Trip hazards:

drug-related crisis, peer support and control at transformational festivals

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Abstract

In the growing global scene surrounding transformational festivals, psychedelics and other 'party drugs' are used to facilitate experiences of connection and sociability which their devotees see as antidotes to the increasing isolation of society as a whole. Yet the openness and suggestibility that potentiates these experiences can also cause painful, alienating 'psychedelic crises'. Peer support projects within the scene attempt to address this problem by providing 'care spaces': comfortable, lower-stimulus areas within events where support workers known as 'sitters' seek to resolve service users' crises into reintegration with the collective while reducing any harm arising from their drug use. Yet within national and international drug policy frameworks which enforce prohibition and promote abstinence, the care spaces' support of harm reduction approaches to drug crisis care and their beliefs in the potential benefits of psychedelics can bring them into conflict with the authorities and with festival organisers wary of being seen to 'condone drugs'. This complex situation offers fresh perspectives on the relationships between 'party' drug use, drug policy and harm, yet these projects remain almost entirely unstudied.

This thesis examines the cultural role and value system of the transformational scene, and the distinctive patterns of drug use which occur there; investigates how volunteer psychedelic support/harm reduction (PS/HR) projects address the problem of the psychedelic crisis, and the role their identity as scene peers (and often drug users) plays in their work; and finally explores the turbulent intersection between the care spaces and the policy environments in which they operate. It uses a multimodal ethnographic approach centring on participant observation as a care space sitter at events in Portugal, the UK and the US, supplemented by 23 in-depth interviews with sitters and an online qualitative survey of 54 festivalgoers who had undergone a drug-related crisis.

It concludes that the festival environments are both shaped by, and designed to heighten, psychedelic experiences which many festivalgoers see as transformative and highly

significant. Relatedly, scene members stress the importance of using the drugs 'respectfully' and responsibly. The desire to manifest such responsibility in a tangible way is a key motivation for sitters. Their identity as scene peers is a powerful asset in their work, helping them establish trust with visitors and assess their cases accurately while lending credibility to the drug information they distribute. However, in prohibition-based policy environments their identity as drug users can become a liability in dealings with the authorities, and networks of festival support staff can become fragmented by under-resourcing, miscommunication and the effects of stigma. Combined with ways in which punitive policy makes responsible drug use behaviours difficult to engage in, this serves to illuminate how drug policies nominally intended to increase the safety of events in fact often exacerbate harm and obstruct the efforts of those attempting to reduce it. In so doing, it extends current understandings of 'recreational' drug use and its contexts.

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Chapter 1. Introduction

1.1 Introducing the thesis and the topic

Psychedelic substances hold powerful significance within the global scene that revolves around transformational festivals (a subset of music festivals with a distinctive aesthetic and ethos, of which Burning Man is perhaps the best-known example). The substances are not only used to enhance the party but also to bring about experiences their devotees consider profound and meaningful, with the potential to catalyse connection and the personal transformations which give the scene its name. However, the stakes can be high. The psychological openness, sensitivity and suggestibility that can lead to blissful peak experiences on psychedelics and the 'party drugs' which often accompany them can also result in intense paranoia, isolation and misery. Although long-term harm from psychedelic use is rare (Nutt, King & Phillips 2010), the 'bad trip', when a psychedelic experience turns painful or difficult, is an ever-present threat in the minds of festivalgoers. Thus the drugs are thought to entail high risks and high rewards: as one of my research participants put it, 'the beauty and the disaster'. Most conclude that the rewards outweigh the risks, yet every psychedelic experience is to some extent a gamble.

In response to this problem, volunteer projects have developed within transformational festival culture to care for those undergoing difficult drug experiences. Staffed by scene members, the projects (referred to in this thesis as psychedelic support/harm reduction (PS/HR) projects) provide comfortable, lower-stimulus 'sanctuary' or 'care space' areas where festivalgoers can retreat from the overwhelming festival environment until they recover. At the care space, support workers known as 'sitters' provide service users (variously 'guests' or 'visitors'; this thesis will use the latter term) with

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company, comfort, reassurance and information, or privacy if preferred. The spaces' central dictum is that sensitive, nonjudgmental support can greatly ameliorate the unpleasantness of a drug-related crisis or even transmute the experience into a positive one. Yet this is not simply about avoiding the risks of psychedelics while maximising rewards. Recalling the scholarship of edgework (Lyng 1990), many care space workers see the risk and the difficulty as valuable in themselves. From this point of view, a crisis on psychedelics may be one phase of a larger psychological process or 'journey' which, if allowed to run its course in an environment of support and safety, can be ultimately beneficial - for example, by helping the visitor deal with grief or confront suppressed aspects of identity, in what scene commentator Leung (2010) calls a 'healing catharsis'. The crisis phase can then give way to a euphoric sense of breakthrough. Thus care spaces have dual aims: to reduce the harm of festival drug use, but also - more controversially - to maximise its supposed benefits.

At each event, PS/HR spaces are part of a network of support services who cooperate to a greater or lesser extent to protect festivalgoers, regulate their behaviour, and manage risks for attendees and event organisers alike. They work alongside a security team (and sometimes a police presence), stewards, and medical and welfare staff. The support network is intended to function as an interconnected web in which each service is in radio communication with the others, aware of the others' areas of expertise, and capable of referring each case through the system to the service best equipped to deal with it. The specific remit of PS/HR is drug-related crisis care, given for as long as each visitor needs it. This lightens the load of such long, complex cases on medical services (who prioritise provision of acute care to as many patients as possible) and thence on local hospitals. Drawing on a combination of training in the mental health professions and personal experience on the party scene, care space workers claim unique expertise in resolving these crises - an ability which, they suggest, other support staff such as medics and security lack.

How this works in practice varies by event, country, and policy environment. In particular, the execution of PS/HR duties is complicated by larger forces, most especially by the effects of drug policy, but also by related factors such as stigma. PS/HR provision can be

controversial, particularly in more punitive drug policy environments. On entering the field, I found that while transformational scene loyalists were enthusiastic about PS/HR spaces and saw them as important or even necessary, organisers, police and local authorities were often wary of them. PS/HR projects aim to reduce the harm of 'risk behaviours' around drug use (an approach known as harm reduction) rather than attempting to stop use (promoting abstinence). This position is at odds with UK and US drug policy environments, which increasingly favour abstinence-based strategies. The idea of benefit maximisation is even further beyond the pale from the point of view of policy, which largely does not entertain the possibility that drug use can *have* benefits. In this context, PS/HR workers' advocacy of harm reduction and the potential benefits of psychedelic use can bring them into conflict not only with the authorities, but also with festival organisers. Many organisers in the UK and US are concerned that supporting PS/HR will be perceived as condoning drug use - a stance which can threaten the future of their events. Thus PS/HR projects in the field are often beset by bureaucratic and other practical obstacles and can struggle to connect effectively with those who might benefit from their help. In decriminalised Portugal, on the other hand, festival organisers are free to endorse PS/HR projects as part of an overall national strategy of harm reduction. This is an unusually advantageous situation for PS/HR projects, but nonetheless has some distinctive problems of its own.

At the outset of this project, I was interested in the clash of ideologies between PS/HR workers and the dominant cultural narratives of prohibition; how these ideologies affected the care they gave, and their interactions with other support services and the authorities; and how the situation varied across three drug policy environments (the UK, the US and Portugal). This thesis is an ethnographic study of PS/HR projects and of the festivalgoers in drug-related crises they are trying to reach and assist, in the broader context of transformational festivals and the systemic forces affecting them.

A note on terminology

The work these care spaces do is referred to by some as psychedelic support, and by others as harm reduction. Still others use the terms interchangeably, or use one but mean both, for discursive and political reasons which will become apparent later in the thesis. However, the terms can also be said to denote two distinct approaches to drug crisis care. Both approaches inform the work of the care spaces and coexist - sometimes uneasily - within them. As section 2.3 will show, the approaches have different origins, guiding principles, and views of drugs, the self, and the sitter-visitor relationship. In short, the central principle of harm reduction is that support workers should strive to mitigate the harm of 'risk behaviours' around drug use, rather than attempting to reduce or eliminate use. Especially in its more medicalised form, the primary focus of the approach is on drug harm and damage control. The central principle of psychedelic support, in contrast, is that 'difficult' drug experiences can be part of a beneficial process which should be facilitated (rather than arrested) by providing the visitor with support and safety until it is resolved. These approaches are sometimes compatible, sometimes less so; but the conflicts between them can be obscured by the fact that harm reduction is a much more politically respectable approach than psychedelic support, so terminology choices are often more strategic than descriptive. For example, PS care practices are sometimes referred to as HR as a form of camouflage. The tensions and defensive strategies surrounding the two approaches turned out to be central to many of the arguments of this thesis, so rather than choose one term or the other and thus implicitly choose a side, I created an acronym (PS/HR) which acknowledges the importance and influence of both.

The setting: transformational festivals and their relationship with PS/HR spaces

The PS/HR movement developed within, and was shaped and nurtured by, the transformational festival scene. Thus examination of this still-understudied scene and its values provides vital context for the study of PS/HR. Transformational festivals are a distinctive category of music festivals which have been proliferating worldwide over the past

two decades. There is considerable variation under the 'transformational' umbrella, from hybrid events which blend transformational elements with those of more mainstream festivals (such as Glastonbury) to explicitly countercultural projects (like Burning Man). However, they all exhibit some selection of the following features: an emphasis on participation and co-creativity (as opposed to being a 'spectator' of laid-on entertainment); environmentalist politics; lectures and workshops; a love of mass rituals, of which the most famous example is probably the burning of the eponymous Man; and a strong but non-exclusive focus on electronic music, especially psychedelic trance ('psytrance'). Unlike mainstream music festivals, many have an ethos of anti-commercialism, but there is wide variation in how this is implemented. In its milder form this may simply mean a relative lack of corporate sponsorship or visible branding on site, but other events take it further (for instance, through instituting norms of 'gifting' rather than the use of money). They also place less emphasis on big-name artists, instead encouraging participation and performance by ordinary festivalgoers.

Transformational festivals are connected to a wider global scene centring on psychedelic use and the philosophies, music, art and other cultural products that arise from it ('psyculture'). Some are also influenced by punk and anarchist politics and culture. Their atmosphere is shaped in part by their distinctive patterns of drug use, in which psychedelics feature more strongly than at mainstream events; but the festival settings themselves are thought to be mind-altering in their own right, designed to overwhelm the senses, distort subjective experiences of space and time, and convey a sense that normal social roles and rules are suspended (that is, they can be seen as liminal spaces (Turner 1969)). Under these conditions, the emphasis on general participation gives rise to an effervescent, chaotic welter of art, sound and performance.

Perhaps the most important aspect of these events, for the purposes of this thesis, is their common purpose: bringing about transformation of the self. Especially at the more mainstream-influenced events, this transformation may be characterised as temporary and experimental; the events offer a brief respite from everyday routines and subjectivities,

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enabling festivalgoers to express normally suppressed or unexplored aspects of identity. At more countercultural events, however, transformations are likely to be seen as potentially permanent, part of a slow aggregation into larger-scale transformations of society. These views of transformation are, however, not mutually exclusive; identities festivalgoers try on in a spirit of playful, time-bounded self-experimentation can also end up becoming part of their day-to-day lives.

In scene discourse, transformation is said to be catalysed by unaccustomed experiences of connection with others. This might happen in a crowd moving to the same beat on dancefloors, in what one DJ described as the 'core ritual' of the scene (Leung 2013), or while participating in the wider 'portable community' (Gardner 2004) of the festival as a whole. For many festivalgoers, close-quarters collective living contrasts sharply with their everyday lives. Transformational festival ideology positions itself in opposition to what it often calls 'modern urban life', which is portrayed as isolating, dehumanising, and stifling both community ties and self-expression. The 'separation' and loneliness of everyday urban living are considered the roots of most political and psychological evils, while experiences of collectivity within festival spaces are the antidote. The dichotomy of connectedness versus separation and fragmentation is a recurring theme of this thesis.

Opinions are divided about the provenance, politics and potential of these aspirations towards transformation, and of the transformational festival project more generally. The majority of the events take place in relatively neoliberal Anglosphere countries (especially the US west coast), and some scholars have characterised the scene's valorisation and intended facilitation of personal change not as countercultural but as a manifestation of neoliberal projects of mandatory self-optimisation. However, it may also be argued that this is an inadequate description of transformative experiences at festivals and that the events do offer genuine possibilities of subversion and resistance. The question of what, if anything, transformational festivals might actually transform will be explored at various points in this thesis.

Either way, the centrality of transformative experiences to the culture of the events helps to explain how highly PS/HR projects are valued by transformational festivalgoers. Because psychedelics and their 'party drug' fellow-travellers play an important role in experiences of unaccustomed connection, but can also cause intense vulnerability and psychological crisis, PS/HR spaces are seen as vital by many. Staffed mostly by volunteer scene members, they aim not only to provide a 'safety net' for these crisis experiences but ideally to transmute them into something ultimately beneficial for their visitors. The sitters' explicit scene peer status can be an asset in the process of caregiving, but a liability when their beliefs about the value of psychedelics clash with the anti-drugs attitudes of other support workers and the authorities within the festival.

1.2 Background to the research

Situating my knowledge: being a 'partial insider'

I came to this research as a relative insider in transformational festival culture, although I was new to PS/HR work on entering the field. I had been going to festivals since 2005 and had worked there in various capacities including stewarding, rigging (setup and decoration), bar work and helping run a crafts stall. I felt at home in festival settings, although I knew I could at best be a 'partial insider' (Moore & Measham 2006, p. 13). The partial insider has a dual role which brings advantages and challenges. They can draw on a large store of implicit knowledge of their scene, but care must be taken around reflexive awareness and operationalisation of this knowledge; while their role as researcher entails an additional set of identities and allegiances which inevitably sets them apart.

