by non-drug-using clubbers.

All of the clubbers in the sample were either working fulltime or were enrolled in a post-secondary program. Most of the participants appeared to be of middle-class descent. Nine of the participants were male, and seven were female. Most of the participants were Caucasian. To my knowledge, none of these participants have had any conflicts with the criminal justice system. Overall, my sample is consistent with the documented image of the “typical” club drug user (see Hammersley et al 2002; Kelly 2006; Parker et al. 1998; Perrone 2006).

The frequency that the participants went clubbing varied for each participant. Whereas some of the clubbers attended dance club events once or twice a month, others went clubbing every Friday and Saturday night. These clubbers were considered by my sample to be more “hardcore.” These participants sometimes attended after-hours nightclubs, which were considered by the rest of my sample to be “sketchy” and less
appealing to ordinary clubbers. More so, not all of the participants consumed all types of club drugs. Two of my participants refrained from using ecstasy, and preferred to consume cocaine on any given night instead. One of the participants abstained from illegal drug use all together – with the exception of marijuana. Again, this divergence in my sample allowed me to gain multiple perspectives on the phenomenon of club drug use.

Participant Observation

Prior to conducting fieldwork, a researcher must first consider how far they will immerse themselves into the culture they are studying. According to Spradley (1980) there are five types of participant observation based on the level of involvement of the researcher: complete, active, moderate, passive, and nonparticipation. For this project, I have adopted a moderate participant role. Such a role allows the ethnographer to alternate between being an insider and an outsider – between participation and observation (ibid). Given that a common practice of the dance club culture is drug consumption (see Hunt and Evans 2003; Perrone 2006; Ravn 2012; Sanders 2005), a more involved role was not possible for my research. With moderate participation, I was able to be a participant in the dance club culture while at the same time an observer of the drug culture. Evidently, a moderate participant role is best suited for my study because it allows for the most flexibility.

The fieldwork took place between December 2013 and April 2014. During this time, I accompanied participants on their nights out on 10 different occasions. All of my visits took place on Friday or Saturday evenings. On any given night, I attended not only
the dance club event itself, but also the pre and post parties. According to Hunt and Evans (2003), the “night out” can be divided into three phases: the pre-party, the party itself, and the after-party. Before the nightclub, participants typically get ready for the event in their homes or meet up with friends in a bar for some drinks (ibid). In my experience, the pre-party was typically held at someone’s apartment downtown Toronto. These parties began in the evening, as early as 7pm. Here, the participants listened to music, drank alcohol, consumed drugs, and smoked cigarettes on the balcony. Typically, the participants and I would leave for the dance club event around 11pm, or earlier if we had not purchased tickets in advance. The dance club events usually ran into the early morning. How late we stayed at the nightclub varied depending on what drugs were consumed, what DJ was featured, and what plans my participants had the following day. The after-party, as described by Hunt and Evans (2003), is a get together at someone’s private home where the participants “come down” and “chill out”. In my experience, the after-party was much less common than the pre-party, however it still existed. The participants would sometimes go back to someone’s house to consume more substances, especially cocaine, or to just “chill out.” On some occasions, the participants went to an afterhours club where they would party until sunrise. Evidently, there are many components to a clubber’s night out. Hunt and Evans (2003) note that at each of these phases there are different rituals, practices, expectations and sanctions that regulate a clubber’s drug-using behavior. For this reason, my fieldwork was not restricted to the nightclub event itself, but instead it included all aspects of the “night out.”

While in the field it was difficult to record my observations. As such, I utilized a comprehensive note-taking strategy (Wolfinger 2002). Upon leaving the field, I
systematically recorded everything that happened in my notes. By organizing my notes temporally, I was forced to recreate the events of my visit in the order that they really occurred (ibid). This strategy was useful in helping me to remember the details of my field-visits.

_Semi-structured Interviews:_

Seven club drug users partook in the second phase of the research project: the semi-structured interviews. A semi-structured format was selected over a structured format because it allows for both open and close-ended questions to be asked (Berg 2009). Whereas structured interviews are suited to the positivist paradigm, semi-structured interviews are better suited to interpretivism and postmodernism. This is because structured interviews are akin to standardized surveys and therefore, the results of these interviews are typically analyzed statistically (Roulston 2010). On the other hand, semi-structured interviews are akin to a “conversation” and therefore, the results of these interviews are typically analyzed thematically through coding and categorizing (ibid). Evidently, the semi-structured format was most appropriate for this study because the purpose of the interviews was to understand how the participants perceive club drug harm and how these perceptions shape their practices of use. In other words, the purpose of the interviews in this study was to obtain rich and detailed data on meaning and understanding, and not simply on patterns and trends.

The interview guide was informed by the preliminary analyses from the fieldwork data. The interviews covered both of the research objectives. The first half of the interview asked a series of questions about their perceptions of club drug harm and how
they seek to manage these risks. The second half of the interview asked the participants about the nightclub environment and how it influences their practices of use. Consistent with the semi-structured format, I treated each interview as a “partnership on a conversational research journey” (Miller and Crabtree 2004: 185). This meant that the interviews were not standardized. Instead, I was open to spontaneity and improvisational storytelling from my participants. For example, P16 wanted to discuss “Silk Road” (an online black-market where illegal drugs can be purchased anonymously) in great detail. While this was not initially an area of my research, I allowed for him to discuss his experience with this website because of his enthusiasm about it. Later, I found this to be relevant to one of my themes and was able to include it into my final analyses. Basically, I had an interview guide but I gave much control of the conversation to my participants.

The seven participants that were interviewed were also part of the participant observation phase of the research project. As such, I did not need to build rapport with the participants as I had already established a trusting and reciprocal relationship with them while in the field. This helped to facilitate a “conservation-like” interview. The majority of these interviews were conducted at coffee shops in Toronto. Two of the interviews were conducted via Skype. Each interview was between 60-90 minutes in length. The interviews were audio-recorded and later transcribed.

Data Analysis

The data analysis process was guided by the principles of grounded theory. Grounded theory is an inductive approach that uses observations to develop understanding and meaning (Grbich 2007). Ultimately, this process leads to the
construction of middle range and grand theory (ibid). For the present research study, the data were analyzed using the Glaserian three-step coding process. This process includes open, selective, and theoretical coding (Urquhart 2013). The qualitative data analysis software “NVIVO” was utilized to help facilitate the coding process.

The vital first step of the Glaserian version of grounded theory is open coding (Urquhart 2013). Here, the researcher breaks the data apart through line-by-line coding (Charmaz 2006; Urquhart 2013). For the present study, this phase involved organizing the data based on themes and initial codes. Most of the initial codes were descriptive, as simply summarizing the data is a useful start to the process of breaking open the text (Urquhart 2013). During this stage, some analytic codes were also made. The second phase is selective coding. At this stage, coding is restricted to those categories that relate to the overall focus of the study (Urquhart 2013). Here, the initial codes were organized and synthesized into coding frames. Through renaming and regrouping the selective codes, I was able to further condense these categories.

The final stage is theoretical coding. This involves thinking about the relationships between selective codes (Urquhart 2013). In this phase, the categories were related, and then these relationships were theorized about (Urquhart 2013). These codes emerged from the process of theoretical memoing (Charmaz 2006; Glaser 1978; Urquhart 2013). Theoretical memos are notes that researchers write during the coding process whenever interesting ideas occur to them (Charmaz 2006; Glaser 1978; Urquhart 2013). By breaking off from the coding process and writing down my ideas when they occurred, I was able to begin the creative process of theorizing. These theoretical memos were very useful when linking the selective categories to thereby create theoretical codes.
In taking an inductive approach, I continued to seek out negative cases to qualify these emerging themes. I did not wait to code my data until the end of the fieldwork, but rather I simultaneously coded after every couple of field-visits. This process allowed me to narrow the focus of my field observations, and to seek out additional data in specific areas to verify and/or to nullify these initial themes. For example, the theme of “drug supply” emerged early on in the coding process. The initial data suggested that the participants prefer to buy their drugs from regular, trusted dealers as opposed to unknown dealers at the club. For the remainder of the fieldwork, I gathered further information on my participants’ drug supply. The interviews provided another opportunity to assess the accuracy of my initial theories. For example, the participants were asked in their interviews to describe where they typically obtain their drugs, and to describe their preferred source of drugs. Essentially, my coding process was fluid and ongoing, thus, allowing for additional data to be gathered and for themes to be further refined.

3.5 Reflexivity and Positionality

A researcher’s positionality affects every aspect of his or her research (McCorkel and Myers 2003). That is, the entire research process is influenced by the investigator’s worldviews, experiences, and subjectivities. The idea is that data and analyses are not independent of the researcher. Given that researchers are subjective, it is important then that they recognize their role in the research process. This acknowledgement of one’s subjectivity is referred to in the social sciences as reflexivity (Bott 2010). Reflexivity helps investigators to recognize their active roles in the production of data and the construction of analyses (Demant et al. 2010). It is through this process of reflexivity that
researchers are able to avoid becoming “above” their research (Bott 2010). As such, I have included this section in my thesis to make clear for the reader my own personal connections and biases to the research. It is my intention for this section to guide the reader when interpreting the results and analyses of my study.

My interest in studying club drugs stems from my past experience with dance club culture in Toronto. After being introduced to my first nightclub at the age of sixteen, I became fascinated with the culture. Consequently, I became an avid clubber, and soon after, I became a club promoter. Through attending nightclubs every weekend, I was able to observe the role of illicit substances in dance club culture. At first, I was disapproving of such drug use. In fact, I was strongly opposed to all forms of illicit substance use prior to attending university. I adopted these morals from my teachers, parents, and role models – all of whom I am now unsure of whether they truly accepted these morals themselves. It was in my first-year criminology class that I learned about the origins of Canadian drug laws. This class had a profound impact on how I came to perceive illicit drugs. Soon, I began to accommodate clubbers’ drug use. I, too, became a recreational drug user. What I found astounding was that neither the clubbers nor myself fit the classical stereotype of a drug user. We were not delinquent. We were not addicted. We were not uneducated or unemployed. It was these conclusions that led me to become interested in studying drug use.

Because I was a former clubber, I did not consider myself to be markedly different from those that I was studying. In fact, my participants did not differ from me in age, class, or ethnicity. A researcher’s positionality becomes an issue when there is a power imbalance between the researcher and his subjects (McCorkel and Myers 2003). In
my study, this was not the case, as I did not occupy a privileged position. Given that my participants were my peers, and that I, too, had previous involvement in the dance club culture in Toronto, I found it to be fairly easy to build rapport with my participants.

While I consider myself to be open-minded and tolerant about drugs, I learned through the process of my research that I have very clear opinions about which types of drugs and types of use are acceptable and which types are unacceptable. On a number of occasions, I found myself disapproving of my participants’ drug use. In situations where the participants consumed multiple drugs as well as alcohol, I thought of their use as reckless and out-of-control. On one occasion, one of my participants had consumed five MDMA tablets along with a vast quantity of cocaine and alcohol. In these types of situations, I found myself worrying about the health of my participants. My inner disapproval and concern was likely apparent when interacting with my participants. This may have had an impact on the research.

3.6 Ethical Concerns

Approval was obtained from the Research Ethics Board at the University of Guelph prior to conducting this research. There are always ethical dilemmas that researchers must overcome when studying offenders and other marginalized populations (Sandberg and Copes 2012). Although recreational drug users are not always thought of as “offenders” in the same way that thieves and murderers are, their use of drugs is nevertheless illegal and thus there are many ethical issues that must be addressed when researching this population. Having to intervene in fights, being offered illegal substances, and witnessing someone overdose are all situations not uncommon to drug
researchers (Perrone 2006; Sandberg and Copes 2012; Sanders 2006). Preparing for these situations is difficult, as the researcher can never truly anticipate every adverse incident he may encounter. When faced with such a dilemma, the researcher should adhere to the guidance of his informants and exercise good judgment (Perrone 2006).

While in the field, I was offered drugs on multiple occasions. Sometimes these were random clubbers who approached me in the nightclub, in which case I respectfully declined. Other times these offers were made by the participants in my sample, in which case I reminded them of my position as a researcher. I also witnessed an intoxicated man faint on the stage at a nightclub. My participants warned me not to intervene, and soon after the security guard came and carried the intoxicated man off the stage. Again, I allowed for my informants to guide me when responding to these adverse incidents in the field.

Fortunately, I did not experience any situations where I feared for the safety and wellbeing of my participants or myself. However, some of the clubbers were a bit confused about my status as a researcher. In order to minimize misunderstanding, I carried around identification and a summary of the research project while in the field. At no point did a club participant object to my research. One clubber had declined to take part in the study. In this case, I assured the clubber that I would not include any data pertaining to him in the analyses. I also told him that I would willingly leave the field at any time if he felt uncomfortable with me. Luckily, he was accommodating of my presence.

The privacy and confidentiality of my participants was another ethical dilemma that I needed to overcome. Because the subjects of my study were committing illegal acts
by consuming and selling banned substances, there was a possibility that my data could
be subpoenaed and their identities could be revealed. As such, the participants were
warned that their identities would be protected to the extent allowable by the law. The
risk of the data being subpoenaed was communicated to the participants. To minimize
this risk of identification of my subjects, the master list containing their contact
information was deleted immediately after they were contacted about reviewing the
preliminary analyses. No further contact was made beyond this point. As a matter of
procedural ethics, I safeguarded the participants from undue exposure by securing their
personal data on an encrypted laptop (Tracy 2010). More so, no identifiers were recorded
in the notes in order to keep their identities confidential.

Informed consent was not obtained from nightclub owners. While these venues
are legally considered private spaces, the research had the potential to be critical and
therefore permission from the venue owner was not required as per Article 3.6 of the Tri-
Council Policy Statement (TCPS2). This article states, “where the goal of the research is
to adopt a critical perspective… the fact that the object of the research may not endorse
the research project should not be a bar to the research receiving ethics approval.” As
such, institutional approval was not necessary for this research project. I informed my
participants that I did not have permission by the nightclub owners to conduct my
research. In addition, I informed them of all the foreseeable risks that this may pose
should they choose to participate in the study.

Because drug users are often stigmatized, special consideration must be given to
how the stories and experiences of the participants are represented so that they are not
further negatively portrayed (Tracy 2010). To avoid such a dilemma, I allowed the
participants to review and adjust my analyses. The field participants had an opportunity to review the preliminary analyses of the field-notes. Through this process, the participants had the chance to have anything omitted that they did not want to appear in the final analyses. This review process also helped to ensure that my interpretations were accurate, and allowed for participants to correct them when they were not.

3.7 Chapter Summary

In this chapter I discussed my methods of data collection and their relationship to my methodological orientation and my research questions. By taking an interpretive approach, I have treated reality as being socially and societally embedded, and as existing within one’s mind (Grbich 2007). For this reason, I have employed the qualitative methods of participant observation and semi-structured interviews for collecting data. These qualitative methods allowed me to focus on a small-scale situation and to gain detailed and rich data that could be used for creating mini-narratives. Additionally, the chapter outlined the research sample and the data analysis process. It concluded with a discussion of the issues that were faced with regards to reflexivity, positionality and ethics. Here, I discussed my personal connection to the research. By discussing my positionality, I brought to the forefront my personal prejudices and biases that may have unintentionally shaped the research. The reader should take my positionality into consideration when reading the results of the research, which are presented in the next chapter.
CHAPTER 4: HARM REDUCTION AND CLUB DRUG USERS

4.1 Chapter Overview

The media commonly depicts club drug users as destructive, excessive, and irresponsible (see Aleksander 2013; Bowers 2011; Brunk 2013; Butterfield 2001; Hernandez 2001; Hier 2002; Merz 2014). The present study seeks to demystify these negative stereotypes by considering whether there is a “responsible” side to club drug users. The findings suggest that, contrary to what the media has reported, club drug users are not irresponsible and reckless. In fact, the users in this study often exercise restraint and precaution when consuming illicit substances. As such, this chapter discusses the techniques that the research participants employ for minimizing drug-related harm. The chapter not only discusses how the clubbers minimize harm, but also how the clubbers – whether intentional or not – maximize harm. These findings are analyzed thematically, taking into consideration the relevant literature on harm reduction and club drug use.

4.2 Harm reduction strategies

On the surface, club drug use appears to be irresponsible and uncontrolled. These users are often polydrug users, as they consume a range of licit and illicit substances on a given night (see Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001; Parker et al. 1998; Parker et al. 2002). This makes it easy for outsiders to judge club drug use as reckless and problematic. That is, it is easy to assume that people who combine multiple substances in the same night have no concern for the risks and harms that such...
use may pose. In this research study, I provide a deeper understanding of club drug use and the context in which such use occurs. Contrary to popular assumptions about club drug users, the participants in this study exercised control and responsibility in using these illicit substances. For this study, drug use is considered to be “controlled” when the user has a reasonable degree of power over the outcomes of their use. Drug use is said to be “responsible” when the user exercises restraint and precaution in order to avoid negative outcomes. In this study, these participants recognized the harms that their drug use posed and actively sought to minimize such harms through employing various techniques.

Drug Supply

Drugs are readily available and accessible to my participants. Typically, the participants purchase their drugs from a well-known dealer whom they have built a relationship with and whom they trust to never sell them “cheap” or “unsafe” substances. My participants jokingly refer to their primary dealer as “Bob” – a generic name that is meant to disguise his identity. On a given night out, my participants would arrange to meet with “Bob” to obtain illicit drugs. P3 explains why they prefer to purchase from this dealer:

“Bob” is one of the top dealers around. He prides himself on giving really clean and pure stuff… I mean, a few times I got “duds,” but that wasn’t his fault. It is the luck of the draw. Sometimes you get a pill that just doesn’t seem to work… But I’ve never had an adverse experience from anything he’s provided me… So I guess that’s why I trust him. [P3].

Two of my participants purchase their drugs from a bouncer at a small lounge downtown. This dealer is ideal for those that live in the heart of the city because he is at a fixed spot
every night where my participants know to find him. The participants know this bouncer because of their regular attendance at the lounge he works at. They first developed a friendship with the bouncer, and later he became one of their primary sources for illicit drugs. This excerpt from the observational data best exemplifies P8’s relationship with the bouncer:

P8 wants to go to the lounge to get cocaine. His friends tell him that there isn’t time, as they are going to be late for the nightclub. He wants the cab driver to make a detour to the lounge. They tell him to get his drugs from someone at the nightclub. He refers to the dealer at the lounge as his friend. He says that his “friend” has the best stuff around and that he “hooks him up”. He vouches for the quality of the dealer’s drugs. He says that his friend always give him clean stuff. They eventually agree. The cab takes a fifteen-minute detour so that we can go to the lounge and P8 can purchase cocaine for himself and for the others. [Fieldnote, January 12, 2014].

Clearly, the participants prefer to purchase from the same dealers because they trust them to provide safe and high-quality substances.

A few of the participants admitted to having purchased drugs through Silk Road, an online market that is part of the deep web. The users explained that this site is not accessible to the public, and that a special program is needed so that buyers can browse anonymously and securely. After ordering their drugs online, the participants tell me that the drugs would be shipped to their mailing address. P4 describes the package that one of her orders came in: “it was a church DVD. Like with gospel songs and stuff. And the drugs were inside the case in a vacuum sealed bag.” P16 explains why Silk Road is a trusted source for drugs:

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1 The field observations have been formatted as quotes. While this may be unconventional, it is consistent with Sanders’ multi-authored volume *Drugs, Clubs and Young People: Sociological and Public Health Perspectives*, and Perrone’s *The High Life: Club Kids, Harm, and Drug Policy*. The excerpts end with either “[fieldnote]” to indicate that they are from the participant observation, or with a participant identifier such as “[P3]” to indicate that they are from the interviews.
The reliability thing… it’s kind of two fold. One, there are product reviews. So anyone who buys it… it’s like an Amazon rating system where they get ratings out of five stars. And people rate it based on the quality of it, how discrete the packaging was, how fast it came through the mail… and um… how friendly the service was. And on top of that, there is like… forum threads, basically… of volunteer, kind of fringe chemists… who volunteer to do purity testing. And they post the results online so that… so that if you take the time to research the vendors, you can basically be sure that you are getting good stuff. Like, if 200 people say it’s the best stuff they ever had and it’s really clean, and then you have chemists telling you the exact same thing… you’re pretty much guaranteed to have really really great and safe drugs. [P16].

In this regard, buying drugs through Silk Road allows these participants to minimize the probability of ingesting impure and unsafe substances.

When purchasing drugs from their regular source, many of my participants prefer to buy in bulk:

The participants bought a “rock” of MDMA from “Bob.” P5 chops it up and P3 puts it in capsules. I ask why they buy in bulk. P3 says it is like Bulk Barn – you get your money’s worth. She laughs. She tells me that it’s cheap, and that it’s a way to know what is going into the capsules… The other participants arrive at the apartment. They give money to P5 in exchange for some of the pills. [Fieldnote, January 17, 2014].

In this sense, buying in bulk is another way to ensure the quality of their drugs. This finding is consistent with other studies, which report that club drug users apply this practice for managing the quality of the substances that they consume (Hansen et al. 2001; Panagopoulos and Ricciardelli 2005). The excerpt also shows that the participants commonly rely on their friends for supplying their drugs. This leads to a sort of disconnect from the origin of their drug supply. For example, many of the participants did not know the bouncer at the small lounge, however, they accepted his drugs as “safe” because P8 vouched for him. As such, the participants gave their money to P8 who then obtained the drugs for them. This creates somewhat of a divide between the consumers and the suppliers. Even those participants that obtained the drugs for their friends were
not sure about where the drugs were coming from beyond their low-level dealer. For example, when I asked P8 where the bouncer obtains his drugs from, he simply replied: “he has a connection who drops off the drugs to him.” Evidently, P8 knows little about where the dealer is obtaining his substances. This is also the case with those that buy their drugs from “Bob”:

I ask the participants where “Bob” gets his drugs. P5 shrugs and admits that he isn’t really sure. He says he never really thought about that. P1 says that there are certain people in Toronto who run the drug trade. She assumes that source-wise, it comes from them and “Bob” is a lower-level dealer who then distributes them. [Fieldnote, December 27, 2013].

Clearly, the participants are uninformed about the origins of their drug supply. Overall, this does not appear to be a concern for the clubbers.

While their preference is to obtain club drugs from their regular dealers, this is not always possible. When their primary source was not available, the participants admitted that they would resort to buying off of other clubbers at the nightclub:

P3 received a text-message from “Bob” saying that he has sold his last bit. She begins to worry. P5 calls his friend to see if he has any MDMA. I ask P3 what they will do if they can’t find any. She says that it isn’t a huge problem because there are so many people you can “grab” from at the nightclub. She says that she prefers not to do this because it can be cut with so many things. “The problem is that you don’t know what is going to be in it.” P1 agrees. P5 hangs up the phone. He informs the participants that his friend has MDMA and is going to meet us at the nightclub. There is a sigh of relief. [Fieldnote, February 15, 2014].

Their reservation towards buying drugs from unknown clubbers is further illustrated from the following passage:

A woman wearing a tutu approaches me near the washroom. She asks me if I want Molly. I tell her that I am okay but she is very persistent. She points to her pocket to show me that she has them on her. She asks me to go to the patio with her so that we can do them together. Again, I decline. She then asks my participants if they want any drugs. They too decline. I watch as this women proceeds to approach two other clubbers on the dance floor. Both of the clubbers refuse the drugs. I ask my participants why they didn’t take her drugs. They tell
me that it was “sketchy.” They explain that they have no idea where the pills are coming from or what is in them. [Fieldnote, January 31, 2014].

Some clubbers even admitted to turning down free drugs. P15 explains,

I usually don’t trust people at the club. We get free drugs all the time. Free M, free coke. I actually still have a lot of it at home… just because we don’t take it… cause, like… I don’t trust it. [P15].

In this regard, my participants are concerned with the quality of the substances they are consuming. They recognize that these drugs are not regulated and therefore the quality is not assured. For this reason, they prefer to obtain their drugs from sources that they have come to trust based on their own experience or on the experience of their friends. Buying drugs from strangers at nightclubs is not preferred, however, it is not completely uncommon for my participants. The clubbers in my study describe this as the “last resort.”

Because these drugs are often cut with other substances (Freese et al. 2002; Mohamed et al. 2011), having a regular supplier may help to reduce the probability of getting substances that are unsafe and/or lethal. This is especially important for MDMA pills, because they often contain substances other than MDMA (Freese et al. 2002; Mohamed et al. 2011). These pills are commonly cut with other methamphetamines, ephedrine, caffeine, and ketamine (Freese et al. 2002; Mohamed et al. 2011). Evidently, the purity of MDMA in these pills is variable. By obtaining drugs from the same source, the participants come to know what to expect from the substances they are consuming. They minimize the probability of buying substances that are impure and unsafe. This reservation towards buying drugs from unknown sources is a harm reduction practice noted in other similar studies (Allott and Redman 2006; Hansen et al. 2001; Shewan
2000), thus, suggesting that this practice is not specific to the participants in this study but to club drug users more generally.

Transportation

On a given night, the participants would get together for a “pre-drink” at one of the clubbers’ apartments. Here, they commonly consume alcohol and smoke cigarettes. Sometimes the participants smoke marijuana or snort cocaine at the pre-party. When everyone is ready to leave for the club, it is automatic that one of the participants calls cabs for everyone. P1 explains:

Nobody wants to drive at this point. So, we usually take a cab. No one really wants to take the bus either – it’s too much work. If it’s nice outside and we are going nearby, I guess we’ll just walk. But yeah, usually a cab. [P1].

Taxicabs are the main mode of transportation for these participants. For those that live in the downtown core of Toronto, this is the only mode of transportation I witnessed during my fieldwork.

On the other hand, those that reside outside of the downtown core have very limited options for transportation. Sometimes, these participants would “crash” at P7’s condo. They would then cab to and from the nightclub event. On some occasions, the participants would drive under the influence.

We get back to the condo. I ask where P3 and P5 went. They tell me that P3 drove home. I ask if that is normal since she had consumed MDMA. They tell me that she does it quite often. They do not appear to be concerned about P3 driving whilst under the influence of MDMA. [Fieldnote, January 26, 2014].

During our one-to-one interview, I ask P3 about her decision to drive high:

I don’t know if you have ever had M before, but it’s something that you are in control of. It doesn’t mess with my ability to react. I would never drink and drive because you can’t see… you don’t know what is going on. I can’t drive drunk but I can drive high all the time. [P3].
I ask her if she feels the same about cocaine:

The only thing about cocaine is that it makes you feel jittery and super charged. It gives you a lot of energy. I can drive on coke. I don’t like it though because you are like GO GO GO. [P3].

P2 also drove under the influence of MDMA and alcohol on one occasion. Like P3, P2 talks about not going “overboard.” He tells me that there is a threshold that, as a driver, he will not exceed:

I typically will do one or two pills… have a couple drinks… nothing too much. And I’m there for four or five hours…so it wears off and then I’m good to go. [P2].

In this sense, driving under the influence is not considered to be unsafe by all of the participants in my study. Participants find “safe” ways to travel to and from the nightclubs when it is convenient for them to do so. Those that live in the outskirts of Toronto commonly drive under the influence of MDMA. On occasions where the participants are planning to drive, they limit their drug consumption. In particular, the participants talk about consuming little to no alcohol on such nights. They believe that driving while drunk is far more dangerous than driving while high.

While there is little research on the effects of club drugs on driving performance, MDMA has been implicated in an increasing number of fatal car accidents (Mohamed et al. 2011; Veldstra et al. 2012). Research suggests that ecstasy may cloud the effects of other drugs like alcohol, possibly affecting a person’s judgment about whether or not it is safe to drive (Mohamed et al. 2011; Veldstra et al. 2012). In addition, there are many negative effects of MDMA on driving abilities, including: “impairment of spatial memory performance, movement perception, and divided attention” (Veldstra et al. 2012). In this regard, the participants are enhancing the probability of harm by driving
whilst under the influence of club drugs and/or alcohol. The participants in this study did not consider their driving performance to be affected by these drugs. This proves that there is a need for more research to be conducted and made available on the impact of club drugs on driving abilities.

Polysubstance use

Club drug users are typically polydrug users (see Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001; Parker et al. 1998; Parker et al. 2002). That is, they tend to consume a mix of licit and illicit drugs. This holds true for the participants in the present study. On a given night, these participants consumed a mix of cocaine, MDMA, alcohol, tobacco and – albeit less frequently – marijuana. The following excerpt provides an example of how these substances are taken together on a typical night out:

We are at P7’s apartment downtown. Everyone is drinking alcohol and listening to music. P1 is drinking wine. The rest of the participants are drinking beer. P7, P8 and P10 are frequently going onto the patio to smoke cigarettes. Everyone is noticeably intoxicated [Fieldnote, January 11, 2014].

After a detour to the lounge where P8 picked up cocaine, we arrive at the club:

P8 signals to P7 to follow him into the washroom. I ask P1 if they are going to snort the cocaine in the washroom. She nods ‘yes’. She says that P8 gave some to P10. When P7 and P8 return, P1 and P10 take their turn to go to the washroom and snort cocaine. [Fieldnote, January 11, 2014].