My interest in PS/HR began in 2011 as a result of two small studies I undertook as part of my MA. One was an interview study of festivals as context for the kind of transcendent experiences Castro (2005) calls 'extraordinary experience'. I became intrigued by peer psychedelic support when several of my participants mentioned it. For some it had been pivotal to their experience (one said 'It was like six months' worth of therapy in a single

night'), while others said they would have appreciated access to it. Around the same time, I was carrying out a secondary analysis of interview data collected by Riley, Morey and Griffin (2007) about the free party scene in the south-west of England. My primary interest was the politics of dance culture, but another strong theme emerged from the data: informal harm reduction practices among partygoers. While these seemed common, some participants were conflicted about them in the interviews. Riley, Morey and Griffin attributed this to the influence of dominant neoliberal beliefs about personal freedom and non-interference with others. Not satisfied with this explanation (I suspected the interviewees were not conflicted about *doing* harm reduction so much as *discussing* it with perceived authority figures), I began interviewing PS/HR practitioners about their motivations for involvement and how they perceived their work.

It quickly became apparent that the practitioners' beliefs and values about drug use were strikingly different from those of the authorities, and even from the explicitly stated values of festival organisers. I became interested in how this unconventional value system informed and affected their work with festivalgoers. Realising an MA dissertation would not do justice to the complexity and interest of the topic, I proposed an expanded version of the project to what would later become my department at the University of Kent.

Approach to the research

I took an ethnographic approach which employed a mix of methods but had participant observation at its heart. I volunteered as a sitter with PS/HR services at seven events in the UK, the US and Portugal, working, playing and eating with them and sometimes assisting with space setup and takedown, over a total of 40 days in the field. I was new to formal PS/HR work and hoped that my beginner status would work to my advantage, enabling me to inhabit the role of the 'stranger' and to receive mentoring and training; as Rossing and Scott (2016) write, undergoing 'apprenticeship' can be a powerful way to research communities of practice. Alongside the participant observation, I carried out in-depth interviews (using a procedure adapted from the narrative research techniques of Lieblich,

Tuval-Mashiach and Zilber (1998), and Wengraf's Biographical Narrative Interview Method (BNIM) (2001)) with PS/HR workers. The third major source of data was an online qualitative survey of festivalgoers who had undergone a drug-related crisis at a transformational event. Supplementary sources of data included a collection of festival documents and ephemera assembled during fieldwork, and the visitor records collection of one of the organisations I worked with (Avalon), to which I was granted access in exchange for helping them catch up on data entry. As so little work had been done in this area, my analytical approach was a grounded one, set out in full in chapter 3.

I chose three PS/HR projects to work with, which have been given pseudonyms for the purposes of the thesis. 'Harmony' is based in Portugal; 'Avalon' in the UK; and 'the Haven' in the US. The choice was shaped partly by a wish to observe PS/HR spaces in a range of drug policy environments, from more permissive to more punitive, and explore the effects of policy and law enforcement on PS/HR practice. Harmony's approach is closely bound up with its role as a government-endorsed harm reduction facility in decriminalised Portugal. By contrast, harm reduction in the US is still seen as dangerously radical and potentially subject to legal sanctions. Nevada (where the Haven's work at Burning Man takes place) is a relatively punitive state with regard to drug policy, though some reform has been afoot since fieldwork took place; while the festival site itself is federal land (part of a National Conservation Area), subject to federal drug laws which have remained strict in the face of reforms by individual states. It would be an oversimplification to say the UK's drug policy sits somewhere in the middle - it has idiosyncrasies which are not reducible to a mixture or dilution of the other two policy milieux - but it can still be roughly summarised as less punitive than the US and less permissive than Portugal.

My main criterion for field research sites was that they should be to some extent transformational events. (PS/HR projects are beginning to appear at more mainstream events, but they face very different challenges and demands there.) Chapter 3 gives more detail on the field sites. There were five UK events, one of which I attended twice, along with Boom (Portugal) and Burning Man (Nevada, USA).

1.3 Aims and research questions

Through a rich ethnographic engagement with PS/HR, its festival milieu, and the festivalgoers it sets out to assist, the thesis aims to add depth of empirical knowledge to currently rather rudimentary understandings of the social and cultural meanings of psychedelic use. Further, it aims to examine the relationships between drug policy, festival support services, and the drug users they wish to help, and in so doing, to contribute to discussions around harm reduction and policy which seek to move beyond neoliberal views of the autonomous individual and highlight the impact of social, cultural and political forces on the harms - and benefits - of psychedelics. The findings may also have practical applications, and the most relevant findings about reaching and caring for festivalgoers in a variety of policy climates will be shared with care space workers and managers via a summary document aimed at the general public (see section 7.5).

The thesis explores the world of PS/HR through three central questions, which also give it its structure.

Question 1: What is the cultural significance of transformational festivals and the drug use that occurs there? Why and how do festivalgoers take drugs in these spaces, and what can an examination of these drug use practices contribute to current understandings of 'recreational' drug use?

Question 2: How do psychedelic support/harm reduction services attempt to solve the problem of the drug-related crisis in festival spaces? How does their shared identity as scene members and drug users inform their values and their working practices?

Question 3: How do drug policy environments and other systemic forces affect the help psychedelic support services offer, festivalgoers' ability to access this help, and the effectiveness of the help as perceived by festivalgoers who do access it?

1.4 Structure of the thesis

Along with the basic concepts of the project, this introduction has set out three research questions which give the thesis its structure. This three-part structure first appears in Chapter 2, a review of scholarship concerning each of the research questions in turn. It will first consider literature exploring the cultural meanings of use of the drugs involved, and the cultural significance of festivals and the scene that surrounds them. This discussion will point towards a fundamental conflict between two approaches to the care of drug users in crisis: harm reduction and psychedelic support. The histories and practices associated with each of these approaches, and some commentary around them, are examined in the second section of the literature review. The final section looks at the three drug policy environments in which fieldwork took place, and the international drug policy which affects all three countries. Analysis of the implications of these policies by critical scholars will follow. This opens a discussion which will run throughout the thesis about the impact of prohibition-based drug policy - whether to alleviate harm or exacerbate it.

By now the literature review will have made clear that there are many lacunae in research on this area, and especially that PS/HR itself is almost entirely unstudied. Such an open field of research calls for a grounded approach, and chapter 3 describes how this was done: a mixed-methods approach combining ethnographic participant observation with interviewing and an online qualitative survey, to assemble a picture of the practices and values of care workers, the perspectives of the festivalgoers they sought to assist, and the larger festival context in which they all operate.

The next three chapters set out the findings, with each chapter addressing one of the research questions. Chapter 4 sets the scene by considering transformational festival culture as a context for drug use, and the significance of these events and their associated value system in participants' lives; the characteristic patterns of drug use within the scene; and a key self-concept shared by many festivalgoers – that of the responsible, controlled drug user. It goes on to examine how this value system intersects with the priorities and concerns of

festival organisers, who are often scene members but may disavow psychedelic ideologies in order to be permitted to run the events. Organisers' safety and risk management practices are then considered, along with the often contested place of psychedelic support within these practices. The chapter concludes with an exploration of what psychedelic crisis meant in practice for my respondents, the nature and circumstances of their difficult experiences, and what they perceived to be their options for help. At least in theory, my participants often had strongly positive attitudes towards psychedelic support spaces, expressing high levels of trust and approval. But did this translate to being able to use, or wanting to use, the services when they themselves were in difficulty? This question will be returned to in chapter 6.

Chapter 5 addresses the second research question: how psychedelic support/harm reduction services work to alleviate drug-related crises in festival settings. It draws upon case studies from the field to illustrate the values and working practices of sitters within the care spaces, with particular focus on the role of their identity as scene peers, and how this identity impacts on their work with other agencies within the space. By the end of Chapter 5, the unique capabilities of peer psychedelic support in this kind of crisis care will have become apparent, but so will numerous complicating factors: most significantly, issues regarding integration between the care spaces and the rest of the festival support network, and the existence of a 'dark figure' of psychedelic crises in which festivalgoers did not receive any support. The chapter concludes with a brief discussion of the outcomes of crisis for care space visitors and survey respondents, and some implications for how care spaces operate.

Chapter 6 examines these and other problems in order to answer the third research question: how policy and other systemic factors affect PS/HR projects, festival support staff in general, and the extent of drug-related harm. It first considers the influence of policy and law enforcement practices on the incidence and severity of drug-related crises, with particular reference to how harsher policy may impede festivalgoers' ability to practice 'responsible' drug user behaviours, as well as their willingness and ability to seek help. Once the decision to visit a care space has been made, various practical impediments - many of which also spring from punitive drug policy - still may prevent festivalgoers from accessing

one; while for those who do arrive at the care space, internalised effects of stigma, conflicts between harm reduction and psychedelic support approaches, and the ongoing discursive battle between psychedelic culture values and the anti-drugs narratives of culture as a whole (in which many sitters are deeply embroiled), may impede sitters' ability to interpret visitors' needs and give them appropriate and effective support.

The thesis concludes by summarising the answers to the research questions, considering implications for policy and ways in which the thesis responds to existing theory, and suggesting future directions for research. A glossary of terms specific to the festival scene and to the world of PS/HR can be found in Appendix A, while the research instruments comprise Appendices B through E.

Chapter 2. Literature review

2.1 Introduction

As there is hardly any literature specifically addressing drug crisis care at festivals (as Akbar et al. found in 2011; not much has changed since then), this literature review takes the approach of reviewing scholarship related to each of the research questions in turn. It begins with literature related to the first question: the cultural significance of the transformational festival and the drug use that occurs there; why and how people use drugs in these spaces; and what this can contribute to understandings of 'recreational' drug use. Here too there are silences. While drugs are an implicit presence within the literature of festivals, not much of this work addresses their use directly. As such, the review will first consider the dynamics of pleasure and transgression around 'party drugs' more generally and the recreational settings where they are used, before looking at the cultural role of the festival, a site where such practices of experimentation are tacitly encouraged yet strongly policed. The second part of the review considers two ways in which the problem of drug crisis care has been addressed, looking at literature on the harm reduction and psychedelic support approaches and showing how they intertwine in the practice of PS/HR services, the topic of the second research question. All this takes place within the framework of national and international drug policy, the focus of the third research question, which constrains and shapes not only the behaviour of festivalgoers but also what PS/HR workers and other support staff are able to do to assist them. The final section of the review will give a précis of policy in each of the fieldwork countries and the overarching UN regulations affecting them, with critique by policy scholars and an examination of work on how national and international policy affect PS/HR

and related harm reduction initiatives. By the close of this review, a set of absences will have been delineated which this research sets out to help fill.

2.2 Festivals and their characteristic drug use

2.2.1 Literature on party drugs

Motivations for party drug use

'Party drugs' - the rather fuzzy category of 'soft' drugs used non-addictively and in recreational settings - haunt discussions of the transformational festival scene. Their influence can be inferred from writings about unaccustomed experiences of collectivity, the 'otherness' of liminal spaces (Turner 1969), transformations of everyday subjectivity, and many other aspects of festival life, but they are rarely addressed directly. Thus, in order to approximate a review of scholarship on why and how festival drug use happens, we must take a step back and consider literature on motivations and practices around drug use in recreational settings as a whole. Since the work varies widely in its degree of relevance to this project, this section is intended as a partial rather than exhaustive review; its aim is to identify some key themes which will be taken up later in the analysis.

It will start by addressing the 'why' - that is, studies on the motivations of 'party drug' users. Embarking on a review of this area is a somewhat thankless task in which one must wade through quantities of work speculating about the motivations of drug users in general, which seems to have been conducted at arm's length and thus suffers greatly from overgeneralisation (it is often hard to tell which drug is being discussed, or even if distinctions are being made between them) and a sense that the authors are skirting around taboo topics. In particular, many scholars have avoided mentioning pleasure as a motivating factor (Hunt and Evans 2008). In a special issue of the *International Journal of Drug Policy* on drugs and pleasure, the editors wrote that the performance of self-distancing from users and their behaviour had caused scholars to develop theories with nothing useful to say about

actual drug users' lives, such as models of heroin use choices based on classical economics (Moore 2008). Work like this is also heavy on highly politicised terminology that conveys little meaning. 'Drug abuse' is an obvious example, but perhaps a less obvious one is the notion of 'recreational' drug use which features in many of the studies in this field. Originally coined by drug reform activists to raise awareness of non-addictive drug use, it is now being used by advocates of therapeutic or spiritual/sacramental drug use to criticise practices which occur outside their purview. It conveys very little sense of what these practices might involve.

Fortunately, the more grounded the research is in specific settings, substances and practices, the more it avoids such problems. One body of research on dance culture focuses primarily on why clubbers take MDMA; perhaps unsurprisingly, an immediately salient theme is the facilitation of euphoric experiences of sociability. Ter Bogt and Engels (2005, p. 1479) found that clubbers in the Netherlands took MDMA 'with the motives of euphoria, sexiness, self-insight, and sociability/flirtatiousness', but ultimately emphasised the collective aspects of the experience:

> Its direct effects within the context of a mass gathering of people holding the same musical preference—in itself an uplifting factor—is euphoria, the feeling the night will never end, and intimate contact with others (p. 1498).

Another theme is partying as an escape from the everyday. Many of Parker, Aldridge and Measham's young participants (1998) talked about the importance of 'time out', a break from everyday life which was most often facilitated and demarcated by use of alcohol but could also involve drug use. For Reynolds (2012), such breaks from the norm acted as a 'safety valve' allowing clubbers to release the frustrations of the working week. Similarly, Measham, Aldridge and Parker (2001, p. 27) found that clubbing was for many a source of 'hedonism in hard times', a means of survival rather than protest. Springer (2011) characterised the whole early rave scene as a sort of concerted escape from one particular crisis. Its desexualised atmosphere, he claimed, offered ravers a haven from the AIDS epidemic, while according to Pini (1997) it allowed women to express themselves in an

embodied way without this being interpreted as sexual signalling. In public discourse, drug use is often characterised as 'escapism' with pejorative connotations, which Reith (2005) may have been drawing on when she described MDMA as 'oblivion in a pill'. The notion of escape is indeed important in transformational culture, but what this means for festivalgoers - and the extent to which it is reducible to 'escapism' - remains to be understood.

Curiosity is another important motivator. Van de Wijngaart et al. (1998) found that their participants had tried MDMA for the first time largely out of curiosity, which also drives the 'psychonauts', a distinctive subset of drug users whom Newcombe (1999) described as 'scientific explorer[s] of inner space'. Psychonauts enjoy experimenting with different substances and documenting the results for others online, and as O'Brien et al. (2015) suggested, are often the only sources of information about novel substances circulating on the party scene. Others, however, are less concerned about knowing what they are taking. In the north-west of England, Measham, Moore and Østergaard (2011) found that the bewildering influx of new synthetic stimulants into the gap left by the ban on mephedrone had all been categorised as 'bubble' - a term which once meant mephedrone but had now come to mean any 'unidentified white powder' with a stimulant effect.