Throughout the night, the participants make trips to the washroom to inhale more of the cocaine. Later on that night:

P8 tells his friends that he wants to find M. He leaves to search for M. P1 and P10 are not interested in taking M. They say that they do not enjoy M anymore. [Fieldnote, January 11, 2014].
Because no one wants to take M, P8 gives up searching for it. This is not to say that M is never consumed together with cocaine. Often, cocaine is consumed at the post-party after they have already taken M throughout the night. This is common on nights where the participants attend a large dance music event or festival. On such nights, there are a large group of participants in attendance. Often, friends of the participants are there too. These were the nights that the participants did not want to end. P7 explains, “we are too jacked up to go home. We are not ready for the night to end. We all want to be together and to keep our high going.” [P7] As such, cocaine is used at the after-party to keep the night going and to maintain their high. P3 mentions that they are not going to sleep anytime soon because of the M, so they might as well continue to get high and to have a good time. [P3]. The following excerpt illustrates one of these nights:

It is 3am. The participants decide to leave the club but do not want to go home yet. They decide to head back to P7’s condo. We take a cab back to the condo... P8 arrives with the cocaine – he went by the lounge to pick it up from his dealer. The participants take turns snorting lines. They each snort two lines at a time, taking ten to fifteen minutes in-between. The participants are listening to music. They are taking frequent trips to the patio to smoke cigarettes. [Fieldnote, February 1, 2014].

Cocaine and MDMA are used in the same night. At the nightclub, the participants consume MDMA. Later on at the after-party, the participants maintain their high by consuming cocaine. This is the typical order of substances used on a given night.

Marijuana was consumed less frequently than alcohol, cocaine and MDMA. Most of the participants did not enjoy smoking marijuana on “club” nights. P3 explains, “I don’t like to smoke marijuana because it brings me down. I don’t talk to people and I just feel blah.” [P3]. On the other hand, two of the participants were active marijuana smokers. P2 and P5 told me that they smoke cannabis everyday. On a given night out, I
observed both of these participants smoking marijuana. P2 and P5 often consumed marijuana before and/or after the club. With the exception of these two participants, marijuana was not a popular substance among the club drug users in my study. It is important to note, however, that I observed joints being passed around on the dance floor at every nightclub I attended during my fieldwork. More so, a study on polysubstance use in Canadian clubs found that cannabis was consumed by 64.9% of the sample at the last rave they attended (Barrett et al. 2005). This may suggest that my participants are not the norm and that cannabis consumption is commonplace among other club drug users.

Other than the aforementioned substances, there are few other drugs that were consumed by the participants on a typical night out. P4 indicated having tried acid, although I did not witness any such use during my fieldwork. More so, P2 and P5 indicated having tried ketamine, although I did not observe any such use during my fieldwork. According to P2 and P5, ketamine is popular among “hardcore” ravers and in the after-hours scene. P2 tells me a story to illustrate how intense the effects of K can be:

Ketamine is like a mind drunk. You feel drunk without the whole stomach, acidy feeling. But when you keep doing it…well it’s really powerful. I was in the club once and I was doing a lot of K. Then I told my friend to give me his keys because I had to get something… my charger. So supposedly I got this charger, I went into the club and supposedly gave him the keys. Now I thought this was like 30 minutes but my friends are like “dude, you were gone for like three hours and Jon says he saw you under a tree in Kessington lying down.” The next morning when I wake up there is a Pro-line ticket in my wallet and it won [laughs]… so I don’t even remember that. So it’s really really powerful stuff. [P2].

P2 describes K as a really powerful drug. He tells me that he does not use ketamine anymore. Like the other participants in this study, he abstains from using this substance. Although ketamine and acid were used by some of the participants, they were not regular substances consumed on a given night out clubbing.
Overall, the participants often use MDMA, cocaine, alcohol, and tobacco in the same night. Some of the participants also consume marijuana in addition to these substances. Evidently, the club drug users in this study are polysubstance users. Such chaotic combination of drugs may enhance the probability of harm. For example, the combination of MDMA and cannabis is said to present many health hazards, including: “impulsiveness, anxiety, somatic complaints, obsessive compulsive patterns, and psychotic behavior” (Mohamed et al. 2011: 763). Another study suggests that the combination of cocaine and alcohol is lethal. This study suggests that the toxicity produced by cocaine increases when alcohol is consumed, thereby increasing lethality (Busse and Riley 2003). Other studies suggest that alcohol mixed with cocaine and/or MDMA increases the duration and intensity of the effects of the drug (Busse and Riley 2003; Hernandez-Lopez et al. 2002; Mohamed et al. 2011). As such, the combining of alcohol with club drugs has an increased abuse potential, as opposed to when either club drug is used on their own (Busse and Riley 2003; Hernandez-Lopez et al. 2002; Mohamed et al. 2011). For the most part, little research has been conducted on the interactions between club drugs and other substances (see Hernandez-Lopez et al. 2002; Mohamed et al. 2011). Given that the risks of combining club drugs are largely unknown, the users are unaware of how to go about managing the potential for harm. More so, most club drug-related deaths have been reported to be in the context of polydrug use (Allott and Redman 2006; Mohamed et al. 2011). In this regard, the participants are enhancing the probability of experiencing an adverse outcome by combining numerous drugs on a given night.
Method of Administration:

For the participants in this study, the most common method of administration for MDMA is oral consumption. Oral consumption of ecstasy is also the safest route of administration (Allott and Redman 2006). Generally, the participants swallow the pill with some water. When the MDMA is not in a capsule, they wrap the crystal in a zigzag (rolling paper) and parachute it with a gulp of water. My participants tell me that this method of administration leads to the most desirable effects. This method is also ideal for the participants because it is easily concealable.

The participants and I are dancing on the crowded dance floor. Because of the crowd and the dark lighting, it is very difficult to see beyond a foot or two in front of me. P5 passes a pill to P7. They both pop the pills in their mouths and take a chug of their water. This happened so quickly that is unlikely that anyone around us has noticed. [Fieldnote, February 1, 2014].

Clearly, it is very easy for the participants to conceal their use of MDMA when it is taken orally. So much so that the participants are comfortable taking the drugs in public spaces at the nightclubs.

Sometimes the participants would open the capsules and pour the crystals into their water bottle. The participants believe that this method of administration has weaker effects than when it is consumed in a capsule or a zigzag.

P3 opens the capsule and pours the MDMA into her water. She shakes her water bottle to mix it up. I ask P3 if she does this often. She says she does it usually at the end of the night because it is not a “full-on” high. She does this at the end of the night when she is “coming down.” She tells me that because it’s diluted, it only gives her a “buzz”. P4 chimes in and says that it is a waste. She says it doesn’t hit hard and so it is a waste of MDMA. [Fieldnote, February 15, 2014].

Clearly, mixing MDMA in their water bottle is a less common method of administering the drug, however, it is not uncommon. It is perceived to have weaker effects than if it were consumed orally, and as such, it is viewed by some of the participants as wasteful.
A second method for consuming MDMA is through inhaling the substance. This method is much less common than oral consumption. In fact, I did not witness any of my participants snorting MDMA, however, some did admit to having tried it when I asked. P4 admits, “I have tried snorting it once. I wasn’t really a fan of that. It burned.” [P4]. P2 agrees, “I’ve snorted a couple times and it is good because the effects come right away, but it really burns and it’s terrible for your nasal cavities.” [P2]. As such, inhaling MDMA was not a very common or desirable method of administration for the participants in this study.

In regards to cocaine, the least harmful route of administration is said to be oral consumption (Boyd 1991). In addition, the chewing of the coca leaf is said to be safer than the smoking, injecting, or sniffing of the refined substance (ibid). In this study, the most popular route of administration is through inhaling. Not surprisingly, the refined substance is consumed as opposed to the purer form of the substance: the coca leaf. Generally, the participants snort the refined substance in the washroom at the nightclubs or at one of the participants’ apartments:

P5 takes the cocaine from P8. He goes into the bathroom stall and pours a bit of the cocaine from the bag onto the top of the toilet paper dispenser. He takes a credit card and pushes it onto the cocaine. He crushes it. He then uses two credit cards to create two thin lines out of the cocaine. He takes a twenty-dollar bill and rolls it up. He uses the bill to snort the coke off the toilet paper dispenser. He then calls in P8. He gives him the twenty-dollar bill and P8 snorts the second line. [Fieldnote, January 26, 2014].

Sometimes the participants simply put their fingers into the bag of coke and rubbed it into their nostrils. This happened when P5 and P8 got fed up with waiting for the bathroom stall to become available [Fieldnote, January 26, 2014]. It is an easy and speedy way to consume the substance. On some occasions, the participants would dip their fingers into
the bag and rub it on their gums. This type of oral consumption is the second most popular method for administering cocaine among the participants.

For the participants in this study, smoking is not an acceptable route for administering cocaine. Not only had none of the participants ever smoked cocaine, they all held very strong negative attitudes towards those who did.

We are on the patio. The participants are smoking cigarettes. P3 points out a man on the patio dipping his cigarette into a bag of coke. P3 says, “that is disgusting.” The other participants agree. P9 says that doing that is essentially like smoking crack. P3 tells me I would be surprised at how many people they see doing this at these types of clubs [Fieldnote, February 1, 2014].

In this regard, smoking cocaine is not an acceptable method of administration among my participants. For this reason, none of the participants have ever consumed cocaine by smoking it.

In sum, the participants most commonly consume MDMA orally and they most commonly inhale cocaine. Nonetheless, inhaling MDMA and orally consuming cocaine are less common methods, however, they are not uncommon by any means. For all of the participants, smoking cocaine is considered dangerous and unacceptable. Lastly, none of the participants discussed, nor did I observe, injection as a method of administration for any club drugs. The injection of club drugs intravenously is said to be the most harmful route of administration and to pose the highest risk of overdose (Allott and Redman 2006; Boyd 1991). By avoiding this method of administration, the participants are reducing some of the risks that are associated with club drug use.
Limiting Drug Use

The participants in this study often exercise restraint when consuming illicit drugs. These clubbers limit both the amount of their use and the frequency of their use in order to avoid overdose and other drug-related harm. For example, the participants only consume one MDMA at a time. After taking their first pill, the participants wait for the drug to take effect. Depending on their high, they then decide whether or not to take another one. The following excerpt illustrates this self-limitation technique:

P3, P4, P5, and P9 are waiting for their MDMA to take effect. P3 is convinced that she got a “dud” because she doesn’t feel anything and it has been almost thirty minutes since she took it. I ask P3 if she will take another one. She tells me that she will wait another twenty minutes or so before she takes a second one. She tells me that this is common sense because sometimes it can take up to an hour to take effect, and she doesn’t want to risk overdosing it by taking a second pill. [Fieldnote, January 17, 2014].

After taking the first pill, the participants continue to take a pill every hour or two in order to maintain their high. The purpose of this technique is to avoid adverse outcomes such as stomachaches or overdoses. P15 explains her reasons for limiting the amount of MDMA she takes in one sitting:

I think maximum I would do is three at once… because after that, then you start to feel nauseous and uncomfortable…and you’re sweating and stuff… and that’s not good. [P15].

In this regard, the participants limit both the amount of MDMA they consume, as well as the frequency in which they consume it. This is also true for their practices of consuming cocaine. Typically, the participants snort one or two lines every fifteen or so minutes. When I asked P7 about his practices for using coke, he told me, “I would never do more than a line or two at once… or like a little bit off my fingertips. But I would never put a key in the bag and take half of it at once. People who do that are stupid.” [P7]. Overall,
the participants never consume more than a couple lines at a time, and they disapprove of others who exceed this amount. These participants also disapprove of those that overuse MDMA:

P3 is talking about her friend’s tragic night out clubbing. She tells us that her friend brought a girl out clubbing with him, and this girl ended up taking 5 Ms at once. She tells us that this girl ended up in the hospital. Everyone at the apartment is shocked. The consensus is that the girl should not have taken 5 Ms. P4 calls her a “fucking idiot.” Everyone agrees. The consensus among the group is that you should never take that much M at once. [Fieldnote, January 17, 2014].

In general, the participants condemn excessive use of all club drugs. They prefer to take the drugs in moderation. P1 refers to this as “one-upping”, which means to take one more pill or to snort one more line as needed. This is in contrast to the more “dangerous” method of consuming a vast quantity of drugs all at once.

Additionally, the participants limit their alcohol consumption on nights where they were planning to do drugs. P1 explains, “when you are setting out to take something like M, you are not drinking.” [P1]. Most of the participants are aware that mixing alcohol and MDMA can have harmful consequences. P2 explains, “it’s not really good to drink and to take these chemical drugs. It’s too much for your body. That’s how people die off of this.” [P2]. For the most part, the participants did not drink enough to become intoxicated. Their reason for limiting their alcohol consumption also has to do with the belief that the effects of MDMA and alcohol cancel out each other. That is, the participants believe that alcohol has the opposite effect of MDMA and therefore alcohol nulls the effects of MDMA and vice versa. P3 explains, “ M makes you feel light and sensitive whereas drinking makes you feel heavy and sloppy. So when you do both, it brings you in the middle. It just doesn’t make sense.” [P3]. The participants also think that alcohol masks the effects of MDMA. P4 explains, “I won’t have more than one glass
of wine. I don’t want to get shit-faced otherwise I won’t feel the M. And the M is what I’m looking forward to so I don’t want to ruin it for myself.” [P4]. Here, the participant limits her alcohol consumption because she does not want to taint the effects of the MDMA she is planning to take. In sum, alcohol is always part of the night out. While participants always consume alcohol, the amount in which they consume is limited when they were planning to use cocaine or MDMA that night. They control their alcohol consumption because they want to prevent harm and to avoid any interruption that the alcohol might cause to the effects of their drugs.

Overall, the participants have many self-limitations with respect to their drug use. They consume a small quantity of MDMA or cocaine at one time. Rather than taking a large amount at once, the participants prefer to “one-up” whenever they feel that their high is fading. The participants also limit their alcohol consumption on the nights that they are taking club drugs. These self-limitation techniques are also noted in other studies of club drug use and harm reduction (Allott and Redman 2006; Hansen et al. 2001; Panagopoulos and Ricciardelli 2005), therefore proving that this technique for managing risk is applied not only by the participants in this study, but by other club drug users as well.

Candy

An adverse effect of ecstasy is bruxism, which in laymen terms is teeth grinding (Allott and Redman 2006; Blegt and Engels 2005; Freese et al. 2002; Hansen et al. 2001). In this study, the participants were aware of this risk, and they often chewed gum or candy to reduce the harm that such grinding may cause to their gums or cheeks.
Lollipops, gummies, and chewing gum were often sold in the bathrooms at the nightclubs I attended. The participants typically buy candy when they feel that they can no longer control their teeth grinding. For example:

P12 is complaining that she keeps biting her lip. P10 tells her to go to the washroom and to get a candy to suck on. P12 goes to the washroom and comes out with three lollipops. She gives one to P10 and one to P9. She puts the third lollipop in her own mouth. [Fieldnote, January 17, 2014].