Finally, some suggest that drug use does not necessarily need distinct motivations to back it up: many do it simply because it is normal. An additional reason for MDMA use given by Ter Bogt and Engels' participants (2005) was that their friends used it. This points to a debate about party drug use in the UK which began in the mid-90s, concerning whether it had become 'normalised' and largely unremarkable (initially proposed by Measham, Newcombe and Parker (1994)) or was still seen as transgressive and/or deviant (as suggested by Shiner and Newburn (1997)). Part of Shiner and Newburn's argument rested on condemnations of drug use by young non-users, but Parker, Williams and Aldridge (2002) thought 'sensible' recreational drug use was becoming acceptable to non-users (though the bounds of 'sensible' seemed quite restrictive; for some respondents it excluded all class A drugs). By 2009 both sides of the debate had added more emphasis on the influence of social structure, concluding that normalisation was not a culture-wide

phenomenon but rather was to some extent context-dependent (Measham and Shiner 2009). Erickson and Hathaway (2010, p. 137) considered the impact of normalisation theory on policymaking. Normalisation arguments had been put forward in various countries to support harm reduction policies, but in places had met with an ideological backlash and 'the mobilisation of forces reaffirming prohibition'. Such policy-based struggles are the topic of section 2.4, while the question of whether normalisation applies within the context of the festival scene (and relatedly, how festivalgoers engage with the notion of 'sensible' drug use) will be considered in chapter 4.

Drugs and spaces: the role of the venue

One body of literature which helps set the scene for the thesis explores the relationship between party drug use and the places where it happens - for instance, the nightclub. In this literature, clubs appear as spaces which facilitate non-ordinary social situations by conveying a sense of enclosure and separation from the rest of the city and from everyday states of mind. Measham, Aldridge and Parker (2001, p. 22) pointed out that clubs were particularly important in the UK as 'vehicles of youth freedom' in a country where the weather was unreliable and few young people had cars. Clubs were represented as places to express subcultural identity and earn and spend 'subcultural capital' (Thornton 1996). Dancefloors became sites of 'oceanic' experiences and 'playful vitality' facilitated by drugs (Malbon 1999). Malbon also pointed out that club crowds are heavily filtered by bouncers, which added to the sense of enclosure and could make queuing to enter the club feel like an ordeal to be overcome. In Malbon's view, this revealed the social power dynamics influencing access to clubs and problematised rave ideologies of unity. Buckland (2002) took a different approach by looking at clubs as safe spaces for a particular group: queers in New York City. She also described how drug use contributed to a non-ordinary sense of time inside the club. Reynolds' history of UK dance culture (2012) suggests that club culture is a 'domesticated' descendant of large outdoor events like the M25 orbital raves, forced to 'come indoors' by the Criminal Justice Act (1994). And indeed all these themes - safety, enclosure, self-expression,

the 'oceanic experience', the notion of the significant threshold, and unusual experiences of time - are writ large in the literature on festivals reviewed in section 2.2.2.

Another strand in the literature on club drug use discusses informal harm reduction practices among clubgoers, whether attempting to use drugs more safely themselves, giving advice to others, or supporting people in difficulty. Van de Wijngaart et al. (1998) and Hungerbuehler et al. (2011) discussed peer outreach projects at clubs; Fernandez-Calderón et al. (2014) found that polysubstance users at raves engaged in a repertoire of informal harm reduction practices on behalf of themselves and their friends; and interestingly, Jacinto et al. (2008) discovered that ecstasy dealers in the US Bay Area were engaging in harm reduction by supporting their customers throughout club nights, providing advice and checking in with them regularly. This theme will be taken up later.

Finally, some of the literature on clubs has an elegiac tone to it, documenting and lamenting the decline of dance scenes in, for instance, New York (Buckland 2002) and Philadelphia (Anderson 2009). There has likewise been a wave of club and live music venue closures in London over the last few years (railed against by Vice magazine (Bychawski 2014)), with morality and harm rhetoric often acting as a fig leaf for property developers' ambitions. The disappearance of UK clubs is especially worrying in light of the aforementioned work by Measham, Aldridge and Parker (2001) which claims that clubs themselves originally became important in UK social life due to the loss of other public spaces. Indeed, clubs are one of several sites for collective experience, wildness and non-normative behaviour currently disappearing from cities along with the groups who use them; Ferrell (2002) saw this in crackdowns on skateboarding areas and graffiti writers, and Buckland (2002) showed how not only queer clubs but also queer-friendly neighbourhoods on the waterfronts of New York were swept away by developments aiming to make the areas 'family-friendly', shopping-focused and profitable. In light of this, the current proliferation of transformational festivals seems significant. Expensive and time-consuming, festivals are not accessible to all sectors of society and thus do not represent a true substitute for the old

urban sites of collective disinhibition, but they may at least be providing an alternative outlet for those who can afford them.

Research on psychedelics

Psychedelics are a notable absence in 'party drug' research, despite theoretically being included in the category. Most of the social research in the area focuses on stimulants, dissociatives and cannabis. A partial explanation is that psychedelics are less prevalent than the others; indeed, Measham (2004) found that LSD use had declined significantly in the UK since the mid-90s. Yet this does not fully account for the near-complete absence of social research. Riley, Thompson and Griffin (2010, p. 446) expressed surprise that there had been '…almost no analysis concerning magic mushroom users' accounts of their drug use… nor on the wider political and cultural discourses that might have shaped this sense making' even during the period before the 2005 UK mushroom ban when they were legal and their popularity was said to be climbing steeply (BBC News 2005).

As Riley, Thompson and Griffin go on to point out, in recent years a great deal of research on psychedelics *has* been taking place, but elsewhere: in the fields of medicine, psychology and neuroscience. Research on the therapeutic potential of psychedelics was halted around the end of the 60s as the UN Single Convention on Narcotic Substances was implemented (see section 2.4); but thanks to sustained campaigning by activist groups like MAPS (the Multidisciplinary Association for Psychedelic Studies), it is now once more becoming feasible to engage in such research, and clinical researchers have seized the opportunity. A large and rapidly growing body of recent work considers the use of psychedelics and related substances as therapeutic agents. For instance, LSD has been investigated as a treatment for alcoholism (Krebs & Johansen 2012). Psilocybin, the active ingredient in magic mushrooms, has been trialled for depression (Carhart-Harris et al. 2016); anxiety, especially among people with terminal illness (Ross et al. 2016); the notoriously treatment-resistant 'cluster headaches' (Sewell, Halpern & Pope 2006); and to help with smoking cessation (Johnson et al. 2014). MDMA has shown promise as a PTSD

treatment alongside a short course of psychotherapy (Mithoefer et al. 2010, 2012), although the strength of the effect is debated (Chabrol & Oehen 2013). Even the much-maligned ketamine is effective for rapid alleviation of treatment-resistant depression (Murrough et al. 2013). Most of the studies, especially earlier ones, are small and poorly funded, but as a whole their findings suggest cautious optimism may be in order.

Meanwhile, psychologists and neuroscientists have been investigating the subjective and neurological effects of the psychedelics. Griffiths et al. (2006, 2008, 2011) looked at the immediate and long-term effects of 'mystical' experiences occasioned by psilocybin (by means of studies which incidentally involved creating a care-space-like supported environment for their participants). They found these 'mystical' experiences were associated with long-term improvements to wellbeing, and MacLean et al. (2011) - members of Griffiths' team - further found that psilocybin use was linked with lasting increases in the personality trait of 'openness'. Other research uses MRI scanning to theorise about the action of psychedelics in the brain, with Carhart-Harris et al. proposing neurological mechanisms for elevated suggestibility (2013) and 'ego death' experiences (2016) in psychedelic states. (For an application of the latter theory to experiences of ego dissolution in festival spaces, see Ruane (2017), and the discussion continues in section 4.5.) The researchers speculated that the temporary redistribution of brain signalling activity they observed in the 2016 study might underlie some of the clinical benefits of psychedelics in the studies above, by helping to jolt brain networks which had become 'entrenched in pathology' out of patterns of 'automated' behaviour (Carhart-Harris et al. 2016, p. 4858).

These emerging findings suggest that the social dimensions of psychedelic use are, at the very least, likely to be interesting; yet on the whole sociologists, criminologists and cultural studies scholars have not engaged with the topic. An initial salvo by Willis (1975) in classic Birmingham School anthology *Resistance through Rituals* concluded that hippies' psychedelic use drew their attention to how their lives were determined by larger social forces (a very interesting conclusion in light of current cultural attitudes, both to drug use and to free will; see sections 4.5 and 6.5) but was followed by decades of inactivity. Race

(2009) notes this surprising silence on the part of the Birmingham School and suggests that this was because applying their usual approach - celebrating subcultural practices, often as forms of resistance - would have been impolitic with regard to drugs. Similarly, Rowlandson (2013, p. 237) writes that recent research on psychedelics has been largely medical rather than cultural in nature because 'the medical avenue is respectable… medicine and therapy also provide a structure to accommodate the transformative and potentially unnerving aspects of psychedelics.' This aura of respectability does not (yet?) apply to social research in the area.

Rowlandson suggests that the containment of psychedelics within a medical context makes them appear less threatening to the social order, with the implication that without such containment they might seem more of a disruptive force. But *does* psychedelic use have the potential to disrupt social structures, or does it simply support the status quo? A handful of sociological studies have engaged with this question. Milhet and Reynaud-Maurupt (2011) contrasted 'lavish' users, who use psychedelics in large quantities in search of experiences which are as intense, fun, surreal and humorous as possible, with more restrained users who saw psychedelic use as a serious pursuit potentially leading to spiritual growth. In their analysis, the serious users' ideas of 'growth' were not countercultural or radical in nature but were in tune with the values of neoliberalism, part of its cultural regime of obligatory practices of 'wellbeing' and self-improvement (which, as others have pointed out, do not result in wellness and happiness so much as a neurotic sense of inadequacy and endless consumption of wellbeing-related products (Greco & Stenner 2013)). It is true that neoliberal concepts of self-improvement abound in New Age culture, which is a major influence on the transformational scene. Yet in the study by Riley, Thompson and Griffin above (2010), the participants' psychedelic experiences did not sit comfortably alongside neoliberal values. The nature of the mushroom trip was, they said, 'weighted towards connective experiences' (p. 446), and the participants had found that standard discourses of individualism were inadequate to make sense of what had happened to them on psychedelics. Seeing their experiences as potentially disruptive, they made efforts to contain

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them within a larger neoliberal framework - for instance by enclosing accounts of them within disclaimers or stressing that their mushroom use had not interfered with their economic productivity.

Many in the transformational festival scene would not feel the need to use such disclaimers, and have a variety of strong opinions about whether it is necessary or desirable to contain psychedelics within a social structure. The potential impact of such 'connective experiences' within a scene where connection is a core value and transformation is eagerly anticipated seems worth further investigation. I suspect that a more detailed exploration of the scene and its values and practices can, as Newmahr (2011, p. 202) puts it, 'challenge us to think differently' about academic and cultural understandings of 'recreational' drug use. The next section will begin this process with a review of literature on the festival experience.

2.2.2 Literature on festivals

The literature of festivals is a fractured body of work in which everyone lacks a substantial part of the picture. Taken as a whole, it portrays a paradoxical space where utopian longings for lasting social change meet practices of transgressive play, fluidity and chaos. Various forms of disinhibition are explicitly or tacitly permitted, particularly the relaxing of social inhibitions - which can give rise to collective effervescence and experiences of unity, outbursts of carnivalesque mischief and recklessness, or both at once. Yet this is a bounded kind of freedom which must be enacted within enclosed and usually heavily policed spaces. The work of tourism studies researchers reminds us that the festival space is still subject to management (by organisers) and control (by staff and agents of law enforcement).

A very short history of transformational festivals

The main cultural currents that converged to produce the transformational festival scene originated in Goa, the US west coast and the UK. A major influence, and still for many the paradigmatic event, was Burning Man. Beginning in the mid-80s as a spontaneous beach party which grew into the temporary metropolis known as Black Rock City, it was originally

an anarcho-punk event with an emphasis on art rather than music, but has always had ritual, transformative experience and collective creativity at its core (Jones 2011; Gilmore 2010). Larry Harvey, its founder, has said that a wish to create and nurture intentional community became an important driving force behind it early in its development (Palmquist 2004). A few years later the electronic 'dance camps' arrived; though some old-timers saw this as an infiltration, dance music is now an important part of many Burners' experience (Jones 2011).

Another influence on today's festival scene was the Goa trance movement. In the late 1960s, 'freaks' who had settled in Goa began holding 'spontaneous dance jams' on the beaches. These evolved into full-moon dance gatherings where DJs experimented with a sound which eventually developed into psytrance (St John 2012, pp. 34–5). An account by Mothersole (2012) of a Goa party in 1986 presages familiar elements of today's transformational festival scene: glowing UV artwork, psychedelics, chai stalls, and the 'incessant, narcotic groove' of proto-psytrance. Throughout the 1990s and 2000s as the Goa scene itself declined, its sound, aesthetic and philosophy mutated and spread into Europe, inspiring ongoing events such as Boom and Ozora festivals.

In the UK, the roots of transformational festival culture can be traced back to the Free Festival/New Age Traveller movement of the 1970s and 80s. McKay (1996) documented its early mass gatherings at sites like Stonehenge, and later, how it became infused with politics and protest in reaction to Thatcher-era crackdowns on the movement. In the late 80s and early 90s, it was reshaped and refuelled by the rise of rave and its legendary outdoor events (Dearling 2012). Though, as Reynolds (2012) relates, much of the UK rave scene was driven indoors (into clubland) by the Criminal Justice Act (1994), its music, atmosphere and politics lived on to an extent within the 'circuit' of officially sanctioned UK festivals. And when rave music migrated across the Atlantic in the late 90s, it combined with 'already existing progressive currents' on the US west coast and catalysed a proliferation of transformational festivals there (Leung 2010). Leung now speaks of the US west coast as the heart of the scene.