The participants only chew on gum or candy when they feel that their teeth grinding is too excessive to control. Most of the participants do not feel the need to use candy or gum to control their bruxism. P4 explains,

I think it comes with experience. I have done M enough to know to be conscious of my teeth grinding. I think that comes with experience. Like, if I know I’m grinding my teeth then I stop it. You just have to pay attention to it. [P4].

P15 agrees,

When I notice it, I try to stop…. And then you just kind of think about other stuff and then you notice you are doing it again and you’re like… damn it. [P15].

In this regard, bruxism is viewed as a problem that can be overcome with experience. Bruxism can be controlled simply by being aware that it is happening. For those participants that do not want to constantly fixate on their teeth grinding, candy or gum is used to keep their mouths occupied.

It is worthy to note that at most of the nightclubs, the majority of clubbers were sucking on lollipops. Whether this is to combat bruxism or whether it is simply a fad is unknown. In the early 1990s rave scene, sucking on lollipops and pacifiers was both a fashion trend and a harm reduction practice in the rave community (see Freese et al. 2002; McRobbie 1993; Schensul 2005). It is possible that this trend has filtered into the mainstream dance club scene. Either way, chewing candy and gum is a common practice.
among clubbers. The participants in the present study chew on candies or gum when they cannot control their teeth grinding. Chewing on candy is a way for the participants to avoid damage to their gums and cheeks.

Staying Hydrated

Staying hydrated is perhaps the most common harm reduction technique employed by the participants in this study. The risk of overheating and dehydration as a result of club drug use is well-documented in the literature (see Akram and Galt 1999; Allot and Redman 2006; Baggott 2002; Freese et al. 2002; Hansen et al. 2001). Many MDMA-related deaths have been caused by a combination of heat exhaustion and a lack of hydration (Freese et al. 2002). It is believed that MDMA itself brings on these symptoms, which are then exacerbated by the clubber’s excessive physical activity (dancing), the high temperature at the nightclubs (possibly caused by overcrowding), and the clubber’s decreased consumption of water and/or increased consumption of alcohol (Bellis et al. 2002; Freese et al. 2002). In this study, I found that the participants were aware of these risks, and so they routinely reminded each other to stay hydrated when using club drugs. P3 explains, “the first time I did M, my friends told me right away that I needed to keep myself hydrated. They warned me that otherwise I could get dehydrated and end up in the hospital…or worse.” [P3]. Immediately after arriving at the nightclub, the participants purchase a bottle of water from the bar. Throughout the night, the participants go to the washroom to refill their bottle. At all times, the clubbers have a bottle of water in their hand.
When a clubber is feeling sick, the first response the participants have is to get that clubber some water:

P12 asks the others to find a place to sit. She tells them that she is feeling a bit nauseous. We leave the dance floor and sit on a bench near the washroom. P1 takes P12’s bottle into the washroom to fill it up. She comes back and tells P12 to drink it. [Fieldnote, February 1, 2014].

Clearly, clubbers promote water to one another when they are feeling ill. They believe that feelings of nausea are the result of a lack of hydration. For this reason, the participants’ immediate reaction to an upset stomach is to drink water. P1 explains, “water is the cure for everything. If someone is feeling sick, you get him or her water. It’ll make them feel better.” [P1].

Not only do the participants recognize the harm in drinking too little of water, they also recognize the harm in drinking too much water. That is, drinking too much water can lead to water intoxication (Trip! Project 2014). Such a condition occurs when the kidney’s ability to maintain water is disrupted (ibid). I asked the participants how much water they typically drink. P4 replies, “I drink whenever I’m thirsty. I don’t force myself to drink because then I may overhydrate and that can be just as bad as not drinking enough. Basically, I drink whenever I’m thirsty. No more and no less.” [P4]. P3 agrees, “you don’t want to overdo it. I think maybe a bottle an hour is good.” [P3]. In this sense, the participants are aware that drinking too much water can also lead to adverse outcomes. As such, they drink water whenever they are thirsty rather than drinking water for the simple fact of drinking water. This contradicts the findings of another similar study (Akram and Galt 1999), which found club drug users to be unaware that drinking too much water can be just as fatal as too little.
In general, drinking water is a practice I observed all clubbers employing. On a given night, the dance floor would be flooded with a sea of clubbers holding bottles of water by their sides. In addition, I observed a number of men wearing backpacks at the clubs. I asked my participant about the bags:

There is a man wearing a large backpack on the dance floor. I ask P1 why I’ve seen so many people wearing bags. She tells me that it might be water. Apparently clubbers will sometimes carry large backpacks with a big jug of water inside. The jug has a hose that the clubber can use to drink the water. She says that these are especially common at festivals. [Fieldnote, January 11, 2014].

These backpacks show the importance that clubbers place on staying hydrated. Evidently, drinking water is a norm in the dance club world.

In sum, the participants constantly drink water when using MDMA in order to avoid dehydration. The participants often remind one another of the importance of staying hydration. In addition, water is “prescribed” to clubbers when they are feeling ill. This concurs with findings from other studies (Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001), which have shown that drinking water is a common harm reduction technique applied by club drug users.

“Chilling Out”

Dancing is a huge part of the clubbing experience. The participants in this study spent the majority of their nights on the dance floor. They enjoyed dancing in the middle of the crowded dance floor, as opposed to along the sides or at the back of the club. Being in the middle of the crowd made dancing unbearable at times. Moreover, the clubbers would sweat profusely and become tired from dancing. As such, the participants would
take frequent breaks so that they could relax and recuperate. The following passage best exemplifies this:

Everyone is dancing. The club is crowded. There are people bumping into me on the dance floor. P8 asks P4 if she wants to go to the patio for a smoke. P4 agrees enthusiastically. They ask if I want to come along. We go to the patio. P8 lights a cigarette. I ask P4 if she is going to smoke. She says, “I don’t smoke. I just had the urge to get the fuck out of there. I needed to get some air.” She relaxes while P8 has his smoke. [Fieldnote, February 15, 2014].

The crowded dance floor became too much for this participant. The clubber felt the need to go outside to get some fresh air. Like P4, the other participants in the study take regular breaks to “chill out” when the crowd becomes too much.

The headliner is coming on soon. The dance floor is rammed. We are at the front and are being pushed up against the stage. P8 tell us that he needs to go get some air. P7 and P1 want to go with him. They tell P6, P10 and I to stay behind to make sure that we save a spot on the dance floor for when the headliner DJ comes on. We agree… Fifteen minutes later P1, P7 and P8 return. P10 says she needs a break. She asks me to go to the back of the club with her. The other participants tell us that they will save our spots. P10 and I sit on the couch outside of the washroom for ten minutes or so. [Fieldnote, January 11, 2014].

Clearly, the participants take frequent breaks from dancing. The point of these breaks is to get away from the crowd and to recuperate from the copious amounts of dancing in which they have partaken in over the course of the night. In this sense, taking frequent breaks is another method for managing the risks of overheating and dehydration that are associated with club drug use (Akram and Galt 1999; Allott and Redman 2006; Baggott 2002; Freese et al. 2002; Hansen et al. 2001). Other studies have also found “chilling out” to be a common method applied by club drug users for minimizing the probability of heat stroke and dehydration (Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001).
Friendliness

There is a clear sense of community at these nightclub events. The clubbers are kind and friendly to one another. For example, there were many occasions where strangers came up to my participants and hugged them or danced with them in a playful way. When a clubber accidentally brushed someone in the crowd, they would automatically turn around and apologize to him or her. More so, clubbers often gave compliments to other clubbers whom they did not know. The following excerpt best illustrates this friendliness:

I tell P1 that I like the scarf that one of the girls on the dance floor is wearing. The scarf has animal paws and a bear head. P1 taps this clubber and tells her that I like her scarf. The clubber comes over and offers it to me to try on. I try it on. She makes conversation with me about where she is from and where she got the scarf. The clubber tells me that I can borrow her scarf whenever I want. She continues dancing. [Fieldnote, January 11, 2014].

Clearly, the clubber was open to sharing her scarf and to making friendly conversation.

Like most of the clubbers I observed in these settings, she was kind, friendly, and respectful. It appears as though the PLUR (Peace, Love, Unity, and Respect) ethos, which originates from the early 1990s rave culture (see Hier 2002; Kavanaugh and Anderson 2008; Wilson 2002), has filtered into the mainstream dance club scene. The ethos is likely enhanced by the use of club drugs like ecstasy, which is known to induce empathy and sociability (Kavanaugh and Anderson 2008). This creates for an environment where clubbers look out for one another and where violence is minimal. P15 explains the atmosphere at these nightclubs,

Well… I’ve seen both sides of it. Like clubs where everyone just drinks alcohol, compared to those clubs where people are mostly doing drugs… And, I have got to say that I like it way more at these places where people are doing drugs because… they are more coherent… and everyone is super friendly. I haven’t had a single incidence where somebody has tried to hurt me or somebody has stolen
my stuff or… like… well, you get these drunk girls sometimes that want to pick a fight with you and you are like “what the fuck is your problem?” … So that is what I don’t like anymore. So I really like the atmosphere of the clubs that I go to now. I don’t know… it seems like more welcoming and I feel like I belong there. [P15].

This participant considers nightclubs where drugs are common to be less violent than those nightclubs where alcohol is common but drugs are not. More so, I did not witness any such violence during my fieldwork. This suggests that the welcoming and friendly atmosphere at these clubs serves to minimize the probability of violence between clubbers.

In addition, the clubbers would often intervene when they observed a situation where there was a possibility for harm or where harm had already occurred. For example:

A clubber on the dance floor is grinding her teeth excessively. The girl dancing beside her taps her on the shoulder. She offers her a piece of gum. She tells the girl that her mouth is going a bit crazy. The girl takes a piece of the gum and thanks her. [Fieldnote, December 20, 2013].

On a separate occasion, a stranger offered water to a man who was passed out on a couch:

A man who is clearly intoxicated is falling asleep on a couch near the washroom. A girl standing nearby taps the man on his shoulder. She asks if he is okay. She points to his bottle of water, suggesting that he take some. The man sips some of his water. Another man emerges from the bathroom. It appears he is friend’s with this intoxicated man. He thanks the girl and sits down beside his friend. The girl walks off into the bathroom. [Fieldnote, January 11, 2014].

P15 explains a similar situation:

I saw someone keeled over at one of the booths at this club… So we saw him and went over. And so me and my friends were just talking to him, like “are you okay…?” And like… his head was down in his laps. He was like “yeah…I just need to wait it out.” [laughs] And I was like “okay”. So we kind of just watched for a little bit, and then he sort of seemed to like come to… and he sat up… and then, like, his friends came and everything was fine. But yeah, that was sort of scary. [P15].
Evidently, the clubbers do not hesitate to intervene and to help strangers avoid harm. I asked some of my participants what they would do if they saw someone overdose, to which they all agreed that they would intervene or contact the appropriate medical services for help. P4 knows the proper procedure for dealing with someone who overdoses at a club. She explains, “I would stand over the person and crisscross my arms over my head. This indicates to the security that help is needed. It also tells clubbers around me to clear the space for this person.” [P4].

In this sense, the friendliness and kindness of the culture was positive for reducing drug-related harm. The clubbers were generally comfortable sharing friendly advice with others and intervening in situations where harm had already occurred. More so, this sense of community in the dance club scene functioned as a device for minimizing violence among the clubbers. Evidently, the PLUR ethos that underlies the culture is positive in terms of harm reduction.

Normal versus Abnormal Drug Use

The participants distinguish between recreational drug use and problematic drug use. In other words, the participants are not accepting of all forms of drug use. In particular, they consider heroin, meth, and crack cocaine to be dangerous, and therefore, they abstain from ever using these substances. P7 explains, “I would never do ‘hard’ drugs like crack or meth or heroin. I mean, I’ve done a lot of things but I wouldn’t do that… I wouldn’t even know where to get that…” [P7]. Similarly, P1 explains, “I mean, for my group of friends, anything with a needle is in the ‘do not ever touch’ category.” [P1]. Their disapproval of such use is further illustrated by their reaction to the man
dipping his cigarette into his bag of coke. To reiterate, the participants compared this practice to smoking crack, and they described it as “disgusting” and “gross.” Evidently, the clubbers do not approve of the use of crack cocaine.

A further example is the participants’ attitudes towards after-hours clubs. For most of the participants, after-hours clubs are considered “sketchy” and dangerous. The following excerpt illustrates why the participants held negative attitudes towards after-hours clubs:

We go to the basement to use the washroom. I see an area in the basement to dance and to get drinks. I ask the participants if we should go in. They tell me that it is an after-hours club. They agree to take me in to check it out… As we walk to the bar, the participants are laughing. It is clear that this is not a “normal” club environment to them. I ask them if they ever go to after-hours clubs. P1 tells me that they don’t enjoy them because they are “sketchy.” P3 agrees. They tell me that really “hard” drugs are used at these clubs. P2 tells me that ketamine and meth are the most popular drugs in that scene. They all agree that after-hours clubs are “sketchy.” [Fieldnotes, January 25, 2014].

The participants clearly differentiate between the dance club scene and the after-hours scene. They associate after-hours clubs with “hard” drug use, especially the use of methamphetamine. This is the reason that they view the after-hours scene as “sketchy.”

The participants also view the overuse of all drugs as problematic. The story about the girl who consumed five pills of MDMA at once is a clear example of their disapproval of those who do not limit their drug use. To reiterate, the participants called this girl a “fucking idiot” for consuming such an excessive amount of MDMA in one sitting. The participants also condemn the “younger” generation of clubbers for misusing drugs.

The girls beside us on the dance floor are clearly intoxicated. They are falling over and bumping into us. P13 asks me to go outside with him so he can have a smoke… He lights his cigarette. He tells me that he hates young girls like that. “They don’t know what they are doing, but they just do it.” He is complaining
that the girls don’t know how to handle their drugs. He tells me that at every club, there are always young girls who are falling down and throwing up. He says that these types of girls were never part of the EDM scene before. [Fieldnote, January 11, 2014].

The participant saw such use as excessive and irresponsible. The participant juxtaposes this with his own drug use, which he believes is controlled and responsible. In this regard, even the use of socially approved drugs like MDMA, marijuana, and cocaine is considered inappropriate and problematic when used in excess.

Overall, the participants do not accept all drugs and all types of use as normal. In fact, they only accept recreational use of “soft” drugs like marijuana, MDMA, and cocaine. On the other hand, they view dependent and excessive drug use and the use of “hard” drugs like heroin, meth, and crack cocaine as dangerous and unacceptable. To reiterate, the participants prefer to use drugs in moderation, and they disapprove of those that “overuse” drugs. Clearly, the participants differentiate between “normal” and “abnormal” drug use. This dichotomy is consistent with the normalization thesis, which also distinguishes between normal and problematic drug use (Parker et al. 1998; 2002). Essentially, their view of their own drug use is in line with what Parker (1998; 2002) and his colleagues propose to be “normal”: they consider their use to be soft, recreational and sensible. The users accept that hard, daily, dependent, and chaotic drug use is not “normal.” As such, they refrain from such use. The internalization of cultural values against hedonism and a lack of self-control may have functioned to minimize the risks associated with club drug use (Hathaway et al. 2011). To put it simply, the participants regulate their own drug use based on their fear of being perceived as, and/or becoming, “problematic” drug users.
Knowledge of Drugs

The participants in this study are well-informed about the drugs they are consuming. Researching on the Internet and the sharing of information are the two most common ways in which clubbers become informed about club drugs (Akram and Galt 1999; Allott and Redman 2006). This is consistent with the findings of the present study, since the participants both research the drugs online and share their findings with one another. Their research most commonly centers on effects of drugs, health risks of drugs, and techniques for minimizing the harms caused by drugs. Many of the participants explained that they researched club drugs extensively before ever consuming them. P3 recounts, “I was so scared my first time. I researched the side-effects because I wanted to put my fear to rest.” [P3]. In this regard, the participants sought out information about the drugs before deciding whether or not to consume them. Many of the participants agreed that they researched the drugs beforehand. Such information allows the participants to make a rational and informed decision about whether or not to use club drugs.

For many of the participants, their research about club drugs is ongoing. In particular, the participants commonly research about pre- and post-loading regimes. The terms preloading and postloading refer to the consumption of substances before (pre) or after (post) taking club drugs in order to enhance the experience of the drug’s effects and/or to minimize the unpleasantness of the “coming down” stage (Allott and Redman 2006). 5HTP is an example of such a substance. It is a pill that increases serotonin in the brain (Allott and Redman 2006; Moore and Miles 2004). It is commonly used for treating diseases where a lack of serotonin is associated, such as depression and insomnia. Many of the participants are aware of this substance and its relevance to MDMA use:
The participants are complaining about the “come down” period for MDMA. P3 is complaining that the next day she feels like “shit”. She says that it is like the worst hangover ever. P1 and P7 agree. P14 tells them that they need to take 5HTP. He says he does it all the time and he never wakes up feeling like shit. P3 asks what 5HTP is. P1 says that she has told her about it before. “It is a supplement that increases your serotonin.” P3 sort of remembers hearing about it. P4 says that she couldn’t find it anywhere. She says she read some mixed things about it online and so she figured it wasn’t worth the hassle to try and find it. [Fieldnote, February 22, 2014].

Clearly, most of the participants knew about 5HTP. Some had reported reading about it online whereas others had heard about it through word of mouth. Nonetheless, the participants had knowledge about this pre/post-loading substance.

The participants often share their information about pre/post-loading regimes with one another. The following excerpt illustrates this:

P4 says that her friend sent her a link to an article about “Rave” pills. She explains that these pills are supposed to be a substitute for MDMA and that they are legal. She says that the pills are natural and are less harmful than M. The participants are intrigued. P7 looks it up on his phone. He reads from the webpage out loud. Everyone is listening. [Fieldnote, February 22, 2014].

In this regard, the participants are sources of information for one another. While some of the participants learned about harm reduction techniques through reading about them, others learned about them through the passing of information among the club drug users.

It is important to note that despite the fact that the participants had knowledge of these pre/post-loading regimes, very few incorporated them into their drug-taking routines. This may be because many of the participants were hesitant about the effectiveness of these regimes. P4 explains,

There is a lot of misinformation out there. I think more research needs to be conducted on these substances… like, I don’t really know what is myth and what is fact. Like, 5HTP… the stuff on the Internet about it is mixed. Some say it’s good. Some say it’s just a myth… So, I don’t know… [P4].
In this regard, the participants do not believe that there is enough information available on the effectiveness of these substances to convince them that they need to be incorporated into their drug-taking routines. This finding is consistent with a study conducted by Akram and Galt (1999), which showed that despite the desire of club drug users to manage harm, there was often inadequate knowledge about how to do so. This is relevant to my own findings, as the participants were often skeptical of the information they obtained online. This is because the participants often obtain information from blogs and forums, and therefore, it is difficult for them to ascertain that the information is factual and accurate. Essentially, there is a need for more official research and literature on club drugs to be available to the public.

Overall, the clubbers are informed about the drugs that they are consuming. They actively research the drugs, and are constantly seeking methods for minimizing the adverse effects of their drug use. More so, the participants frequently share their findings with one another. While the participants have knowledge of club drugs, many believe that further information is needed in order to better manage the risks associated with their drug use.

2.4 Chapter Summary

The findings of this study challenge the stereotypical image of the irresponsible and out-of-control club drug user (see Aleksander 2013; Bowers 2011; Brunk 2013; Butterfield 2001; Hernandez 2001; Merz 2014). In fact, the participants in this study acknowledged that there are many risks associated with club drug use, and so they
actively sought to manage these risks. In particular, the participants adopted a range of strategies for reducing the potential for negative outcomes of club drug use, including:

- Buying from a trusted and regular dealer
- Buying in bulk
- Administering drugs orally or nasally, never intravenously
- Limiting the intensity and frequency of drug use
- Limiting alcohol consumption when using club drugs
- Chewing candy or gum to control teeth grinding
- Drinking water whenever thirsty – not excessively
- Taking frequent breaks from dancing to “chill out”
- Being kind and friendly. Looking out for other clubbers. Offering advice and help when needed.
- Distinguishing between normal and abnormal drug use. Keeping own drug use in line with what is considered “normal” (recreational, sensible, and controlled)
- Researching drugs online or elsewhere.
- Sharing drug information with one another
- Taking pre-loading substances to prevent adverse health outcomes. Taking post-loading substances to deal with hangovers.

Evidently, the participants employ a range of techniques to manage harm. While some of the participants’ practices are harm-reducing, some of their practices appear to be harm-enhancing. In particular, the participants induce the probability of drug-related harm in the following ways:

- Driving while under the influence of club drugs and/or alcohol
- Combining multiple club drugs in the same night
- Combining club drugs with alcohol

Clearly, there is a need for harm reduction initiatives to tackle the area of transportation and polysubstance use. Nonetheless, the ways in which the participants are harm-enhancing are far exceeded by the ways in which the participants are harm-reducing. This leads me to believe that club drugs are not consumed blindly, but rather many users recognize the risks and manage them. This finding is consistent with the existing literature on harm reduction and club drug use (Akram and Galt 1999; Allott and Redman
2006; Hansen et al. 2001; Panagopoulos and Ricciardelli 2005; Shewan 2000;), which suggests that club drug users exercise a reasonable degree of control over their use by adopting a range of risk reduction strategies. Ultimately, the results of the present study provide further evidence that club drug use can be controlled and responsible. This suggests that it is possible for club drug use to be regulated informally through harm reduction. The practical and theoretical relevance of these findings are further discussed in the final chapter.
5.1 Chapter Overview

Whereas clubbers often seek to minimize drug-related harm, the nightclub venues in Toronto need much improvement to help facilitate these harm reduction messages and techniques. That is, many of the nightclub venues are not equipped for managing the risks associated with club drug use. In some ways, it appears as though the nightclub settings actually enhance the likelihood of club drug harm. For example, overcrowding and non-availability of fluids at nightclubs have been linked to harmful outcomes of club drugs (Shewan et al. 2000). As such, this chapter discusses the ways in which Toronto nightclub venues promote safe drug use and the ways in which, whether intentional or not, they promote reckless and harmful use. These findings are analyzed thematically, taking into consideration the relevant literature on harm reduction and club drug use. The practical and theoretical relevance of these findings are discussed in the subsequent chapter.

5.2 Environmental Factors

It is important to understand the setting in which club drug use occurs. This is because the risks that are posed by these substances are often related to the nightclub setting where they are commonly consumed (Bellis et al. 2002; Calafet et al. 2008; Shewan et al. 2000). For the most part, harm minimization has focused on the direct effects of club drug use, and has given little consideration to the influence of the nightlife environment (Bellis et al. 2002). In recognizing the relationship between the effects of
club drugs and the environment in which they are consumed, I am taking a healthy settings approach to the study of club drug use. Such an approach allows for “environmental issues and substance use to be tackled together” (ibid). As such, this chapter explores how nightclub venues facilitate and/or discourage harmful drug use. The findings suggest that nightclubs do not minimize the potential for drug-related harm. In fact, the nightclubs attended in this study were in many ways conducive of unsafe and irresponsible drug use. Despite the fact that many of the clubbers sought to employ techniques for minimizing drug-related harm, the nightclub setting often restricted them from doing so.

In-house Dealers

Bouncers play a key role in dance club drug economies (see Hobbs et al. 2000; Sanders 2005). They have the power to refuse someone entrance to a club and to remove someone from the club who has already been admitted. In this sense, they have immense control over the dance club drug economy. They are able to take away a clubber’s drugs at the entrance, or to turn a “blind eye” to them. More so, they can remove someone from the club if they are caught using or selling illicit drugs, or they can choose to ignore the situation all together. Evidently, the bouncers have a lot of power over the use and supply of club drugs in the nightclub setting. As such, many bouncers choose to capitalize on this opportunity (Hobbs et al. 2000; Sanders 2005). Bill Sanders’ (2005), for example, researches drug supply in a large London nightclub, focusing on bouncer culture. He finds that bouncers are involved in the selling of drugs at nightclubs, and he suggests that this creates somewhat of a “protected drug economy.” Essentially, the dealers pay a
portion of their profits to the bouncers, and they are then able to sell their substances freely at the nightclub without threat of arrest or confiscation (ibid).

The participants in this study are aware that the large nightclubs in Toronto have designated dealers who work for the bouncers and/or staff of the clubs. They are referred to by my participants as “in-house dealers.” These dealers pay a portion of their profits to the bouncers or staff of a nightclub in order to sell their drugs freely at their venue. My participants easily identified these dealers:

A man approaches P13 and I near the washroom. He is an older Asian man and he is wearing a black backpack. He asks us if we are looking for any “party favors.” P13 tells him that we are good. The man walks off. P13 asks me if I remember when he told me about “in-house dealers”. I say “yes.” He says, “that man is an in-house dealer.” I ask him how he knows. He tells me that he sees him at this club every night and he is always carrying a backpack and asking people if they want drugs. He asks “how else could this man get into the club every night with a backpack full of drugs?” P13 tells me that this man knows the bouncers. He doesn’t wait in line and he doesn’t get searched. He goes right into the club. P13 is certain that he is an “in-house dealer.” [Fieldnote, February 1, 2014].

The participant knows that this man is an “in-house dealer” because of his relationship with the bouncers and because of his ability to bring in a backpack full of drugs every night without it ever being confiscated. When I asked the participants how they know about “in-house dealers”, P2 explained that “it is just fact. Everyone in the dance club scene knows that there are designated dealers.” [P2]. In the following excerpt, P15 explains how she knows about the involvement of bouncers in the selling of drugs at Toronto nightclubs:

P15: The club gets part of their profit. So they are allowed to sell their drugs in there and they don’t get caught. They are all over the place… and you can tell who they are because they still wear like their big winter coats… I don’t go often enough to know who they are personally, but you can easily pick them out of the crowd. They are usually the ones who have the upstairs booths and stuff. And we are usually upstairs because it’s usually less crowded. And yeah… they are the
ones with big winter coats. And there’s usually just a group of dudes. And people come up to their booth and they’ll talk a little bit and then they’ll leave.

I: And so how do you know about in-house dealers? Did someone tell you?

P15: Oh, we know some of the bouncers… So they’ll be like “he’s fine… we already know what he’s bringing in”. [laughs] So yeah… we see it happen in front of us.

Similarly, P16 explains how easy it is to identify these dealers at the club:

Well, they stick out like a sore thumb. Like… they are the old Asian men at the club. Like, it’s very easy to pick them out… There was this one old Asian guy at the club and I watched him pull out a handful of pills from his pocket… like out in the open… that’s another pretty clear indicator. When they are not worried about being caught by bouncers, they are clearly working there…. So yeah, my friend is just like “he must be an in-house dealer.” She was like “look at him, he’s hanging out in the VIP, dealing drugs out in the open and no one really bats an eye at it” [P16].

Evidently, it is well known among the participants that many dealers at nightclubs have agreements with the bouncers and/or the club staff. In addition, one of the primary dealers for some of the participants is a bouncer at a small lounge downtown Toronto. To reiterate, this bouncer personally deals the drugs to the participants in this study and to the attendees at his lounge.

“In-house dealers” may promote drug-related harm in one of two ways. First, the clubbers are often forced to surrender their own drugs before entering the nightclub, thus, forcing them to buy their drugs from “in-house dealers”:

We are standing in line. There is a box at the front entrance of the club. The security guards are frisking participants before entering the club. They are throwing items into the box that the clubbers are not allowed to bring into the nightclub. P1 complains about how hypocritical it is. She talks about how they take away their drugs because the bouncers know that they will hunt down their dealer inside to get more. “Otherwise, why would they even let you into the club if you get caught with drugs? It’s money in their pocket…that’s why.” She says that they are monopolizing it so you have to buy from their people. [Fieldnote, January 11, 2014].
In this regard, the bouncers are confiscating drugs from the clubbers at the entrance, but are still admitting them into the club. The problem is that these drugs that are being confiscated are likely from the clubbers’ own personal dealer whom they trust to give them clean substances (see Allott and Redman 2006; Hansen et al. 2001; Shewan 2000). This is the case with my participants, who brought into the clubs the drugs they purchased from their “trusted” dealers. In taking these drugs from the clubbers, they are being forced, then, to buy from an “unknown” source. P2 recounts his experience buying cocaine at the club, “it was like 40 bucks a shot. And when I got it, it was terrible. It was definitely cut. It wasn’t good stuff.” [P2]. Ultimately, the club dealer does not have a relationship with the clubber, and therefore does not have any obligation to ensure the safety and quality of the drug that he is selling.

Secondly, the presence of “in-house dealers” means that illicit substances are easily available and accessible to clubbers at the nightclub. This may promote overuse, as the clubbers who are already high can continue to purchase drugs easily at the club. This is similar to the presence of an ATM machine at a casino. Whereas it is accepted that gambling takes places at a casino, an ATM may facilitate, or even encourage, excessive gambling. The same may be true for “in-house dealers” at nightclubs.