Although common threads of values, practices and aesthetics run through all these events and movements, the term 'transformational festival' is a relatively recent invention; a much-shared TEDx talk by DJ and filmmaker Jeet-Kei Leung (2010) helped to popularise it. The creation of an umbrella term coincided with a wave of self-reflection and self-documenting by the scene, including Leung's documentary series *The Bloom* (2013) and Wiltshire and Davis's lush photography book *Tribal Revival: West Coast Festival Culture* (2009). Such productions often have a glossy, evangelical feel, striving to represent the movement to outsiders and stressing its utopian aspirations. Scholarly perspectives can provide more nuance.

Liminality, otherness and time

Well before the transformational festival as we know it existed, anthropologists had described a phenomenon within festivals and carnivals in general which was to become one of its most characteristic features. The theory of liminality was introduced by Turner (1969), who fleshed it out further in later writings, notably his work on carnival in Rio de Janeiro (1987). Liminality is an 'in-between' state of being, characterised by a sense of being outside everyday reality; a temporary suspension of social rules; a non-ordinary experience of time (Turner called it 'cosmological' rather than 'civic' time (1987)), whether distorted, dilated, or entirely absent; blissful equality and unity with others ('co-liminars') sharing the liminal space, which he called *communitas*; and the taking on of new roles and identities. For Turner, the liminal state was one phase of a three-step 'rite of passage' model originally proposed by Van Gennep (1960): a pilgrimage or journey to a consecrated space, culminating in the ceremonial crossing of a threshold; the liminal state itself, in which the values of the community are instilled into participants; and an integration phase where the new identity found within the space is consolidated and reintegrated with society. Numerous scholars have invoked liminality theory in their writings on festivals, including Stone (2009), Getz (2010), Gilmore (2010), St John (2001, 2012, 2013), Wilks (2009), and Tramacchi (2004).

Critiques of the 'liminal paradigm' (O'Grady 2012, p. 97) show that it would be misleading to simply label transformational festivals as Turnerian liminal spaces, and the model has been reinterpreted and extended in various ways to fit them better. St John (2001) incorporated an emphasis on embodied experience, absent from Turner's original theory, and pointed out that the chaotic 'heterotopias' of transformational festivals had no single, clearly-defined set of social values to instil. Though there *are* distinct common threads of ideologies and beliefs throughout the scene, subgroups within it may also disagree strongly on how the party and the world as a whole ought to be (he relates an incident at Australia's ConFest where a group who disapproved of amplified music 'stormed the stage' of a psytrance camp and unplugged their generator). O'Grady (2013) represented the transformations that took place in liminal spaces as temporary and recurring, rather than once and for all; festivalgoers were not changed permanently, but rather returned again and again to spend time in the liminal state. Kendall (2006) turned liminality on its head by claiming that Michigan Womyn's Festival was the only place her lesbian participants did *not* feel liminal - that is, perpetually 'other' and marginal. In the temporary community of 'Michfest' they felt at home for one week of each year.

All the above criticisms are worthy of consideration; the original formulation of liminality *is* rather essentialist, totalising, and disembodied. And yet liminality theory (with its more recent extensions) is still a sharp and relevant lens through which to examine transformational festivals - because the scene has deliberately shaped itself in the theory's image. Cultural criminologists have pointed out feedback loops in which, for instance, crime shapes fiction and documentaries which in turn influence the next wave of crime; as Hayward and Young put it (2004, p. 259), 'the street scripts the screen and the screen scripts the street'. In a similar cyclical process, festival organisers and designers have been reading literature on liminality and rites of passage for decades and applying it to their events (Gilmore 2010). Entrances with the feel of ceremonial thresholds, sacred spaces for rituals (like Burning Man's Temple), strategies for inducing dancefloor *communitas*, and many other Turnerian features abound throughout the scene. The result of all this is that the effect

noted by Malbon (1999), in which the club played a role in inducing 'oceanic' experiences, is greatly amplified in festival spaces - and the loop keeps feeding back through each new generation of festival researchers.

Communitas: experiences of collectivity

Starting with Turner's theories of *communitas* (1969), various authors have noted that a common feature of the festival 'headspace' is an unaccustomed sense of unity with a wider collective. Gardner's participants (2004) on the US bluegrass festival circuit built up a sense of belonging within a temporary 'village' by creating elaborate camps into which they could invite each other for meals and jam sessions, while Kendall (2006) described her participants 'using love as a technology' to construct a community with norms of sharing and collectivism. Communal dancefloors played an important role; Duffy et al. (2011, p. 23) described festival dancing as a way to derive an 'emotional response of belonging… from our innate ability to communicate through pulse', but also a means of relational self-expression: '…the affective and emotional response to rhythm is an intricate part of how our bodies and their biographies are co-constituted in and through space.' On crowded dancefloors the sense of self could also become unusually porous and fluid or disappear entirely, especially with the addition of psychedelics. Tramacchi (2004) claimed that such 'loss of ego boundaries' was a common thread of psychedelic rituals in many different cultures, and that allowing the self to dissolve and reform resulted both in a stronger sense of identity and closer integration with one's community. Pike (2011) found that this could persist long after events; her Burner participants saw themselves as part of a 'tribe'.

Carnival: implicit politics and collective deviance

Relatedly, transformational events have been said to be sites of a largely unspoken yet powerful politics of collectivity - what Riley, Griffin and Morey (2007, p. 345) refer to as 'everyday' or 'small-p' politics. Once the festival gets going, a distinctive subjectivity develops characterised by an emphasis on play, spontaneity, states of creative 'flow' (O'Grady 2013), and aversion to everyday 'clock time' (Mesnil 1987). Bakhtin's work on medieval carnivals

(1984) introduced the concept of the 'carnivalesque', a state of social inversions, temporarily sanctioned chaos and mischief, and criticism of the status quo through satire and play, which has been applied so extensively in festival scholarship that it is 'now something of a cliché' (Martin 2016). For instance, carnival's qualities of disinhibition, transgression and recklessness have been linked by Vitos (2009, 2010) to the aesthetic of grotesquerie, horror and black humour within the 'darkpsy' scene (revolving around a style of psytrance intended to sound frightening or shocking), and by O'Grady (2012) to risky 'deep play' practices which might involve experimentation with unfamiliar drugs. Presdee (2003) pointed out that in the modern, commercialised carnival transgression itself is part of the product: appropriated, packaged and sold back to customers, it loses a great deal of its disruptive power in the process. Yet the festival scene may still have an important social role to play simply because it is one of few remaining settings which can play host to such bursts of transgression at all; as discussed in the earlier section on club culture and the city, many of the other options are currently vanishing.

Numerous commentators on the carnivalesque starting with Bakhtin (1984) have offered the caveat that the protest, satire and disinhibition of the carnival might not ultimately *do* much; that it is, as with Reynolds' writings on rave (2012), merely a 'safety valve' enabling the letting off of steam before a return to docility. They have a point, especially regarding events where ideas of transgression and transformation are highly commodified or securely sealed within layers of irony. However, some of the literature implies that in a highly individualised society there is something subversive about collective experiences in and of themselves. As Garcia (2011) pointed out, neoliberal ideology is ill at ease with large crowds, representing them as violent 'mobs' who threaten independent selfhood. But perhaps what is actually being threatened in a festival crowd is not the self in general but something more specific and culture-bound: identity as a unitary neoliberal subject (as described by Rose, Barry & Osborne (1996)) constantly engaged in processes of self-monitoring, self-governing and efficiency maximisation. Bengry-Howell et al. (2011) find that participation in festival collectives is temporarily destabilising to such conceptions

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of neoliberal identity, while St John states that festivalgoers become 'unburdened of disciplined, voluntary modes of subjectivity' (2012, p. 116). Ruane (2015) observed that psychedelics and large crowds were both known to increase suggestibility and openness; given this fact, it is perhaps unsurprising that participants in festival crowds have non-ordinary experiences of self and other. Such suspensions of everyday subjectivity and respites from neoliberal self-governance could of course be portrayed merely as temporary releases of tension which ultimately support the status quo; but it is possible to hope that their communal aspects might stand as counterexamples to neoliberal doctrines of isolation, competition and mistrust of collectivism which can sometimes seem like universal truths.

How such experiences of fluidity interact with work responsibilities within the festival - for instance, among PS/HR workers who must adhere to a pattern of shifts - has yet to be studied.

The 'cultural laboratory': festivals, utopics and explicit politics

> Free festivals are practical demonstrations of what society could be like all the time: miniature utopias of joy and communal awareness rising for a few days from grey morass of mundane, inhibited, paranoid and repressive everyday existence *(anon. quoted in McKay 1996, p. 16)*

Alongside its implicit and 'small-p' political undercurrents, the transformational festival scene also has explicit politics and aspirations towards social transformation. Although not all festivalgoers are engaged with this project, its themes recur frequently in literature about the events and writings by their core loyalists. One of the most salient is the notion of utopia - which can mean creating an ideal society within the enclosed world of a festival for the duration of the event (as when UK festival Noisily billed itself as 'a hedonistic microsociety void of prejudice' (Noisily website 2015)), or involve more ambitious dreams of what festivalgoers would like society as a whole to transform into. Imagery of utopia, heaven, paradise and changing the world saturates festival environments, documents, and lecture and workshop programmes, and even influences event layouts: the map of Burning Man's Black Rock City shares a number of features with that of the island of Utopia in the eponymous book by St Thomas More (1984 (1516)).

Louis Marin (1984) introduced the idea of utopics: a practice of 'spatial play' which aims to construct physical representations of 'the good society'. Utopic projects create points at which utopian ideals cross over into physical space. Hetherington (1997b) applied Marin's ideas to UK festival culture and the New Age Traveller movement, documenting the significance of sacred sites like Stonehenge within their utopics. However, traditional utopias - such as those in literature - tend to be totalising, focusing on one designed way of life which is applied uniformly to an entire society: a poor fit for the motley collection of political projects within the festival scene. Thus Hetherington (1997a) employed Foucault's concept of heterotopia: a neutral space set apart from normal society in which a variety of 'real sites' can be 'represented, contested and inverted' (Foucault 1984, p. 3). Festivals offered heterotopian spaces in which multiple utopic experiments could coexist - whether peacefully or not - side by side.

What do these experiments involve? Some of the literature considers the festival as a site where activist networks are created and mobilised, usually in the areas of environmentalism, sustainability and intentional community-building. Purdue et al (1997) described how festivals in the south-west of England, including Glastonbury, acted as 'cultural laboratories' in which festivalgoers connected with others who shared their values, forming 'green milieux' - loose social networks of environmental activists which persisted year-round. Jones (2011) documents several volunteer projects which originated at Burning Man; for instance, Black Rock Solar constructs renewable energy facilities in disadvantaged communities. Similarly, Luckman (2012) discusses the spontaneous formation of Burners Without Borders - a group who use festival-learned planning and construction skills to assist disaster relief efforts - at Burning Man when news broke about Hurricane Katrina.

Others, however, have taken a more abstract approach to the notion of 'cultural laboratory', looking at the festival as an experiential testbed for different ways of being. Turner (1987) described carnival in Rio de Janeiro as 'society in its subjunctive mood', enabling participants to dream about social possibilities - a theme taken up by O'Grady (2012), who characterised play at psytrance festivals like the UK's Shamania as a way of

imagining new social forms through spontaneous performance: 'What if we did things differently?' In these writings, the festival is not a space for the literal enactment of alternative political systems, but a thought experiment. For Kozinets (2002, p. 36), though Burning Man cannot claim to be apart from the market in practical terms (although no money can be used there, spending is merely displaced in time as Burners stock up on supplies on the way), it does '[offer] a conceptual space set apart within which to temporarily consider' the tensions and contradictions of life in a market economy.

Kozinets is unsure about the utility of the thought experiment, asking, 'Does catharsis allow a return to unquestioned market logics and therefore solidify the cultural dominance of the market?' (Kozinets 2002, p. 37). Others have gone further, like Grateful Dead member turned social commentator John Perry Barlow (cited in Jones 2011) who called for a boycott of Burning Man by the 'creative classes' on the basis that it was an elaborate plot to 'leech' their energy and render them politically ineffectual.

However, the hoped-for social transformation which is most relevant to this thesis is one whose supporters are using the festival as a testbed for social change in a very literal, tangible way, arguably with measurable results. This is the legalisation and destigmatisation of psychedelic use for therapeutic, recreational and spiritual purposes. Emerson et al. (2014) discuss a festival harm reduction project which acts as a 'teaching hospital' for would-be psychedelic therapists and hopes to provide an example of how psychedelic support could work on a larger scale, though currently it can only operate within festival spaces. The authors, who are therapists and campaigners for drug law reform, hope it will act as a step on the way to the legalisation of psychedelic therapy.

Subculture, neo-tribe or scene?

What is the nature of the festival collective? While preparing for fieldwork I reviewed scholarly attempts to explain and model youth cultures, countercultures and music-based groupings. Given the political ambitions of transformational culture, subcultural theory was an obvious starting point, yet aspects of it did not apply. In the literature, subcultures were

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populated by young people (with the notable exception of Hodkinson's writings on the goth scene (2004, 2012)), engaging in practices of 'magical' resistance with no tangible long-term effects on society (Clarke 1976), and were thus inherently temporary phenomena. Hebdige's seminal work on UK subcultures (2012 (1979)) shows each successive group - the mods, the skinheads, the punks - burning brightly for a few years and then dispersing or fragmenting into something different. The transformational scene seemed to me unusually multigenerational (and preoccupied with long-term utopian projects) for a subculture.

Yet most criticisms of subcultural theory state that it attributes too *much* coherence and permanence to the groups it studies. Many of these critics prefer Maffesoli's work on neo-tribes (1996) (to name a few of those applying it to festival culture: St John (2001, 2012); Purdue et al. (1997); Kozinets (2002); Riley, Morey and Griffin (2007); Riley, Thompson and Griffin (2010); Van Veen (2010); McCaffrey (2013); and Greener and Hollands (2006)). Neo-tribal theory depicts groups 'characterised by fluidity, occasional gatherings and dispersal', engaging in shared experiences 'which are fragile but for that very instant the object of significant emotional investment' (Maffesoli 1996, p. 76). It is suggested that this fluidity is a better fit for the playful 'pick and mix' practices of modern youth than are the long-term loyalties of subcultural theory. Some scene members have indeed adopted the term 'neo-tribe'. However, in popular use the meaning of the term has changed in revealing ways. It has become 'tinged with elements of tribe *qua* traditional peoples' (Luckman 2012), and thence with concepts which contradict Maffesoli's emphasis on fluidity and impermanence. In the field I found that the much-used term 'tribe' had connotations of close-knit, lasting community that went beyond one's blood family - an objection also raised by Hesmondhalgh (2005), who added that the term 'neo-tribe' was 'a projection of pre-modern symbols on to putatively new phenomena' (p. 24). Pike (2011) quotes a post made on a bulletin board soon after Burning Man which alludes to this yearning for a longer-lasting connection: 'In the dust I found my clan… I will keep the ashes burning until again I join my tribe' (p. 155).