In sum, the bouncers and club staff at the Toronto nightclubs I attended were often involved in the dance club drug economy. This finding is consistent with the existing literature, which has shown that many nightclub bouncers, owners, and staff members are involved in the selling of drugs at their venues (Hobbs et al. 2000; Sanders 2005). These employees, especially bouncers, have the power to control and monitor access to illicit drugs within their venues. As such, many exploit their power to capitalize
on the demand for illicit substances among dance clubbers (Hobbs et al. 2000; Sanders 2005). Their involvement in the selling of club drugs may promote drug-related harm in several ways. I have discussed two of such ways. First, the bouncers and/or staff have a stake in the nightclub drug economy, and therefore they utilize their power to remove any drugs or “outside” dealers from the venue. This forces clubbers to buy from “unknown” sources. More so, the bouncers and/or staff are making illicit substances very easy to obtain at nightclubs. This may facilitate or encourage excessive use of these substances. Evidently, there is a need for harm reduction initiatives and policies to target this aspect of the nightlife scene in Toronto.

Providing spaces to “chill out”

As has been previously mentioned, the club drug users in this study take frequent breaks from dancing to “chill out.” Such breaks are crucial for avoiding dehydration and hyperthermia (see Akram and Galt 1999; Allott and Redman 2006; Bellis et al. 2002; Hansen et al. 2001). While the participants sought to take regular breaks to relax, there were not always appropriate spaces at the nightclubs to do so:

The participants want to take a break. After filling up their water bottles in the washroom, we walk upstairs. There is a large area that overlooks the dance floor downstairs. There are couches and chairs to relax. We sit down in the corner. We occupy two of the couches. P4 is so grateful that we have somewhere to sit and to relax. She tells me that at large events these booths are often VIP only. She says that on those nights there is nowhere to sit and relax because all of the booths are rented out. She says that on these nights you’ll see clubbers sitting on the floors because there is nowhere else to “chill”. [Fieldnote, February 1, 2014].

The participant reveals that there are not always spaces available for clubbers to “chill out.” In such cases, P4 admits to taking her breaks on the patio:
On these nights I usually go to the patio. So, in the winter…I’m outside and I’m freezing. And obviously that isn’t good for my condition. [P4].

In this regard, participants are forced to go outside to escape the crowded dance floor and to relax. This poses many health risks for club drug users. In the winter, clubbers who are under the influence of drugs and alcohol are forced to go outside in the freezing cold weather to “chill out”. The drugs and alcohol may cloud a clubber’s awareness of his or her body temperature, which poses obvious concerns for their health and wellbeing. More so, clubbers may be less inclined to “chill out” because there is not an adequate space to do so, and because they refuse to go outside into the cold. In the summer, the temperature outside the club may be equally as high as the temperature inside the club. On some nights, the temperature outside might be hotter than the temperature inside the venue. This means that the patio is not only insufficient for cooling off, but in some cases, it may actually enhance a clubber’s temperature, thereby inducing the risk of hyperthermia.

Some nightclubs have no “chill out” spaces at all. For example, the VIP booths at one of the clubs I regularly attended were consistently rented out. More so, these booths are located in the middle of the dance floor, and therefore are not really ideal for escaping the club chaos and taking a break to relax. There is a bench at the back of the club outside of the washrooms. This is the ideal place for my participants to “chill out”, however, it is often crowded with other clubbers who are taking breaks from dancing or who are waiting for their friends to use the washroom. Clearly, this “chill out” space is not sufficient enough to accommodate for the large number of clubbers at this nightclub.

Only one of the nightclubs was equipped with an adequate space for “chilling out.” This large nightclub provided an entire floor for clubbers to relax and to recuperate:
We walk downstairs to use the washroom. There are very few people in the basement. This space is large and open. There is a large bar with stools to sit at. There is a large couch to the right. This couch circles the entire wall. It looks like it can hold around a hundred people. There are two groups of clubbers sitting at opposite ends of the couch, drinking water and “chilling out.” There is a pool table in the center of the basement. The music from upstairs can be heard. There is no separate music or DJ on this floor. [Fieldwork, February 15, 2014].

Clearly, this nightclub provides an appropriate space for “chilling out.” The club is quite large and therefore the space is also large so that it can accommodate for all of the attendees.

Overall, few clubs provide adequate “chill out” spaces. With the exception of one, the spaces at the nightclubs for relaxing and recuperating were not accommodating of the large number of club attendees. Evidently, the absence of adequate spaces to “chill out” poses many concerns for the health and wellbeing of club drug users – and dance clubbers, more generally– in Toronto (see Akram and Galt 1999; Baggott 2002; Bellis et al. 2002; Freese et al. 2002). Despite the fact that the Toronto Dance Safe Community (TDSC) and many others have recommended the inclusion of “chill out” spaces in nightclubs (Grayson 2008), many Toronto nightclub owners have continued to neglect the urgency of such spaces. In this regard, there is a need for Toronto nightclubs to be regulated in order to ensure that cool and quieter areas are being provided for the club participants to recuperate and to manage the risks of hyperthermia and dehydration.

Availability of Fluids

Hydration is a norm in the dance club world. Clubbers emphasize to one another the importance of drinking water to avoid overheating and dehydration. In many ways,
nightclubs also promote hydration. The following passage is an example of water being promoted by the staff at a nightclub in Toronto:

   The opening DJ finishes his set. It is time for the feature DJ to come on. A woman comes on stage to announce the DJ. She welcomes him to Toronto. She finishes her announcement by reminding the attendees to stay hydrated. She says, “Please remember to drink lots of water. Please keep hydrated.” She brings the DJ on stage. Everyone cheers. [Fieldnote, December 27, 2014].

   The announcer is clearly promoting hydration. It is clear that this announcement is targeted towards the clubbers who are using club drugs. At another nightclub, Freezies are sold to clubbers after the bar closes:

   The shooter girls now have bags that are full of Freezies. They are walking around asking clubbers if they want to buy one. They appear to be very popular among the attendees. [Fieldnote, February 1, 2014].

   These Freezies are apparently sold every night at this club after the bar closes. Whether intentional or not, these Freezies facilitate hydration.

   Another example is the presence of water stations at large music festivals in Toronto. P3 explains,

   At Veld [music festival] they have water stations. They know people are on drugs and that they need to be hydrated. That’s why the water is free…but I’ve never seen anything like that at a club… usually only at festivals.” [P3].

   Such stations clearly encourage hydration to club drug users. These water stations are common at festivals but not at nightclub venues.

   Whereas drinking water is promoted at these nightclubs, it is not always affordable to do so. This creates somewhat of a contradiction. The problem is that most of the nightclub owners treat water as a commodity. They recognize that their clientele fear dehydration and they capitalize on this fear. As such, the promotion of water to clubbers is often meant for economical gain. For example, a standard bottle of water is
five dollars at these venues, which is excessively overpriced. What makes this even more outrageous is that the bartenders often refuse to refill the water bottles for clubbers:

I bump into P4 near the washroom. She tells me that she’s going to fill her water bottle in the washroom. She tells me that she offered the bartender a Toonie to refill it with cold water but the bartender refused to. She says she doesn’t like filling her bottle in the washroom because the tap water is always really hot. [Fieldnote, February 1, 2014].

The bartender refused two dollars for a service that should be free. According to P4, she has also been denied this service at other nightclubs and by other bartenders. This shows that the nightclub owners’ primary concern is not reducing harm, but rather is increasing revenue.

The refusal to refill water bottles at the bars leads to long line-ups at the washrooms. These line-ups are especially long at large dance club events. Perhaps most worrisome is the fact that many of the participants believe that the water in the washroom is purposely made hot so that it is not ideal for drinking. P4 explains,

The water in the bathroom is not good for drinking… it’s hot water… like, it’s good for washing your hands but not for drinking [laughs]… And I think they do it purposely, to be honest. So you have to buy from the bar. [P4].

Clearly, the participants believe that the nightclubs are making the water in the bathroom undrinkable so that clubbers are forced to purchase additional bottles of water from the bar.

Another tactic for increasing water sales is to remove the caps from the bottles so that clubbers cannot preserve their water. P16 shared his frustration about this tactic:

They don’t let you keep a cap… so like, you can’t put it in your book bag or anything like that. You have to hold on to it. They did that at some of the festivals… And yeah, basically… no one wants to hold – If you have a bottle without a cap, you can’t store it… It’s annoying to hold onto it. And so people get really sick of that and so, naturally, they just want to finish their water and throw the bottle away so that they don’t have to carry it around. And that forces them to
buy more… At some of the festivals they have water stations, but again, by removing the cap it’s no different than like having a glass of water at a concert… it’s just miserable to carry around. [P16].

The participant describes this as a tactic to make clubbers purchase additional bottles of water. This practice is worrisome as it is likely to decrease the frequency in which clubbers drink water, and to thereby increase the probability of overheating and dehydration.

Perhaps most frightening are the rumors that many of the participants had heard about water being cut-off at some dance club events. P1 explains,

I’ve never had an issue but I’ve heard from a few people of instances where they didn’t let clubbers fill up their water bottles or where they turned the women’s water off all together… That’s what people have told me. [P1].

P2 agrees,

I’ve heard that, now, they will sometimes shut off the water. Like they are not letting people fill up their bottles in the washroom…that’s messed up. [P2].

These claims resemble those made by patrons of Life Nightclub more than a decade earlier (Siddiqui 2000). The attendees of Life Nightclub were complaining that water was over four dollars a bottle and that the club deliberately prevented the clubbers from refilling their bottles in the washrooms. They complained that the water in the washroom was purposely made hot so that they had to buy water from the bar. Many admitted that the water would cool down later in the night, but by then a bouncer would be stationed in the washrooms to prevent people from filling their bottles (ibid). Despite the fact that the Toronto Dance Safe Committee (TDSC) recommended that water be made readily available and accessible to clubbers (Grayson 2008), Kim Sanford, the director of the TSDC, admits that they cannot enforce this recommendation (Siddiqui 2000). In sum, it is clear that accessibility of water was, and continues to be, an issue in Toronto nightlife.
As such, there is a need for investigation into the practices of nightclubs in order to ensure that clean and drinkable water is being made available and accessible at these venues.

Overall, hydration is promoted at Toronto nightclubs. In some situations, the promotion of hydration is meant to minimize drug-related harm, such as the water stations at VELD and other large outdoor festivals. In most situations, the promotion of hydration is meant to increase a nightclub’s revenue, such as the high price of water and the refusal to refill water bottles at the bar. In this sense, staying hydrated at nightclubs is not always easy, manageable or affordable for clubbers.

Responding to harm

The nightclubs are prepared to respond to overdoses and other drug-related health issues. While I did not observe anyone overdose during my time in the field, many of the participants recounted stories where they witnessed clubbers fainting or passing out on the dance floor. In general, the participants were impressed with the nightclub’s response to such situations. P4 explains, “the bouncers are usually pretty good. They will call an ambulance right away and they will clear the space for the clubber or they will carry them to the side if possible.” [P4]. In this regard, the security guards respond to overdoses and other drug-related harms in a prompt and efficient manner.

At some of the larger nightclubs where club drug use is known to be prevalent, there are paramedics on site for dealing with adverse situations. P3 makes reference to these paramedics when telling the story about the girl who did 5 Ms at once:
P13 asks what happened. P3 says she passed out and the security took her and pulled her into the first aid room. She says that the first aid people took care of her until the ambulance arrived. [Fieldnote, January 17, 2014].

This large nightclub has first aid responders on site to deal with overdoses and other health problems. This is also the case for another large nightclub in Toronto:

We walk up to the bar in the basement. P14 sees his friend at the bar. He introduces me. His friend is a promoter for this nightclub… I ask him what happens if someone overdoses at this club. He points to a hallway with three doors. He says that those rooms are for first aid responders. He tells me that the club has both paramedics and a firefighter on site.

Clearly, the nightclub is equipped for dealing with overdoses and other potential harms. This shows that Toronto nightclubs take precaution to ensure that they are prepared to adequately respond to adverse situations. To reiterate, some of the large nightclubs have paramedics and a first-aid room on site. At other nightclubs, the bouncers typically deal with such situations. According to my participants, these bouncers appear to be trained or to have experience in dealing with overdoses and other drug-related issues. Both the paramedics and the security are able to minimize the harm caused by an overdose or by other problems related to club drug use.

Although bouncers were present at the nightclubs, I did not observe any police officers during my fieldwork. This contradicts one of the recommendations that came from the Alan Ho inquiry (Grayson 2008), which suggested that police officers be hired to supplement security guards at large dance club events. My participants told me that police officers are often present at the large music festivals. Even though I did not go to any festivals during my fieldwork, none of the events I attended were small scale by any measure. The presence of police officers at these events could be beneficial for managing harm, especially violence and drug overdose. On the other hand, police officers represent
enforcement and therefore their presence might inhibit harm reduction. In the final chapter, I discuss how police officers might be integrated into the nightclub scene to help in managing harm.

**Promoting Alcohol Consumption**

The combination of club drugs and alcohol can be lethal (see Bellis et al. 2002; Busse and Riley 2003; Hernandez-Lopez et al. 2002; Mohamed et al. 2011). To reiterate, alcohol poses many risks when used in conjunction with club drugs, including: dehydration (Bellis et al. 2002), addiction (Busse and Riley 2003; Hernandez-Lopez et al. 2002; Mohamed et al. 2011), and toxicity (Busse and Riley 2003). Despite the fact that the nightclubs I attended catered to club drug users, the staff still aggressively pushed alcohol onto their attendees. That is, it is apparent that most of the clubbers at these events are under the influence of drugs. It is clear that the nightclub owners are aware of the prevalence of these drugs given the fact that they have paramedics on site, they have boxes at the door to hold the confiscated substances, and they employ “in-house dealers” to capitalize on the popularity of these drugs within this scene. Despite their awareness that most clubbers are under the influence of these drugs, the nightclubs continue to promote alcohol consumption to club attendees. The following excerpt best exemplifies the promotion of alcohol at such events:

P12 and I are waiting by the washroom for the other participants. A girl carrying a tray of shooters approaches us. She asks if we want a shot. She tells us that it’ll save us a trip to the bar. The shooters are three dollars each. We respectfully decline… [Fieldnote, February 1, 2014].

No more than five minutes later:
Another girl carrying a tray of shooters approaches me. She asks if I want a shot. I respectfully decline. She walks to the group of girls beside us and asks if they want shots. I look around and see more than ten girls walking around the club with trays of shooters. [Fieldnote, February 1, 2014].