Reluctant to declare transformational culture either subcultural or neo-tribal, I settled on the term 'scene'. Coined by Straw (1991) to indicate 'coalitions' of musical taste that took in producers, event promoters, fans, and other fellow-travellers, often with a strong sense of place (though a scene could also be trans-local and partly virtual), it was further developed by Driver and Bennett (2015) who added an element of embodiment: one uses the body to perform scene affiliation, for example through styles of dancing, and this can imprint on the body 'at an existential level' (p. 112) with deep and lasting effects. All these elements are strongly present in transformational culture, which features shared (though not universally shared) musical, aesthetic and political passions; global reach and a strong online community but also deep attachment to particular sites on the festival 'circuit'; and a sense that the body is both a means of expression and a site of viscerally powerful transformative experiences.

Even so, both subcultural and neo-tribal theories proved useful as lenses through which to examine the scene - observing what fit and what did not, and considering the implications - throughout fieldwork and analysis.

Tourism studies: festival as business venture and workplace

Meanwhile in a kind of academic parallel universe, an almost entirely separate body of research on the festival has been taking place: the work of tourism studies scholars. Of the literature discussed above, it cites Turner's original liminality theory (1969) but little else, although the discipline has embarked on an anthropological/cultural-theory turn in the last few years. An extensive review of the area (grandly but inaccurately titled 'The Nature and Scope of Festival Studies') was conducted by Getz (2010). Having inherited its theoretical underpinnings and assumptions from business studies rather than sociology or anthropology, the tourism studies work has a different set of priorities, concerns and problems to solve. Practical and instrumental in nature, it aims to help event managers run successful and profitable festivals which will give them and their local area a competitive edge and increased touristic appeal (Ali-Knight et al. 2009). Its non-academic target

audiences are event organisers, arts policymakers, and other stakeholders in the festival business. One of its key areas of interest is the measurement of customer behaviours and levels of satisfaction within and after events. Until recently this measurement was almost entirely quantitative, as Holloway, Brown and Shipway (2010) pointed out while arguing for the adoption of ethnographic methods. Another important interest, more relevant to this thesis, is health risk at events. Tourism scholars dip into the fields of medicine, epidemiology and environmental health in order to address topics like disease transmission at events (Stone 2009) and the health risks of crowds (Mackellar 2013); the health of festivalgoers is seen as another aspect of the business which must be managed carefully if the event is to run smoothly. (This literature treats as common sense an attitude to risk management which other schools of thought have deconstructed extensively; see section 2.3.)

This research is generally more relevant to mainstream festivals than transformational events, of which it seems largely unaware (for instance, Stone (2009) takes it as given that modern festivals are apolitical and have a clear performer/spectator divide). It does, however, contribute an important perspective by demonstrating that festivals are not just spaces of play and fluidity, but also workplaces and business ventures; and that organisers have their own set of priorities regarding the welfare and longevity of their events, with health risk seen as a threat to the event which must be managed effectively (along with other threats like illegal behaviour). For organisers, says Martin (2016), 'balancing the sanitised and commercialised aspects of festivals with the countercultural or carnivalesque dimension is key to securing their future success.' For transformational festival organisers in particular, who often start out as scene members, this balancing act entails a series of compromises in order to placate the authorities and protect their event (see section 4.4).

In summary, the literature of festivals portrays a paradoxical space of chaos and control which offers opportunities for forms of extraordinary communal experience and

semi-sanctioned deviance - often drug-fuelled - which are becoming increasingly rare elsewhere. Turner (1987) suggested that such places and the carnival disinhibition they enabled were necessary for the health of a society; without them, he wrote, 'the people perish'. Yet the enclosed nature of festivals which enables the sense of safety and separation from the everyday also allows these behaviours to be contained and closely monitored by organisers, police and other interested parties. Through this thesis I wanted to examine what happened at the intersections between these mechanisms of social control and the seemingly unstoppable drive to party - because I suspected there was something to be learned here about the nature of the psychedelic crisis, and further, that PS/HR projects would have a complex relationship with these intersecting forces. The next section of the review considers literature relevant to the second research question: how the harm of drugs has been conceptualised, and the approaches taken to ameliorate it which now inform the work of PS/HR spaces.

2.3 Approaches to drug crisis care: harm reduction and psychedelic support

The literature to be reviewed in this section addresses itself to a fundamental question: what should a society do about drug users who are experiencing difficulties as a result of their use? For a long time the answers involved criminalising users or treating them as diseased, and subjecting them to various forms of condemnation and coercion. This review focuses on two alternative responses: harm reduction and psychedelic support. Both are care approaches which grew out of grassroots efforts to deal with the problems of a particular group of substances, but one gained some political respectability (at least in places) while the other was driven underground until recently. The two approaches are intertwined, and sometimes mutually opposed, throughout the theory and practice of PS/HR. This section lays the groundwork for the second research question by first considering literature on the development of the harm reduction approach, along with critical analyses of its philosophies,

practices and implications, before turning to the small body of work on the psychedelic support approach. It concludes by drawing both threads together, showing how the two approaches contributed to the development of festival PS/HR.

A brief history of harm reduction

Harm reduction began as a peer advocacy movement by a group of Dutch heroin users, the 'Junkiebond', who first went public at the beginning of the 1980s (Blok 2008). The movement set out to offer an alternative to approaches based on attempts at supply and/or demand eradication, and 'abstentionism' or use reduction. Instead they sought to reduce 'risk behaviours' such as the sharing of needles. The focus was on addictive drugs, especially heroin, and the aim was to save lives, particularly by stemming the spread of HIV. Their pragmatic approach, which had peer-based services at its heart - on the basis that 'drug users themselves know best what their problems are' (Wijngaart 1991, cited in Marlatt 1996, p. 784) - became known as the 'Dutch model', and is still being used by peer harm reduction projects around the world. However, Marlatt goes on to relate, a few years later another approach to harm reduction appeared - called the 'UK model' because it was first put forward at an influential conference in Liverpool in 1990. The UK model foregrounded the doctor-patient relationship rather than peer support, while emphasising a view of addiction as a medical problem. Reformers welcomed this framing as an improvement on common views of addicts as criminals, and the UK model began to garner political favour in places - and drift further and further from its peer grassroots - while practitioners of the peer-based Dutch model were more likely to remain on the fringes.

Definitions of harm were being codified throughout the 90s. Newcombe (1992) put forward a two-dimensional 'conceptual framework' which divided drug harm into types (health, social, and economic) and levels (individual, community and social). Interestingly, he pointed out that drugs could also have benefits - for instance, psychedelics could inspire new art forms - but this theme does not reappear explicitly in the discourse of the field until the late 2000s. The taboos and silences around discussions of drug use examined in section

2.2.1 also affected practitioners of, and commentators on, harm reduction. Like Newcombe, who went on to create a guide for would-be psychonauts (1999), many were as interested in maximising benefits as minimising harm - especially peer HR workers, and especially in the areas of non-addictive and 'party' drugs - but it has been highly controversial to say so until recently. Harm reduction projects have even been critiqued on the grounds that their actions *imply* an insufficient emphasis on harm. Dundes (2003, p. 19) claimed that drug checking project DanceSafe's presence at raves could be dangerous in itself because it 'erodes a powerful deterrent' - the fear of adulterants - encouraging more people to try MDMA. Over the years, political expediency was to shape the discourse around the HR approach so that harm was increasingly stressed while benefits faded into the background, acknowledged by practitioners among themselves but not advocated in public.

According to Marlatt, the four central principles of harm reduction as it was practiced in the US in 1996 were as follows:

> 1. Harm reduction is a public health alternative to the moral/criminal and disease models of drug use and addiction…
>
> 2. Harm reduction recognises abstinence as an ideal outcome but accepts alternatives that reduce harm;
>
> 3. Harm reduction has emerged primarily as a 'bottom-up' approach based on addict advocacy, rather than a 'top-down' policy established by addiction professionals;
>
> 4. Harm reduction promotes low-threshold access to services as an alternative to traditional high-threshold approaches (Marlatt 1996, p. 779).

Point 3 shows that peer support was still central to the approach at that point. Marlatt also demonstrated that early US harm reduction advocates, including then-Surgeon-General Joycelyn Elders, perceived drug use as occurring in a complex social context and believed that marginalisation and inequality contributed both to the likelihood of drug use and the harm arising from it.

As the 1990s went on, harm reduction began to gain influence in other countries. However, when it was adopted by government agencies the approach often mutated, losing its more progressive aspects. Although in the 70s the UK government had been open to

cooperation with peer-based projects like Festival Welfare (perhaps the ur-example of a British festival HR initiative), the Thatcher era changed this and Festival Welfare, like other such projects, lost its funding (Dearling 2012). The version of harm reduction the UK government began to support in the early- to mid-90s had much more of a 'top-down' character. The report 'Tackling Drugs Together', produced by John Major's Conservative government, lacked Joycelyn Elders' and her American contemporaries' awareness of the social context of drug use. Instead it infused harm reduction with an individualist, yet judgmental, approach bound up with neoliberal ideologies. Australian drug policy of the time took a similar approach. Rather than taking social problems like poverty and unemployment into account, these policies depicted an isolated, rational subject who had the unconstrained choice to take drugs or not (O'Malley 2002). If they did so and became addicted, this amounted to 'a pathology of the subject's individual freedom' (O'Malley 2002, p. 279) or a 'disease of the will' (Valverde 1998).

Under New Labour, with the publication of the report 'Tackling Drugs to Build a Better Britain' (also cited by O'Malley (2002)), social problems were back on the radar in the UK. Campaigners were working to bring a view of the drug user as part of a community back into policy (Arnull 2011). This had commonalities with the 'risk environments' approach of Rhodes and his collaborators (Rhodes 2002; Rhodes et al. 2005), which showed drug use not as an individual phenomenon but occurring within a complex web where both personal agency and social pressures played a role.

However, to Arnull's chagrin, New Labour policymakers interpreted this foregrounding of community as a simple story of the user harming their local social network through drug-related crime. This formulation characterised much UK drug policy under New Labour. According to Hunt and Stevens (2004), the emphasis shifted to harms done to the community around the drug user, whereas the approach to the user themselves became more punitive, focusing on 'drugs as an engine of crime'. Duke (2006) describes growing emphasis on the drugs-crime link by policymakers and drugs organisations alike, although the causal power of the link was far from certain. Hunt and Stevens (2004) show how the

introduction of DTTOs (Drug Treatment and Testing Orders) forced changes in how drug services worked. Because DTTOs required users to sign up for programmes of therapy, managers of drug treatment services had to reallocate workers from voluntary programmes to new forms of 'quasi-compulsory treatment', or find a way to accommodate these non-voluntary service users within their normal working practices. Because DTTOs required complete abstinence, thresholds of services - that is, the extent to which access to them was conditional on users' behaviour - rose. Coerced treatment began to replace the previous emphasis on voluntarism.

This view of users, harm and crime was pervasive throughout Labour's time in power, codified as the notion of the 'HHCU' (high harm-causing user) (Radcliffe & Stevens 2008). Although organisations like the National Treatment Agency advised service providers to involve users in their own treatment, in practice this was merely lip service to the Dutch model: 'a box-ticking exercise where users are consulted as a matter of course, but their suggestions are not acted upon' (Chatwin 2010). Meanwhile, peer HR projects who actually enacted the Dutch model - like Crew 2000, an Edinburgh organisation who took their inspiration from a coalition of homeless people, drug users and sex workers in New York (McDermott & McBride 1993) - persisted with their work throughout this period, but had to deal with meagre funding and stigma.

In the US, harm reduction was in even worse straits. As MacCoun wrote in 1998, even in the heyday of its political influence projects like needle exchanges had had an uphill struggle:

> prescription laws, paraphernalia laws, and local 'drug-free zone' ordinances ban needle exchange programs in most of the country. Indeed, almost half of the existing programs are operating under an illicit or quasi-legal status (MacCoun 1998, p. 1200).

As section 2.4.1 will show, throughout this period the US was also lobbying against harm reduction initiatives by the UN; and by 2003 a swing back towards neoconservatism and abstinence was underway. The Partnership for a Drug-Free America produced misleading figures about the rising popularity of Ecstasy which influenced Joe Biden to push

through the RAVE (Reducing America's Vulnerability to Ecstasy) Act (Levy, 2004). Among other restrictions, the Act criminalised the provision of harm reduction services at events (Anderson 2014; Emerson et al. 2014); section 2.4.5 will discuss the implications for the US festival scene. Harm reduction in the US today is strongly advocated by peer-based activist groups such as (in the recreational drug field) DanceSafe and the Drug Policy Alliance, many of whom are also campaigning for policy reform. Nonetheless, despite its brief moment of political influence in the 90s, it is still seen as the province of radicals.

However, it took hold much more strongly in many European countries (Cook et al. 2010). Several countries made HR a key part of their drug policy, most notably Portugal, who embraced it as part of its drug decriminalisation project (Hughes and Stevens, 2010). European state-based harm reduction tends to follow the UK model, foregrounding a view of drug addiction as a medical problem and focusing on care by medical professionals; for instance, Portugal opened treatment centres countrywide as part of its policy roll-out. However, as will be discussed, peer-based care does play a role.

Critiques of harm reduction: shifting definitions of harm and criminalisation of users

Perhaps predictably given its attempt at 'staking out the common ground' between right-wing prohibitionists and human rights advocates by presenting itself as value-neutral (Hathaway 2001, p. 126), the harm reduction paradigm sustains criticism from both sides. Pro-abstinence critics see it as overly permissive. Many politicians in the US and UK have claimed that harm reduction 'sends the wrong signal' (MacCoun & Reuter 2001, p. 2; Carnegy 2013) by implying that it is possible to take drugs safely, and some scholars agree, such as Dundes (2003). McKeganey (2006) complains that harm reduction projects should be striving to achieve higher abstinence rates and are failing to do so, while Kellogg (2003) wishes to promote a type of harm reduction called 'gradualism', in which risk behaviours are reduced in the short term but the long-term goal is abstinence.

In contrast, some pro-reform critics see harm reduction as not radical enough - though most of these critiques are more relevant to the state harm reduction programmes

discussed in the previous section than to lower-profile peer initiatives. Some have taken issue with the concept of drug harm they use, whether focusing on its shaky evidence base (Nutt, King & Phillips 2010); saying it gives insufficient priority to the welfare of users, leaving it open to abuses (Hunt & Stevens 2004); or examining how it is bound up with power relations, like Rhodes (2009, p. 193). He proposes a new framework which 'shifts the responsibility for drug harm, and the focus of harm reducing actions, from individuals alone to include the social and political institutions which have a role in *harm production*' (emphasis mine). Chatwin (Telegraph 2015) pointed to UK government agencies' failure to issue a warning about PMMA (a substance sold as MDMA which had caused several deaths in the Netherlands, and went on to cause several more in the UK) as an example of this institutional-level harm. Rolles and Measham (2011) further suggest that numerical harm scales like those of Nutt, King and Phillips (2010), conceived of as attempts to bring more of an evidence base into discussions of drug harm, can instead mask institutional-level effects.

Other critics question whether, in relation to some drugs, the focus should be on harm at all. They suggest that the harm reduction approach, with its roots in the heroin/AIDS crisis (and which, as discussed, has focused on harm over the intervening years due to political pressures), is a poor fit when dealing with psychedelics and other substances with low risk of harm and potential clinical and social benefits. Tupper (2008) reintroduces the idea of benefit maximisation as an alternative or adjunct approach to harm reduction in relation to psychedelics, while Emerson et al. (2014) and Tennison (2012) propose that psychedelic use and psychedelic therapy could play a role in urgently needed social change. Such critics might be pleasantly surprised to learn of the largely unspoken groundswell of support for benefit maximisation within the HR movement. Nonetheless, voices like these inform the psychedelic support approach to care, examined below.

Harm reduction, neoliberalism, free will and risk management

One strand of criticism of harm reduction focuses on how it is intertwined with neoliberal ideologies and governance strategies, in particular ideas of personal agency and the theory

and practice of risk management - both of which are recurring themes of the thesis. Riley, Thompson and Griffin (2010, p. 446) describe neoliberalism as 'a form of governance that has come to dominate British politics and common sense notions of subjectivity'. Under neoliberalism, the self is constituted as an autonomous, competitive individual, called upon to take full responsibility for their own wellbeing and ongoing projects of self-improvement (Harvey 2005; Greco & Stenner 2013) and supposedly free to make choices, which are seen as the primary cause of their situation in life with social and systemic forces thought to have comparatively little effect.

Yet, as Riley, Thompson and Griffin suggest, free will under neoliberalism is tightly bounded: we must choose 'only "appropriate" choices' (p. 446) which fit the wishes of the apparatus of governance. These near-subliminal 'micro-processes of power' enable those in positions of power to govern 'at a distance' (Rose, Barry & Osborne 1996, p. 43). In the UK, neoliberal ideology has been mobilised by Conservative governments wishing to reduce utilisation of social welfare (Duschinsky, Greco & Solomon 2015) and increase the geographical mobility of workers by breaking up local communities and extended families (Purcell 2011). As discussed, it also provided the ideological framework for the UK and Australian state harm reduction approaches of the 90s and beyond, which portrayed drug use as exclusively a matter of free will while the social context faded away (O'Malley 2002). O'Malley (2002) and Valverde (1998) showed how such 'misuse' of the faculty of free will - seen as a core aspect of a person's humanity - was portrayed as deeply pathological. Combined with the idea that drug users' problems were simplistically the result of their 'bad choices', this idea formed an access point through which moral censure and dehumanisation of drug users entered the UK government harm reduction programmes. Although peer-driven harm reduction was more resistant to this infusion of neoliberalism, it was so influential that its assumptions and vocabularies do sometimes show up in their writings and practices.

Another relevant part of neoliberal ideology is risk management. The neoliberal project seeks to optimise all areas of the social world, from large institutions to individual

life and health, using managerialist techniques of quantitative measuring and auditing (Rose, Barry & Osborne 1996). Risk management is a manifestation of this, a preoccupation with identifying risks and predicting their likelihood in order to avoid them or minimise their negative consequences (that is, 'manage' them). This is commonly perceived as a mathematical process which produces objective results. However, since the first appearance of risk management practices scholars have been pointing out their socially constructed nature, starting with Douglas and Wildavsky (1982), who found that risks were perceived as more serious if they transgressed cultural ideals of 'purity' or involved stigmatised outgroups, and that risk management discourse was used to underscore prejudices against such groups. Furthermore, while a certain level of risk was thought acceptable in culturally valued activities, for stigmatised ones no risk - however tiny - could be tolerated. This attitude still permeates the cultural conversation around drug use, as was evident from the uproar caused by David Nutt's comment that ecstasy was 'less dangerous than horse-riding' (BBC News 2009). The risks of psychedelics, for instance, seem to be extremely low; for instance, a recent meta-analysis with a total survey population of 21,000 found no statistically significant risk of mental health problems for long-term users and concluded there was no causal link (Krebs & Johansen 2013). Yet the drive to avoid 'condoning' drug use leads to verbal contortions in which the risk is said to be tiny and yet serious, such as an article on health website patient.info which declares rises in psychedelic use 'worrying' in the same paragraph as a statement that the mental health risk they are discussing (Hallucinogen Persisting Perception Disorder, or HPPD) is 'exceedingly uncommon' and 'no reliable prevalence data are available' (patient.info 2011).

Harm reduction, with its remit of reducing 'risk behaviours', began as a response to one particularly stigmatised type of risk: that of injecting drug use. Its focus on risks to the drug users, whose welfare was widely considered unimportant, was highly progressive. However, in responding to the politically loaded discourses of risk, pollution and stigma around drug users, it was still operating within that framing of the issue and to some extent reifying it. One aspect of this framing, as mentioned above, is that because the activity is

such a stigmatised one no amount of harm, however tiny, is considered an acceptable risk. This can create very high expectations of PS/HR projects - for instance, the implication that they should be able to eliminate drug-related harm for all their visitors. In the chaotic, unpredictable drugs milieu of festivals, such expectations are highly unrealistic.

As Hathaway (2001) describes, many drug policy campaigners and psychedelic support workers have embraced the harm reduction approach while privately considering it a 'stepping-stone' to broader reform. However, there are several reasons to suspect this strategy is flawed. Firstly, in most parts of the world adopting harm reduction practices and terminology may not confer much respectability. Inciardi (2008) suggests that even in the late 90s the US authorities were not convinced by harm reduction's claims to neutrality, seeing harm reduction as a 'cover story' for drug legalisation. In the UK it has lost a great deal of influence since 2010 and is no longer part of government policy, as section 2.4.3 will show.

A second problem became apparent in the field, where PS/HR workers' conflation of the psychedelic support approach with supposedly more respectable harm reduction caused more problems than it solved (see chapters 5 and 6). The psychedelic support approach has a very different set of assumptions, techniques, views of the self, views of drugs, and substances to which it is particularly applicable. Some of its rather shadowy history will be unfolded in the next sections.

The origins of psychedelic support

Unlike harm reduction, there is no coherent, interconnected collection of academic literature commenting on psychedelic support and its social implications. This is because since psychedelics and their associated research and therapy were made illegal it has existed largely underground. Recently, however, the same campaigning efforts and shifts in the political climate which have enabled psychedelic research to resume have also made it possible for practitioners of psychedelic support to come into the open and begin combining

their disparate bodies of clandestine knowledge - and formalising the principles of the approach.

One thing psychedelic support has in common with harm reduction is that one of its aspects is peer-based and the other is based on doctor-patient relationships. On the peer-based side, for decades psychedelic users have passed around anonymous documents containing suggestions about dosage levels, safety advice, and what to expect from a trip. The Erowid website (www.erowid.org) acts as a central repository for these guides, as well as thousands of experience reports. A common piece of safety advice is to have a 'sober sitter' (the origin of the PS/HR term), and some documents are addressed directly to sitters, like the 'Psychedelic Crisis FAQ' (see Erowid (2014) for the most recent version). Guides like these formed the kernel of the recently published Manual of Psychedelic Support (MOPS) (Oak et al. 2015), a compendium of the knowledge of sitters around the world. Other reference texts of the psychedelic support movement are *PiHKAL* and *TiHKAL* (Shulgin & Shulgin 1995, 1997) - respectively, *Phenethylamines* and *Tryptamines I Have Known And Loved*, which combine recipes for the chemicals with accounts and guides drawing on the Shulgins' and their friends' experiences of testing them out. Yet one has the impression that these documents and guides are the tip of an iceberg of orally transmitted psychedelic support advice, grounded in the lived care practices done informally by psyculture members for each other.

Meanwhile knowledge was also being gathered on the doctor-patient side (which is less distinct from the peer-based side than in harm reduction, since many of the doctors are open about having had some experience with psychedelics). In the US, some therapists had been incorporating psychedelics and MDMA into their treatment of clients, and a few continued after the substances were banned, including one therapist known for a long time only as 'The Secret Chief' (Stolaroff 1997). Sessa and Fischer (2015) give an account of another therapist's years using LSD and 2C-B in group sessions at her home in Switzerland until she was exposed and arrested. Whether actually using them in their work or not, some of the staunchest advocates of psychedelic support approaches are therapists and other

mental health workers, and many are also activists for the legalisation of psychedelic therapy (Emerson et al. 2014).

Models of psychology informing psychedelic support and therapy

Therapists who have practiced, or advocate for, psychedelic therapy often have a theoretical background in the psychodynamic model of psychology (especially Jungian psychology) and use psychotherapeutic methods, whether exclusively or in combination with others. Psychedelics also have close links with the humanistic and transpersonal fields of psychology. Friedman (2006) suggests that the development of humanistic psychology in the 60s may have been sparked by psychologists' own experiments with psychedelics, and that transpersonal psychology was a later result of the same process of exploration.

These models manifest in psychedelic therapy and support practices in numerous ways, a few of which are described here. From Jungian psychodynamic therapy come ideas of 'integrating the Shadow' - that is, that it is beneficial to access and confront buried psychological material such as memories, traumas and disliked aspects of the self (for a psychedelic therapy case study of this process see Shulgin & Shulgin 1997, pp. 215-220); and catharsis (or abreaction), in which reliving of difficult experiences and full expression of the emotions associated with them can release tensions and alleviate problems associated with keeping them repressed (Grof 1988). From humanistic psychology comes the idea of unconditional positive regard, in which the therapist creates a safe, nonjudgmental space for clients rather than criticising their behaviour (Goldsmith (2010) discusses its use in his therapeutic practice). Finally, transpersonal psychology brings in an element of spirituality and an emphasis on the aspects of one's problems which are relational, multi-generational, social, or otherwise bigger than oneself (Friedman 2006). Particularly relevantly to this thesis, therapists drawing on transpersonal models have a more fluid, porous conception of the self than is common in mainstream psychology. The self is seen not as a discrete individual but as a node in a social and ecological web, whose identity can diffuse out into the network and be deeply affected by it. Grof (1988) wrote that a number of his clients

seemed to be experiencing and processing wider social, ecological or past-generational problems through their therapy.

The account of an underground psychedelic therapist's career given by Sessa and Fischer (2015) shows some of these models and techniques being put into practice. The therapist had a background in psychotherapy which shaped her approach to the psychedelic sessions, many of which focused on creating a safe-feeling space for confronting, reliving and reframing memories of past trauma.

The psychodynamic, humanistic and transpersonal approaches to psychology are somewhat unfashionable today, while the cognitive and biological approaches and their associated therapies are perceived as more effective and more evidence-based. Although the current 'replication crisis' (the discovery that many key experimental findings in psychology do not replicate) casts some doubt on the experimental and statistical methods they favour (Spellman 2015), cognitive and biological models of psychology still dominate the field. The implications of this situation for psychedelic therapy and its potential place in the world of psychology will be explored later.

The principles of psychedelic support

Like harm reduction (as shown by Marlatt (1996)), psychedelic support has four central principles. These feature in the training materials of all three organisations I worked with, and in manuals like the one quoted below (though there are differences in how they are practiced and which ones are emphasised):

 1: Create a safe space

 2: Sitting, not guiding

 3: Talk through, not down

 4: Difficult is not the same as bad *(Zendo 2013)*.

'Create a safe space' suggests that a comfortable setting and reassuring company, along with lower stimulus than the rest of the event, can help crises to resolve. The 'space' is at once physical and conceptual, with care space layout and the demeanour of sitters both

playing a role. '**Sitting, not guiding**' relates to the belief that psychedelic experiences have their own internal logic and that sitters should allow them to take their own course where possible, rather than attempting to redirect them or impose their own ideologies on what the visitor is going through. Relatedly, '**talk through, not down**' indicates that sitters should allow the experience to proceed at its own pace rather than attempting to bring it to an end. This is thought to lead to better closure for the visitor. This philosophy underlies the PS/HR movement's general disinclination to use benzodiazepines and other tranquillisers to halt drug experiences. Finally, '**Difficult is not the same as bad**' reframes the 'bad trip' as a difficult but potentially worthwhile experience, in which fully experiencing and expressing the problematic feelings that arise can have beneficial results (catharsis/abreaction). Conversely, resisting the process is thought to exacerbate the unpleasantness.

At the core of all these principles is a sort of Platonic ideal of the psychedelic experience as healing process. Just as the practices and assumptions of harm reduction were shaped in response to the effects, harms and risks of heroin, so the psychedelic support approach is rooted in the typical effects and affordances of the 'classic' psychedelics. How each of these approaches play out and interact within the drug use milieu of a transformational festival is explored in chapter 5.