Later on the dance floor:

A shooter girl approaches me for the forth or fifth time tonight. She asks me if I want to take a shot. I tell her that I am driving, and that I am not interested in drinking. She walks away. She asks another group of clubbers on the dance floor if they want shots. They decline. [Fieldnote, February 1, 2014].

Clearly, alcohol is being pushed onto the attendees of this nightclub. Throughout the night I had to repeatedly decline shooters. In this respect, alcohol consumption is being encouraged at a nightclub where club drug use is widespread. Essentially, the nightclub is encouraging the combining of club drugs with alcohol. The following provides a further example of alcohol promotion:

I order a beer from the bar. The bartender brings me the beer and asks me if I would like to funnel it. I ask her what she means. She tells me that she will stand on the bar with a beer funnel and I can chug it. I jokingly reply, “maybe later.” I pay for the beer and go to the dance floor with my participants. [Fieldnote, January 11, 2014].

Later that night:

The bartender is standing on the bar with a funnel in her hand. There is a man holding the end of the hose to his mouth. There is a crowd gathering around the bar to watch. The woman pours the beer and the man chugs. Everyone cheers [Fieldnote, January 11, 2014].

This spectacle draws the attention of many. It essentially glorifies alcohol consumption.

The beer funnel, whether intentional or not, promotes alcohol to the club attendees. P15 provides another example of alcohol promotion:

Actually, sometimes because we are usually the first ones there and we are female… um, when we walk in they give us free drink tickets. And so when we walk in, we will get a drink right away. [P15].
The participant indicates that females are sometimes provided free alcoholic beverages at nightclubs. This may encourage clubbers, who would have otherwise abstained from consuming alcohol, to drink.

Overall, it is clear that these nightclubs are attempting to increase their nightly revenue through promoting alcohol to attendees. P1 explains, “the bar doesn’t make a lot of money at these events. People usually only want to drink water when they are using these drugs.” [P1]. Evidently, alcohol sales are low at nightclubs where club drug use is widespread. In order to increase alcohol consumption, these nightclubs shamelessly promote alcohol through gimmicks like beer funnels, shooter girls, and free drink comps. By focusing on increasing sales, the nightclub owners neglect to consider the potential harm in encouraging clubbers to mix alcohol and club drugs.

Overcrowding

Overcrowding was an issue for many of the nightclubs I attended. Often, the clubs were so packed that it was difficult to move from the dance floor to the bar or to the washroom. These venues usually became busy around midnight, at which point the crowd on the dance floor extended into other parts of the club. The following excerpt illustrates the magnitude of the crowdedness at one of the nightclubs I attended:

I give my ticket to the woman behind the counter and I walk into the club. The club is massive. We are supposed to find P1 and P7. They text P5 to tell him that they are on the dance floor. The problem is that the dance floor is not clearly defined. That is, the crowd of dancing clubbers extends from one end of the club to the other. P5 texts back to ask them where they are exactly. They tell him near the DJ. Unfortunately, the DJ is at the other end of the room. We push through the crowd. As we get to the center of the crowd, I find it difficult to move through the clubbers. I am shoved and pushed by those that are dancing... It takes us more than ten minutes to arrive at the other end of the room. We finally locate P1 and P7. It is very difficult to dance, or to even stand, in this crowd. People are pushing
and shoving. There is literally no room to even lift my arm up or to turn around to face the DJ. [Fieldnote, February 15, 2014].

The club is so crowded that it is difficult to move. The crowd, paired with the dark lighting, made it difficult for me to see more than a foot in front of myself. Many times at this nightclub I found myself disoriented; I would journey through the crowd only to find out that I was at the opposite end of the club than I had intended to be. What is particularly worrisome is that the washrooms are located in the basement. Given that I found it difficult to get to the washrooms, one can only imagine how difficult it must be for those that are intoxicated or “high.” Clearly, overcrowding is an issue at this nightclub.

At a separate venue, the participants and I struggled to stay together on the dance floor:

P7, 10, P13 and I are at the front of the dance floor. The headliner is coming on soon. We are being pushed up against the stage. My participants continue to dance. A group of girls pushes forward to get to the stage, surrounding P10. P10 is sucked into the crowd. She is now in the middle of a group of girls. She appears to be too high to try and push through the crowd to rejoin us. She continues to dance on her lonesome. [Fieldnote, January 11, 2014].

Again, the crowd made it difficult to move and to stay together. We were constantly pushed and shoved up against the stage by the crowd. This crowd was unbearable at times.

Evidently, overcrowding poses many concerns, especially for those under the influence of alcohol and/or club drugs. For instance, heat is an issue when clubs become overcrowded (Bellis et al. 2002; Bowcott 2001). P2 explains why he hates large crowds at nightclubs:
They pack you in like sardines… Like, it’s all about money… But… it’s hot in there man. And you can’t fucking move… and everyone is bumping into each other and shit… sometimes it… it just becomes too much, you know? [P2].

Here, the clubber complains about the temperature of overcrowded dance clubs. In this sense, overcrowding enhances the risk of dehydration and hyperthermia (see Akram and Galt 1999; Allott and Redman 2006; Bellis et al. 2002; Hansen et al. 2001). Whereas clubbers can drink water to manage these risks, getting to and from the bar or washroom is often a challenge at crowded nightclubs. This may influence clubbers to make fewer trips to the bar or to the washroom, and to thereby drink less water. More so, there are usually long lineups to use the washrooms. This is especially an issue for the women’s washrooms:

We are at the bar. P1 leaves to go and refill her bottle in the washroom. She returns almost immediately. I ask her if she filled it up. She complains that the lineup is way too long. She says she will wait for the line to die down. [Fieldnote, February 15, 2014].

The participant says that the lineup is too long and that she will try again later. She is setting aside her need for more water because she does not want to wait in a lineup to refill her bottle.

Overall, overcrowding is an issue at Toronto nightclubs. These crowds may enhance the potential for drug-related harm. Specifically, overcrowding enhances the probability of club drug users overheating or becoming dehydrated (see Akram and Galt 1999; Allott and Redman 2006; Bellis et al. 2002; Hansen et al. 2001). This is because the crowds produce heat, and they make it difficult to move from the dance floor to the bars and to the washrooms. This means that club drug users cannot easily escape the crowds to “come down” and to “chill out.” This also means that water is not always
readily accessible. In these instances, overcrowding intensifies the probability of overheating and dehydration.

5.3 Chapter Summary

The findings of this study indicate that drug-related harm is not merely influenced by the user himself, but also by the setting in which such use takes place. This concurs with the healthy settings approach to harm minimization, since it shows that there is a relationship between the health effects of drug use and the environment in which said use occurs (Bellis et al. 2002). In the present study, the dance club venues where the participants commonly consumed club drugs were not conducive of safe and responsible drug use. In fact, these nightclubs actually induced the potential for drug-related harm in many ways, including:

- Taking away drugs from clubbers at the entrance, thereby forcing them to buy from unknown sources
- Making drugs readily available in the nightclubs via “in-house dealers”
- Providing inadequate spaces to “chill out” and recuperate, thereby forcing clubbers to go outside or to avoid taking breaks from dancing all together
- Excessively pricing bottled water
- Refusing to refill water bottles for clubbers at the bar
- Making water in the washrooms warm and undrinkable
- Promoting alcohol to club attendees (most of which are club drug users)
- Overcrowding clubs, thereby producing heat, making water less accessible (can’t get to washrooms or bar easily), and causing long line-ups for the washroom

Clearly, there are many environmental factors that increase the risk of adverse outcomes of club drug use. On the other hand, there are some factors that reduce the potential for club drug harm, including:

- Promoting water to club drug users
- Having first-aid responders and fire marshals on site to respond to harm
- Having a first-aid room to treat ill clubbers
- Training security guards to deal with harmful situations related to club drug use
With the exception of water promotion, all of these harm-reducing factors are reactive. That is, the nightclubs are prepared to react to harmful situations, but they do little to prevent them from occurring in the first place. This means that the nightclubs are reactive but not preventative in managing club drug harm. Moreover, these environmental factors that reduce harm are far outweighed by those factors that induce harm. In this sense, the findings of this study demonstrate the need to amend current policies and practices of Toronto nightclub venues so that they better align with the principles of harm reduction. The relevance of these findings is further discussed in the subsequent chapter.
CHAPTER 6: DISCUSSION AND CONCLUSION

6.1 General Conclusions

Despite the fact that the dance club scene in Toronto is continuing to flourish (Consiglio 2013; Rayner 2012), there are few sociological studies that have examined the use of club drugs within Toronto nightlife (see Green 2006; Purcell and Graham 2005; Weber 1999; Wilson 2002). As such, the present study focused on club drug use in the Toronto dance club scene. In particular, the present study explored the cultural and situational context in which club drugs are consumed. The research considered how the practices, rituals, and sanctions that regulate club drug using behaviors are influenced by the context in which such use occurs. The purpose of the study was to show that club drug use has the potential to be sensible and controlled, and to therefore show that it can be regulated informally through harm reduction.

The study was framed within the normalization literature (see Parker et al. 1998; Parker et al. 2002). That is, the topic was approached from the perspective that club drug use is normalized within the dance club scene. Given this normalizing trend (Kelly 2006; Parker et al. 1998; Parker et al. 2002; Perrone 2006; Ravn 2012; Sanders 2006), the research sought to explore how a harm reduction model might take form in Toronto. The research had two objectives: first, to explore how the practices of club drug users minimize or exacerbate the potential for club drug harm, and second, to explore how the factors related to the nightclub setting minimize or exacerbate the potential for club drug harm. Whereas the existing literature is mostly concerned with how club drug users manage harm (see Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001;
Perrone 2006; Shewan 2000), this study included a second objective in order to understand the relationship between these harms and the nightclub environment. This is consistent with a healthy settings approach to club drug use, as it gives consideration to the relationship between environmental issues and substance use (Bellis et al. 2002; World Health Organization, Jakarta Declaration 1997; World Health Organization, Sundsvall Statement 1991).

The findings of the study suggest that there is a responsible side to club drug users. The participants were aware of the risks associated with their use, and they actively employed techniques to minimize harm. During my fieldwork, I observed many of these techniques being applied by dance clubbers outside of my sample, thus, suggesting that harm reduction is a concern not simply for the participants in my study but for club drug users in general. Clearly, these findings demystify the negative stereotypes and myths that portray club drug use as irresponsible, destructive and problematic (see Aleksander 2013; Bowers 2011; Brunk 2013; Butterfield 2001; Hernandez 2001; Merz 2014). On the other hand, the findings of the study suggest that the nightclub setting does little to help minimize club drug harm. Rather, many factors related to the nightclub setting were found to exacerbate the potential for harmful outcomes of club drug use. In some instances, the nightclub setting prohibited the participants from employing risk reduction strategies. Evidently, an effective harm reduction model must take into consideration both how club drugs are consumed as well as where club drugs are consumed.
6.2 Theoretical relevance

**Normalization and Harm Reduction**

As discussed in Chapter 2, harm reduction and the normalization thesis tend to go hand-in-hand. This is because at the core of harm reduction is the acceptance of drugs as unavoidable and widespread (see Caulkins et al. 2010; Erickson and Hathaway 2010; Hathaway 2003; Parker et al. 1998; Sanders 2006). In this sense, drugs are treated as an inescapable fact by both the harm reduction approach and the normalization thesis. Because harm reduction focuses on the public health dimension, it is a suitable solution for dealing with forms of drug use that are normalized or are undergoing processes of normalization (Erickson and Hathaway 2010; Parker et al. 1998). In other words, harm reduction focuses on managing health risks and therefore is an alternative to enforcement and prevention. It recognizes that drug use is a “normal” lifestyle choice that is going to persist regardless of our efforts, and so it focuses on managing the risks that such use poses rather than trying to prevent it all together. As such, it makes sense that we shift from an enforcement model to a harm reduction model if we are to accept the normalization thesis.

The question, then, is whether or not club drugs can be discussed in terms of normalization. There is much support in the literature for the normalization of club drugs within the dance club setting, however, it is debatable whether these drugs are normalized outside of the dance club scene (see Kelly 2006; Parker et al. 1998; Parker et al. 2002; Perrone 2006; Ravn 2012; Sanders 2005). In the present study, club drugs were clearly normalized amongst the dance club participants: club drugs were easily available and accessible both inside and outside the nightclubs, club drug use was widespread, and the
attitudes of non-drug-users towards those that used drugs were tolerant and accommodating. More so, the clubbers could not be considered “deviant” aside from their illicit drug use. In fact, many of the clubbers were Caucasian, upper-class, and highly educated. If these conventional and otherwise ordinary youth are using drugs, then how can we talk about it as an abnormal or marginal issue? Overall, it appeared as though the normative status of club drug use within the Toronto dance club scene was consistent with that which has been reported in other club drug studies (see Kelly 2006; Perrone 2006; Ravn 2012; Sanders 2005).

In the present study, the normalized status of club drugs in the nightclub scene appeared to be positive for harm reduction. This is because the participants were able to freely discuss their drug use with one another and to share information regarding their techniques for minimizing harms. That is, the normative status of club drugs in the nightclub scene meant that drug use could be discussed with little threat of arrest, sanction, or stigmatization. This allowed for club drug users to focus more on reducing harm and less on concealing their use. The participants also had plenty of options with respect to choosing a drug source. This allowed them to find a consistent and trustworthy low-level dealer, as opposed to buying from a random “street” dealer.

One may argue that such harm reduction is possible even when drugs are not normalized. Users of crack cocaine and heroin, for example, also employ techniques to minimize harm (Zinberg 1984). While this may be true, this does not make the finding that normalization is positive for harm reduction any less valid. This study has suggested that normalization helps to further facilitate harm reduction. The public announcement made at the Toronto nightclub I attended to stay hydrated is an example of how
normalization is positive for harm reduction. That is, these messages were public among the dance club community. This was possible because drug use has been accommodated in this culture. The idea is that drug use is a “normal” part of the dance club scene and therefore messages of harm reduction can be shared openly within the community. More so, the normative status of club drugs meant that users could easily congregate. On the other hand, it can be argued that users of crack cocaine and heroin remain stigmatized and are therefore a smaller and more hidden group than club drug users.

More so, the normalization of club drugs also led to some harm reduction initiatives being implemented in the nightclub settings. For example, the selling of candy and gum in the washroom is clearly an admission that drug use is occurring, and it therefore focuses on reducing risk. The presence of paramedics on site is another example of how normalization has influenced harm reduction in nightclubs. The promotion of water to clubbers is a further example. It can be argued that many of these initiatives are methods for nightclub owners to capitalize on the normative status of club drugs in the dance club scene. Nevertheless, these initiatives are still positive for promoting harm reduction.