The importance of experience in psychedelic support

While in various places harm reduction lost touch with its peer grassroots, the literature on psychedelic support suggests that the relationship between peers is fundamental to it even in its therapist-patient form. Carvalho et al. (2014, p. 84) write that 'intimate knowledge of altered states' is vital in order to empathise with the visitor, while the MOPS (Oak et al. 2015, p. 69) gives a list of desirable traits in a sitter which includes 'Has had substantial personal experience with psychedelics (including at least one difficult experience or 'bad trip'), but is not egotistical about their level of experience'. (In practice this was not a strict requirement; some sitters claimed never to have had a 'bad trip', and some had never taken a psychedelic at all.) Other literature implies that peer status is important in drug support

work more generally. Race (2008) suggested that compared to mainstream drug services, peer-based services might be better able to resist acting as vectors of biopower (a Foucauldian concept indicating the state's control, exerted through the medical profession, over bodies, illness, life and death). He attributed this to their deeper understanding of the drug experience and particularly its pleasures. A more empirical work by Phillips and Bourne (2008) found that UK drugs workers who rated highly on scales of openness to change, deviance and hedonism did best at connecting with their clients, and suggested this was because these were traits they and the clients shared. (Though the study did not say the workers *were* drug users, it is worth noting that one of the traits mentioned, openness to change, is thought to be particularly high among psilocybin users (MacLean et al. 2011), and possibly users of other psychedelics.) Both these studies suggest that being able to empathise in detail is important for drugs workers, but how this empathising works in practice within the care space has not previously been investigated deeply, and is part of the second research question of this study.

Psychedelic therapy and the psy-complex

The present discussion is lighter on critique than that on harm reduction. This, however, says less about the relative value of the psychedelic support approach than about its obscurity. Only recently has it become possible for psychedelic therapists and support workers to discuss their practices at all, and thus the approach has not come under full academic scrutiny. Scholarly commentary is rare, and nuanced critiques which dare to go into more depth than a knee-jerk dismissal are still rarer. Thus most of the detailed commentary on psychedelic support comes from within psyculture.

These authors worry about psychedelic therapy's links with the wider profession of psychology, and what might be lost if it was legitimised and brought fully under a medicalised umbrella. Friedman (2006, p. 53) writes, 'I… have concern about psychedelics' use in both research and clinical settings, even with professional supervision, if they are administered only under a reductive medical model that does not recognize their larger

possible meanings.' Davis (2013), reviewing the 2013 Breaking Convention conference at which the medicalisation of psychedelics was debated extensively, expressed similar fears: that psychedelics would come under the exclusive control of a medical 'priesthood'.

Some had indeed been arguing for such a full medicalisation. Sessa and Fischer (2015) advocated deliberately detaching psychedelics from spiritual discourses in order to facilitate their general acceptance. Cultural theory suggests, however, that such a discursive move would not make psychedelic therapy ideologically neutral; rather, it would replace one ideology with another. Rose (1998) claimed that the 'psy-complex' (the bloc of 'psy disciplines', including psychiatry, psychology and psychotherapy) purported to be objective and ideologically neutral but in fact served the status quo by representing aspects of neoliberal subjectivity - for instance, isolated individualism, the notion that one's problems are attitude-based rather than situational, and obligatory wellbeing practices presented as 'choice' - as inarguable common sense. In Rose's model, practitioners of the psy disciplines exert biopower in various ways, one of which involves locating the origins of psychological problems within the individual, ignoring their social situation, and thus depoliticising their ills. Therapist Richard Brouillette (2016) wrote in *The New York Times:*

> Typically, therapists avoid discussing social and political issues in sessions. If the patient raises them, the therapist will direct the conversation toward a discussion of symptoms, coping skills, the relevant issues in a patient's childhood and family life. But I am growing more and more convinced that this is inadequate. Psychotherapy, as a field, is not prepared to respond to the major social issues affecting our patients' lives.

Would adding psychedelic therapy to the official repertoire of the psy-complex change this situation in any way, or just change psychedelic therapy beyond recognition? Section 2.2.1 discussed different views of the potential of psychedelics to either entrench or disrupt the status quo. While some scholars (like Milhet and Reynaud-Maurupt (2013)) saw their use for 'spiritual growth' as in tune with neoliberal values, others hinted at fundamental incompatibilities. For instance, the mushroom trip, 'weighted towards connective experiences' (Riley, Thompson & Griffin 2010), would not provide reliable support for the individualising tendencies criticised by Brouillette (2016). Could psychedelic

therapy really make common cause with the psy-complex, and how did therapist sitters feel about the possibility? I was to consider these questions during observation.

The two approaches in festival PS/HR projects

The harm reduction and psychedelic support approaches both shaped the development of PS/HR at festivals. In practice they have complementary strengths and are both vital in the care of visitors. But in places within the small literature specifically addressing festival PS/HR the approaches seem not so much intertwined as tangled or awkwardly conflated. The language of neoliberal agency and 'bad choices', which echoes the UK and Australian state harm reduction programmes critiqued earlier in this chapter, can be found mingled with that of the crisis as valuable spiritual experience, with little acknowledgment of the contradictions this introduces. A paper on Hungarian peer harm reduction project Daath Psy-Help describes what they do:

> Hallucinogenic drug use in a party environment may occasionally turn into a bad trip, especially for unprepared and non-experienced persons with an unstable worldview and an irresponsible attitude toward mind-altering substances. Such situations need special handling methods: Calming down the person by friendly talk, disrupting his/her negative thought patterns, showing care and attention, and providing a safe and relaxing environment until the drug effects wear off. Being experienced with hallucinogens, some Daath members occasionally volunteer in providing such psychedelic emergency (PsyEm) services at parties and festivals (Moró and Racz 2013).

This passage combines influences from psychedelic support and transformational culture, such as emphasis on the importance of experienced peers, with others from the discourse of medicalised harm reduction, suggesting that the appropriate response is to control the damage by disrupting or halting the effects - and more troublingly, that difficulties result from users' irresponsibility or instability. In the field I discovered that this confusing conflation of discourses could be found throughout the PS/HR movement, and that it resulted from the discursive strategies the spaces were using to defend themselves under the powerful political and systemic pressures of the policy environments in which

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they operated. The final section of this review will contextualise the third research question through an account of the current policy situation in each of the locations under study.

2.4 The international and national drug policy environments

The previous section discussed critiques of harm reduction as politically regressive, but in the context of most global drug law - based on prohibition and the promotion of abstinence - harm reduction can still seem dangerously radical, to say nothing of psychedelic support. This final section of the literature review provides a brief introduction to relevant legislation currently in force in each of the three countries where fieldwork took place, along with academic commentary on its impacts, before considering some ways in which these policies have affected harm reduction and PS/HR efforts in particular; this will lay the groundwork for a sustained examination of the relationship between policy, drug harm, and festival PS/HR in chapter 6. It will begin by looking at the overarching United Nations legislation which has powerfully shaped drug policy in each of its 185 signatory countries.

2.4.1 The UN: international-level policy

The UN's 1961 Single Convention on Narcotic Drugs is the guiding principle and standardising factor behind its signatory countries' drug legislation. All three countries discussed in this thesis are parties to it, though Portugal interprets it rather more flexibly than the others. Though the Convention and its supplements are not in themselves legally binding, the United Nations Office on Drugs and Crime (UNODC) works with individual participant nations to achieve compliance with its conditions. The Convention originally took in opiates, coca, cannabis and substances with similar effects, but in 1971 was supplemented by the Convention on Psychotropic Substances which added LSD, MDMA and other psychoactive pharmaceuticals, and in 1988 by the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, restricting the international movement of drug precursor substances and introducing stricter enforcement against organised crime (Room & Reuter 2012).

Although all party nations are subject to these Conventions, several inquiries have found that there is some flexibility regarding possession of drugs for personal use. This has allowed countries like Portugal to implement decriminalisation of possession, although there is no such flexibility regarding production and supply (Transform 2009). In addition, MacCoun and Reuter (2001) describe how the Netherlands, though prevented from actually legalising cannabis due to the Conventions, used another loophole to legislate for formal non-enforcement of their cannabis law, while the Anglo-American legal tradition of discretionary application of laws also allows a certain amount of informal non-enforcement to take place.

The UN Conventions have been criticised by, among others, Drucker (2003) and Room and Reuter (2012), for failing to deliver promised benefits like easy access to pain medication while increasing the harms they set out to reduce. There was long-standing UN opposition to harm reduction programmes like needle exchanges, and an embargo on discussion of harm reduction in UN documents which was in force as late as 2009, though both of these have recently been relaxed (Room and Reuter 2012).

However, replacing or altering the Conventions would be very difficult: all but 40 of the current 185 party states would have to denounce and withdraw from them (Transform 2009). Any member state has the power to block change, and a bloc of staunchly prohibitionist nations including the US, Sweden, Japan and more recently Russia and China have strongly opposed revisions (Transform 2009). For many years the central driving force of the bloc was the US, 'the 500-pound gorilla of global drug policy [which] has largely determined the world's rules about drug regulation for almost a century' (Drucker 2003, p. 201). Cohen (2003) called these nations 'the prohibition church', implying they treated the Conventions like a religious text, founded on morality rather than evidence and heretical to suggest changing. Despite its condemnation of such 'heresy' by others, during this period the US seemed happy to indulge in it where its own affairs were concerned, for instance by opting out of articles intended to rein in money-laundering (Gurulé 1998).

Dissent has been growing within the UN of late. For instance, in 2015 the United Nations Development Programme issued a report addressing the 'collateral harms' of international drug policy and stating that '[e]vidence shows that the economic, human and social costs of the implementation of drug policy have been enormous' (UNDP 2015, p. 10). Some were hopeful that the UN General Assembly Special Session on Drugs (UNGASS) in 2016 might launch a new phase of policy reform, especially the representatives of drug-producing countries such as Bolivia which had been impacted especially heavily by the international drug war. However, the prohibitionist bloc - with particularly strong pro-prohibition pressure from Russia - largely stifled the drive towards reform (Rolles 2016). Nevertheless, a recent joint report from the WHO and the UN suggesting decriminalisation would help reduce worldwide health harm demonstrates that UN dissenters have not given up (WHO & United Nations 2017).

2.4.2 US drug policy

The US drug policy approach and the prohibitionist attitudes that underlie it provided the paradigm for the UN Single Convention. The Controlled Substances Act of 1970, which was the 'implementing legislation' that enacted the UN Single Convention on Narcotic Drugs into US law, shares many of the Convention's structural features. Like its counterparts in many other countries, it uses a classification system for controlled substances - in the US this consists of five 'schedules' associated with particular sanctions. What distinguishes the US approach from that of other regimes is the punitiveness of its enforcement (MacCoun & Reuter 2001). Individual states have recently been relaxing their approach to marijuana use; the commercial marijuana markets of Colorado, Washington and Washington D.C. are well known, but California, Maine, Nevada and Massachusetts also voted to allow recreational use in 2016. (Note that the change in Nevada's law does not apply to Burning Man, which takes place on federal land; see section 5.3.1.3 for more on the policing of marijuana use there.) In general, however, federal and state policies remain harsh. For example, incarceration levels for drug-related offences are unusually high in the US. A report

submitted to the UNODC by Penal Reform International states that in 2015 49% of US federal prisoners were there for a 'main offence' which was drug-related. The report also gives figures for 16 European countries of which all but one were under 25%; for instance, the figure for Portugal is 20.6% (Penal Reform International 2015). Critics have claimed this punitive approach exacerbates drug harm. In MacCoun and Reuter's taxonomy of the harms of heroin and cocaine (2001) the authors categorise approximately a third of these harms as primarily arising from intensity of enforcement, rather than use or even illegality – for example, high incarceration rates among drug dealers may ultimately expand the pool of dealers as newcomers step into the gaps. As regards harm *reduction*, US law - despite the false dawn of the mid-90s discussed in section 2.3 - obstructs it in numerous ways, including opposing drug checking and the provision of harm reduction facilities at events; this is discussed in more detail in section 2.4.5.

At the time of writing, as with everything else in US politics, the future of US drug policy looks increasingly murky. Over the last few years, reported *Rolling Stone* in December 2016, American policy reformers had begun to hope that an overall move towards reform was underway, but had felt these hopes dashed by the strongly anti-drugs leanings of the new administration (Stuart 2016). However, these leanings have not so far translated into coherent action. Some have speculated that Trump may axe the position of 'drug czar', which a former holder of the office claims would impede the enforcement of drug legislation (Nelson 2017). At time of writing (October 2017), the position still exists - but has stood empty for nine months. *Scientific American* recently reported that the most recent nominee for the position of drug czar had withdrawn from consideration amid accusations that he himself had impeded enforcement with regard to opioids (Lynch & Brice 2017). Perhaps the best reformers can hope for at the moment is that this disorganisation will continue.

2.4.3 UK drug policy

The story of UK drug policy since the 70s has some similarities with that of the US. Its central legislation is based on the UN Single Convention and has been largely resistant to

change (although some substances have migrated between classes, the UK equivalent of the schedules). It engaged with harm reduction in the 90s (though, as discussed, the UK's involvement in it was more serious) yet is underpinned by moralistic pro-abstinence approaches. However, much about it is idiosyncratically British - for instance, the police discretion which is a feature of the UK judicial system has a strong impact on enforcement.

The UK's counterpart legislation to the US Controlled Substances Act was the Misuse of Drugs Act (MDA) of 1971. This UK enactment of the UN Single Convention, a significant toughening of existing legislation, introduced a system of four classes of substance similar to the UN and US 'schedules'. Unlike the US law, the MDA does not specify any criteria for inclusion of a substance in a particular category. Critics claim this has led to a classification system which is not evidence-based, groups substances with wildly disparate levels of harm together (Nutt, King & Phillips 2010), and only permits change in the direction of increased strictness due to politicians' desire to exhibit 'toughness': what Stevens & Measham (2014) termed the 'drug policy ratchet'. The Runciman Inquiry of 2000 recommended the system be reviewed and cannabis, MDMA and LSD be reclassified, but only one of these recommendations was taken, the reclassification of cannabis from B to C (Reuter & Stevens 2007). This decision was subsequently reversed.

Under the UK judicial system, however, police have a degree of discretion regarding enforcement. Since the early 90s they have had the choice of arresting for drug possession or issuing a caution. MacCoun and Reuter (2001) note that the introduction of cautions did not reduce arrests, as cautions were given to those who would otherwise not have received any sanction. Critics also point to the disproportionate numbers of people from minority ethnic groups prosecuted under the MDA, perhaps due to heavy use of stop and search powers in disadvantaged neighbourhoods (Reuter & Stevens 2007). Yet police discretion can also enable more leniency than the law suggests, by individual officers and by whole police forces (see section 6.3.2 for an example from the policing of festival drug use).