Ultimately, this study has shown the compatibility of drug normalization and harm reduction. This is of importance because the relationship between normalization and harm reduction has rarely been critically examined (Erickson and Hathaway 2010). This study has suggested that drug normalization is conducive of harm reduction. This is because normalization allowed for the users in this study to openly discuss their use and to share techniques for reducing harm with one another. This suggests that drug normalization should be responded to with harm reduction and not stricter enforcement.
The idea is that the use of club drugs is considered “normal” in club culture, and therefore formal social controls have been somewhat ineffective in controlling such use. On the other hand, the club drug users in this study regulated their own use in order to avoid harm. As such, a public health approach is suitable because it will help in facilitating the harm reduction strategies that club drug users have already begun to adopt. It will also help to ensure that the nightclub setting does not restrict clubbers from employing these strategies, but rather that it encourages and facilitates them.

*Harm Reduction vs. Prevention*

As discussed in Chapter 2, there is an ongoing debate in the drug policy literature between those that support a preventative model and those that support a public health model (see Boyd 1991; Caulkins et al. 2010; Erickson and Hathaway 2010; Hathaway 2010; Hathaway and Erickson 2003). On the one hand, there is the preventative approach, which is concerned with the harms that drugs cause to non-drug users (Caulkins et al. 2010; Hathaway and Erickson 2003). As such, those that advocate for prevention and enforcement are in favor of an approach that aims to suppress all forms of illicit drug use (Caulkins et al. 2010; Hathaway and Erickson 2003). Harm reduction, on the other hand, is concerned with the harms that drugs cause to drug users (Caulkins et al. 2010). Hence, this approach focuses on reducing negative health outcomes of drug use rather than eliminating it all together (see Boyd 1991; Caulkins et al. 2010; Erickson and Hathaway 2010; Hathaway and Erickson 2003; Parker et al. 1998).

In Canada, drug policies and initiatives have consistently emphasized enforcement and prevention over public health and harm reduction (Hathaway 2010;
Hathaway and Erickson 2003). To reiterate, club drugs are normalized, at least to some extent, in the dance club scene (see Kelly 2006; Parker et al. 1998; Parker et al. 2002; Perrone 2006; Ravn 2012; Sanders 2005). Clearly, an enforcement approach makes little sense if club drug use is undergoing a process of normalization. That is, such use is inevitable; it is going to occur regardless of whether or not Canada takes an enforcement stance. In fact, it is possible that through stricter enforcement, club drug use will be driven underground, consequently, making it even more unregulated and unsafe. In addition, club drug users may become less comfortable talking to others about their drug use, in which case they may no longer share harm reduction tips and information with one another. Evidently, a public health approach would be more effective than one that focuses on enforcement and prevention.

For this reason, the current research project looked at the context in which club drugs are used in order to understand how a harm reduction model might take form in Toronto. The study found that many club drug users already employ strategies for reducing health risks. This finding is consistent with the existing literature (Hansen et al. 2001; Akram and Galt 1999; Allott and Redman 2006; Shewan et al. 2000; Panagopoulos and Ricciardelli 2005), which has shown that club drug users are aware of the harm that their drug use poses and so they actively seek to manage it. Because the literature in this area is scarce, the current research study helps to strengthen this finding. More so, no study has looked at how harm is managed by club drug users of the Toronto dance club scene. Given that this research emphasizes the importance of context on drug use, it makes sense that a study of this sort be conducted in a Canadian setting.
Furthermore, this research study has shown the importance of the nightclub setting on harm reduction. For the most part, this dimension of harm reduction has been neglected in the sociological literature. That is, the relevant sociological studies (see Hansen et al. 2001; Akram and Galt 1999; Allott and Redman 2006; Shewan 2000; Panagopoulos and Ricciardelli 2005) are mostly focused on the harm-reducing practices of club drug users, and give no consideration to the relevance of the nightclub environment on the health risks posed by club drugs. In this study, the nightclub environment mostly exacerbated the potential for adverse club drug outcomes. This finding clearly shows that the dance club setting must be considered in any attempt to effectively manage club drug harm.

Overall, the findings of this study have contributed to the ongoing debate between harm reduction and enforcement (see Boyd 1991; Caulkins et al. 2010; Erickson and Hathaway 2010; Grayson 2008; Hathaway 2010; Hathaway and Erickson 2003). Clearly, the study has favored a harm reduction approach for responding to the increasing popularity of club drugs. In particular, the study has shown that such use is already normalized, and as such, many users already employ risk reduction strategies. On the other hand, nightclub venues were found to restrict its attendees’ methods for reducing harm. Evidently, a shift to a harm reduction framework would be more effective than continuing to enforce and prevent something that is going to persist, regardless of our efforts. This study has shown that club drug use has the potential to be responsible. This means that not all drug use has to be addictive and problematic. This is where context plays a key role in determining drug-using behaviors. Whereas there is potential for club drugs to be abused, there is also potential for it to be sensible, recreational, and safe. A
harm reduction model, then, can help in facilitating safe and sensible practices for using club drugs, while also curbing those practices that are unsafe and problematic.

6.3 Practical Relevance:

The findings of this study may be used to shape criminal justice agendas and public health initiatives. This research project has demonstrated the willingness of club drug users to alter their practices of use in order to minimize the potential for harm. For this reason, our response to the club drug epidemic should focus on public health. Ideally, clubs drugs should be legalized in Canada. Through legalization, the violence that is inherent to the illegal drug market can be significantly reduced (Boyd 1991). These drugs will be regulated and taxed, thus, ensuring the quality and quantity of the substances being consumed. Legalization will also lead to significant reductions in law enforcement, court, and prison costs. Additionally, the change in the legal status of club drugs will help to remove the stigma of club drug use, which will consequently allow for educational campaigns to focus on harm reduction and not solely on prevention (ibid). Given that cannabis still remains a schedule II narcotic (Controlled Drugs and Substances Act 1996), it is not likely that drugs like ecstasy and cocaine, which are schedule I narcotics (Controlled Drugs and Substances Act 1996), will undergo legalization anytime soon. As such, I have developed a list of suggestions about how to deal with club drug use in the meantime. These recommendations are based on my own observations as well as on the suggestions made by my participants. Many of these suggestions reflect those made by the jury of the Allen Ho inquest more than a decade ago:
1. *Club drug information should be more available and accessible.* The participants in this study expressed a desire for more information regarding club drugs. Specifically, they complained that there is a lot of misinformation and that they can never decipher between what is factual and what is myth. The main problem is that much of this information is obtained through blogs and other unofficial websites. A formal website, sponsored by the government, should be made available to Canadians. This site should provide information regarding the effects of club drugs as well as techniques for minimizing the potential for club drug harm. The website should be advertised to clubbers, and to young people in general. Ultimately, the purpose of this website is to provide a source where trusted information about club drugs can be obtained.

2. *More funding should be allocated for club drug research.* There is still a lot that is unknown about club drugs. The participants in this study expressed a desire for more research to be conducted on the long-term effects of their use. More so, they complained about the lack of information regarding the benefits of pre/post loading substances. Evidently, there is a need for more research to be conducted on club drugs.

3. *Educational programs should switch focus to harm reduction.* These programs should provide information regarding the effects and risks of club drugs. The purpose of these programs should not be to deter youth from using club drugs, but rather to provide them with adequate information so that they can make an informed decision for themselves. As such, these programs should offer
information about strategies for managing club drug harm. In particular, they should emphasize the importance of:

a. Staying hydrated

b. “Chilling out”

c. Chewing candy and/or gum

d. Limiting drug use

e. Buying from a trusted, low-level dealer

f. Choosing safe methods of administration

g. Finding safe transportation.

4. *Educational campaigns should account for polydrug use.* The participants in my study used multiple substances in a night. This is consistent with existing literature (see Akram and Galt 1999; Allott and Redman 2006; Hansen et al. 2001; Parker et al. 1998; Parker et al. 2002), which has shown that club drug users are often polydrug users. For this reason, educational campaigns should provide information regarding the effects and risks of multiple drug interactions.

5. *Educational campaigns should account for ‘experienced’ users.* Harm reduction campaigns typically target young and inexperienced users (Akram and Galt 1999). As such, many of those that are older and more ‘experienced’ may disregard these campaigns. The problem is that many club drug users are over 20 years old (Akram and Galt 1999). As the current study has shown, these ‘experienced’ users can still benefit from educational campaigns about how to reduce harm. In this sense, educational campaigns should not solely target young, inexperienced users, but also those that are older and more experienced.
6. *Formal policies should be implemented so that nightclub venues are better aligned with the principles of harm reduction.* These facilitates should support safe and responsible drug use. In particular, policies should target:

a. In-house dealers: dealing of drugs within the nightclub should be forbidden all together. Those caught dealing drugs should be asked to leave the venue.

b. Fluids: free and clean drinking water should be made available. Where possible, these venues should have a separate station for filling water bottles, like those at the VELD music festival.

c. Overcrowding: the number of people at a club should not exceed the posted limit. Bouncers should use clickers at the door to track how many people are entering and exiting the venue.

d. Chill-out spaces: venues should have adequate spaces to “chill out.” These spaces should be cooler and quieter than the main area of the club. There should be couches or chairs to sit on.

e. Paramedics on site: at large events, paramedics should be mandatory. At smaller events, paramedics are not needed provided that security guards are formally trained to deal with drug overdoses.

f. Alcohol: the selling of alcohol should be permitted, but the promotion of it should be forbidden or at least minimal. Shooter girls and other gimmicks should not be allowed in venues where drug use is known to be prevalent.

g. Transportation: the club owners should collaborate with the city to ensure that transportation is made available to and from their venues. More so,
buses should be available for those participants that live outside of the city of Toronto.

h. Harm reduction organizations: harm reduction booths should be present at large events. For those clubs that are known to attract users of club drugs, a harm reduction booth should be present on all nights the venue is open.

7. Monitoring the nightclub venue policies. An appointed officer should visit the nightclub venues at least once a month (on nights where the club is open) to ensure their compliance with the aforementioned policies. Should the venue be in serious violation of one of these policies, the owner should be fined and forced to close the venue for a determined amount of time as punishment.

8. Supplying testing kits to help users determine the quality of substances. Ideally, club drugs should be legalized so that they can be regulated. Because legalization is not probable anytime soon, I suggest that drug-testing kits be made more available and accessible to users. These kits should be available at club venues, outdoor festivals, medical clinics, and university campuses. This will help to reduce the likelihood of ingesting impure and unsafe club drugs.

9. Reduce penalties for simple possession and trafficking of club drugs. At the very least, club drugs like cocaine and MDMA should move from a Schedule I to a Schedule II narcotic. Given their popularity, these users should be treated similarly to cannabis users. Reducing the penalties for these substances may help to reduce the stigma of club drug use.

Ultimately, I am proposing that criminal justice agendas and public health initiatives work together to reduce club drug harm. That is, public health is the only relevant issue in
drug control. Hence, if we continue to treat club drug use as a deviant and marginal activity we are never going to get any closer to dealing with the real issue: public health. As Howard Parker (1998; 165) and his colleagues assert, “we must wait for a truce before we can face up to the truth.”

6.4 Limitations:

While this research has contributed to the existing literature on club drug use and harm reduction, this study is not without limitations. As a Master’s project, the scope of the research was fairly limited. Provided I had more time and money, I would have included other voices in my study. In particular, the research could have benefited from incorporating the views of nightclub owners, promoters, and bouncers. This is because the second objective of the research was to explore how the nightclub setting contributes to the potential for club drug harm. In this study, the findings pertaining to this objective are based on my own observations made in the field and on the word of my participants. For example, the clubbers suggested that nightclub owners make the water in the washrooms warm to discourage clubbers from refilling their bottles. However, it is impossible to truly understand the motives of the nightclub owners without including them in the study. The inclusion of the owners in the study would allow me to better explore how club drug harm is perceived and responded to on their end. Another example is the role of bouncers in the club drug economy. Again, this data was obtained through my field observations and through interviews with my participants. By including bouncers in the study, I may have been better able to understand their involvement in the selling of drugs at nightclubs.
Another limitation of the study is that no Electronic Dance Music (EDM) festivals were attended during the fieldwork. In the past few years, Toronto has become home to a number of large EDM events like Veld, Digital Dreams, and Sound of Motion (Consiglio 2013). These large outdoor music events are held annually for crowds of up to 50,000 young people (Rayner 2012). The issue is that these festivals typically take place during the summer, and so I was unable to include this aspect of the scene in my research. This is a limitation because the nature of these EDM festivals is unique from that of the broader dance club culture. As such, there may be different customs and rituals for using club drugs at EDM festivals. More so, the venues where these events are held are not usually nightclubs and therefore the environmental factors relating to club drug harm may differ entirely from that which has been reported in this study.

6.5 Future Research:

Additional studies must be conducted on different groups of club drug users and on different settings where club drug use occurs. In particular, future research should consider the unique nature of Electronic Dance Music (EDM) festivals in Toronto. The attendees at these festivals may apply fewer harm reduction strategies than those in the present study. This is because these festivals are more mainstream, and therefore, they may attract “posers” who are not regular consumers of club drugs. Essentially, I am proposing that those using club drugs at these festivals may be younger and less experienced than those that I would expect to find at the nightclubs attended during this study. Club drugs are popular among homosexual men (Boyd et al. 2003; Krebs and Steffey 2005) and therefore studies of club drug use in the Toronto gay nightclub scene
may also be important in considering how harm reduction initiatives might be implemented. The after-hours scene is another area that future researchers should consider studying. Overall, more research into these different groups of club drug users is necessary in order to strengthen the argument for harm reduction.

More so, additional studies are needed on the long-term effects of club drugs. Much remains unknown about how these drugs may affect a person’s health in the long run (Shewan et al. 2000). There are also few studies that have looked at the effectiveness of pre/post-loading substances (Allott and Redman 2006). In addition, there are few studies that have examined the effects of club drug interactions (Allott and Redman 2006; Hernandez-Lopez 2002; Mohamed 2011). It appears as though the criminal status of these drugs has hindered research in this area. Clearly, such information about long-term effects, drug interactions, and pre/post-loading substances are essential for effectively reducing harm. Evidence of long-term and interactional effects, for example, may help to reduce the frequency and intensity of a clubber’s drug use.

Lastly, future research must critically examine the relevance of drug normalization to harm reduction. There is a rarity of literature that thoroughly presents the relationship of the two (Erickson and Hathaway 2010). While I have argued that normalization and harm reduction are harmonious, opponents of harm reduction may use evidence of normalization to argue in favor of stricter enforcement and punishment. Evidently, further research is needed to demonstrate the compatibility of harm reduction and drug normalization (ibid). In other words, additional research is necessary if we are to use drug normalization as evidence for harm reduction.
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