As section 2.3 related, the influential medicalisation-focused model of harm reduction originated in the UK (Marlatt 1996), and UK scholars and policymakers had a

substantial impact on its development. In 2007, under New Labour, harm reduction was number one on the list of government drug strategies (Reuter & Stevens 2007), and was having some success. Reuter and Stevens found that UK provision of needle exchange and opiate substitution programmes was associated with fewer deaths and lower costs from HIV. However, the government rejected proposals for drug consumption rooms (Reuter & Stevens 2007). Meanwhile, as section 2.3 has already discussed, stigma and criminalisation of users were reasserting themselves within the discourse of state harm reduction.

The Conservative/Liberal Democrat coalition government of 2010-2015, however, went beyond such subtle discursive shifts by moving decisively away from support for harm reduction, reinstating supply and demand eradication as the key strategy (HM Government 2010). The document setting out their new policy approach mentioned that the Government had heard proposals for reform, but rejected them on the basis that '[d]ecriminalisation … gives insufficient regard to the harms that drugs pose to the individual' (HM Government 2010, p. 2). Yet the document does not consider these supposed harms either, instead focusing on harm done to communities *by* drug users, where harm is mentioned at all. Dar et al. (2014, p. 1) write, 'In an increasing number of countries, the UK among them, policy and practice in the treatment of drug dependence is evolving from harm reduction towards a greater emphasis on recovery' ('recovery' here indicates abstinence, and the choice of the word 'evolving' is telling), and report the inception of a 'Recovery-Oriented Drug Treatment working group'. The impact of these policy shifts on the practice of harm reduction in the UK will be covered in section 2.4.5.

Under the current Conservative regime, the emphasis on prohibition-based policy has increased further. The most prominent piece of drug legislation it has produced thus far is representative of its approach and its blind spots. The Psychoactive Substances Act (2016) addresses the problem of the constant influx of novel psychoactive substances (NPS) as older ones are banned - by issuing a blanket ban on *all* psychoactive substances not on a short whitelist. When first announced, it received immediate and strenuous criticism from scientists, legal and policy scholars, the Advisory Council on the Misuse of Drugs (ACMD)

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(Iversen 2015), and numerous other interested parties. Key criticisms (though there were many others) were that its definition of 'psychoactive' was so vague and circular that it would technically ban flowers and petrol, and that the evidence suggested blanket prohibition would not reduce use significantly in any case. Nonetheless it was passed into law in 2016, leaving police at a loss as to how to enforce it; the Association of Chief Police Officers (ACPO) responded to the definition problem by issuing guidance that 'a "legal high" should be treated like a controlled drug until proven otherwise' (Scottish Drugs Forum 2016). One wonders how police are supposed to *prove* that a sample of a substance is or is not psychoactive, or indeed whether or not it is a controlled drug, without installing a mass spectrometer in every police station or trying it themselves.

The overall impression is that this Act is not so much legislation as theatre, a discursive action whose central purpose was sending a message that the government was 'tough on drugs' and which suggests profound indifference to the nature of the substances and the lives and welfare of actual drug users. In summer 2017, this seemed somewhat supported by colleagues who reported to me that they had presented evidence on the social and health impacts of the Act to a government fact-finding panel, who largely disregarded it - consistent with the notion that for the government the Act had already fulfilled its intended purpose.

Countercultural types are wont to excoriate the government for this kind of behaviour. Yet section 6.5 will show that discursive manoeuvring like this, along with its side-effects of dehumanising drug users and increasing harm, is not the sole preserve of those in power.

2.4.4 Portuguese drug policy

Portugal, the last of my three research sites, has one of the most liberal drug policy approaches in the world. Hughes and Stevens (2010) relate how this came about. Although rates of illicit drug use in Portugal had historically been low, it had a significant population of injecting drug users (IDUs) in the late 80s and 90s, giving them Europe's highest rate of

drug-related AIDS by 1999. Buoyed by feeling among law enforcement and the public that criminalisation was 'increasingly part of the problem' (Hughes & Stevens 2010, p. 1002), the government instituted a new policy with harm reduction at its heart.

In 2001, possession of small amounts of drugs for personal use was made an administrative rather than criminal offence. Regional panels were established to encourage dependent users into treatment. Nearly ten years later, Hughes and Stevens' analysis of the policy's effects found small to moderate increases in use of almost all substances (though similar increases were reported in Spain and Italy, so the full impact of decriminalisation remains unclear); a slight decline in problematic and intravenous drug use, while these rose slightly in Spain and Italy; and a decline in opiate-related deaths. A report by the Open Society Foundation added that young people seemed to be waiting longer before trying drugs (Domoslawski 2011).

Alongside the administrative changes, government-sponsored, low-threshold harm reduction programs were rolled out nationwide, taking a medicalised approach based on the former 'UK model' (Marlatt 1996). As former government minister João Goulão said on a panel at Boom 2014, '…in Portugal we chase illness, not people who suffer from it' (Boom TV 2014b). According to Chatwin, decriminalisation has reduced the perceived risk of accessing drug support services, along with the stigma of declaring oneself to be a drug user. She quotes an outreach worker who says that people previously afraid to engage with support services have been more inclined to come forward (Chatwin 2011).

Analysts worldwide have been watching events in Portugal with interest, and the policy of decriminalisation 'has been deemed both a "disastrous failure" and a "resounding success"' (Hughes & Stevens 2012, p. 101). In their 2012 paper Hughes and Stevens examine three key indicators – drug use figures, number of drug-related deaths, and comparisons between Portugal and the rest of Europe – to show how analysts arrived at very different conclusions through selective use of the data. Hughes and Stevens counsel cautious optimism, concluding that the reform has been a modest success.

The severe recession that hit Portugal in 2010 led to widespread concern that budget cuts to harm reduction projects would derail the policy and the gains hailed by reformers would be lost (Domoslawski 2011; Transform 2014). However, a recent report by Al Jazeera suggests the projects are persevering despite ongoing political turbulence (van Eerten 2016). In late 2015 the Independent Narcotics Control Board, established by the UN Single Convention to monitor the enforcement of UN drug conventions worldwide, called Portuguese policy 'a model of best practices [which is] fully committed to the principles of the drug control conventions', and praised it for 'putting health and welfare in the centre' (Sipp 2015). Nonetheless, Portuguese festival organisers and PS/HR projects are still conscious of an undercurrent of threat and precarity, to be returned to in chapter 6.

2.4.5 Policy impacts on harm reduction and PS

Even as the morally loaded drug policy debate rages in each of these countries and worldwide, several studies have claimed that national drug policies do not actually have much effect on levels of drug use. Rather, levels fluctuate in line with countries' economic wellbeing (Degenhardt et al. 2008, EMCDDA 2011). However, something that policy does indisputably affect is PS/HR efforts, as well as the day-to-day work of festival staff and organisers. This final section of the review will look at policy and literature which relate specifically to practices of drug crisis care at events in each of the fieldwork countries. It first considers the impact of US anti-HR legislation on the festival scene; goes on to examine how policy affects the controversial practice of 'front-of-house' drug checking in each country; and concludes with some writings on HR practice as it relates to Portugal's policy environment.

Harm reduction, the RAVE Act, and US event organisers' guilty secrets

It has already been established that harm reduction is still considered controversial in the US, to say nothing of psychedelic support. An element of the US legal landscape which is particularly relevant to recreational drug use and harm reduction is the 2003 'RAVE Act' (Reducing America's Vulnerability to Ecstasy), which prohibits the opening or maintenance

of any venue which may be involved in 'manufacturing, storing, distributing, or using a controlled substance' (cited in Levy 2004, p. 1252). Despite opposition from the ACLU and the public, the Act was passed when its provisions were added to another Act which was being rushed into effect (Levy 2004). Anderson (2014) implicates this law in the recent 'Molly' deaths of a number of young American ravers. She claims that venue owners, event promoters and festival organisers are reluctant to provide harm reduction information, support spaces, or even free water at their events for fear of being prosecuted. Emerson et al. (2014, p. 34) describe the Act's impact on an early PS/HR project run by MAPS which was forced to shut down due to 'the perverse criminalisation of harm-reduction services'. More detail of this story, which turned out to have far-reaching implications, was to emerge during my fieldwork. To make matters worse, US-style punitive policing also has a chilling effect on informal harm reduction practices by drug users on the ground. Cooper et al. (2005) found that police surveillance and 'crackdowns' in New York caused injecting drug users (IDUs) to engage in riskier drug use, rather than the harm-reduction-conscious practices they preferred. (Aitken et al. (2002) had reached similar conclusions when studying US-influenced 'zero tolerance' policing of IDUs in Melbourne, Australia.) Among recreational drug users at festivals, meanwhile, tough policing impedes informal harm reduction based on mutual support. Jones (2011) claims that the heavy overt police presence at Burning Man, combined with widespread undercover policing, give rise to a climate of mutual suspicion in which the local norm is not to talk about drugs to anyone outside your own camp. How this affected formal and informal PS/HR practices seemed worth investigating.

The legal status of front-of-house drug checking

The provision of 'front-of-house' drug checking - facilities at events which analyse small samples of attendees' drugs using lab equipment and provide feedback on a short timescale - is an issue close to PS/HR workers' hearts, and also serves to illustrate key characteristics of each policy environment. Thus this review of policy and policy-related literature will conclude with some writings (largely by journalists and activists) on the status of festival

drug checking in each of the fieldwork countries. First, however, a brief note on terminology. As suggested by the Drug Policy Alliance (Jones 2015), this thesis refers to the procedure as 'drug checking' rather than 'drug testing' to disambiguate it from biological tests used to determine whether an individual has recently used drugs.

Front-of-house drug checking is technically illegal in the UK; unless it is done by designated individuals within a police cordon, handing someone a sample counts as supply while working with the sample counts as possession. Early steps toward introducing it, such as the initiative by the Loop Foundation at Manchester's Warehouse Project, came in for moral censure from the government. Then Home Secretary Theresa May commented, 'If somebody has purchased something that the state has deemed illegal, it's not then for the state to go and test it for you. Our job is to make sure people come off drugs' (Boorman 2013); while John Leech, then MP for Manchester Withington, compared front-of-house checking to 'encouraging people to kill themselves' (quoted in Carnegy 2013). Yet dissenters within Theresa May's Home Office were beginning to give drug checking advocates their support. By the summer of 2016, The Loop had a front-of-house checking facility at Secret Garden Party (Fisher 2016), which had seemed impossible as recently as the previous summer. At SGP in 2014 and 2015 I had observed policing and welfare practices changing rapidly, and discovered that police discretion had played a major role in this dramatic shift.

Meanwhile, the decriminalisation of possession of small amounts renders the practice of drug checking unproblematic under Portuguese law. Emerson et al. (2014) write that Boom festival is able to provide front-of-house checking next to the main dance floor. The providers, CheckIn, have sophisticated equipment and the endorsement of the government, and are integrated with the local medical and fire services. Portuguese checking facilities can also cooperate closely with PS/HR spaces.

By contrast, in many US states, including Nevada during my fieldwork, it is a felony to possess drug checking equipment as it is considered drug paraphernalia. This is, however, not stated in federal laws (Erowid 2003) and the approach varies from state to state. Peer drug checking projects exploit all the loopholes they can, sometimes clashing directly with

authorities. DanceSafe sell simple reagent-based checking kits from their website, as well as providing information points and water at events (Gentile 2013). The Bunk Police provide checking kits at US festivals despite stiff opposition from organisers and law enforcement. A Vice article reports that in 2014, police at Bonnaroo festival confiscated $12,500 worth of test kits from their camp. It also states:

> The Rave Act has resulted in the Bunk Police resorting to extreme measures just to get their kits into festivals, including throwing duffle bags over fences in the middle of the night and bribing food truck vendors to put it under their food (Garber 2015).

The Bunk Police told Garber enforcement against drug checking efforts has been getting stricter over the last few years as festivals have become 'more corporate' and more worried about liability issues. Yet drug checking seems more important than ever: both they and DanceSafe (in Gentile 2013) pointed out that virtually none of the American 'Molly' samples they had tested in the past year (2015 and 2013 respectively) contained any MDMA. Rather, they usually consist of cathinones, a family of NPS - mephedrone and its relatives - which carry significantly more health risk than MDMA (see section 5.3).

Working closely with the government in Portugal

Writings about intersections between policy and harm reduction efforts at events in Portugal differ dramatically in tone and standpoint from those related to the US and the UK. Since the national policy *is* harm reduction, commentators tend to focus on comparing the Portuguese situation favourably to that in other countries (like Emerson et al. (2014) and Nielsen and Bettencourt (2008)) or on attempts at quantitative measurement of the efficacy of harm reduction initiatives (Carvalho et al. 2010, 2014). The overall impression is that Portuguese policy makes life easier for event-based PS/HR in a range of ways such as good integration with other services, including drug checking; the ability to advertise freely and operate above board; and the various impacts of reduced levels of stigma. Yet the close relationship with the government also means PS/HR organisations are called upon to audit and monitor their activities quantitatively. In the face of global scrutiny, government supporters of decriminalisation value any evidence that harm reduction initiatives are working. The work

by Carvalho et al. above is a quantitative assessment of Portugal's flagship festival PS/HR project, part of a study underway since 2010. The 2014 paper concluded on the basis of visitor data and feedback forms that '[p]re-post mental state evaluation showed statistically significant difference (p<.05) confirming crisis resolution' (Carvalho et al. 2014, p. 1). This is the kind of managerial auditing process Rose, Barry and Osborne (1996) said was a ubiquitous feature of neoliberalism, where all organisations are enjoined to use it to demonstrate their legitimacy and expertise. Yet in these writings an undercurrent of psychedelic support values and beliefs can be discerned among the language of managerial efficiency. Carvalho et al. (2014), for instance, cite elder statesman of psychedelic support Stanislav Grof and mention that a good sitter should have 'intimate knowledge of altered states', while the article by Nielsen and Bettencourt quotes several interested parties who discuss their PS/HR work very much in terms of psychedelic support and spirituality. In places this seemed strategic - one discourse being smuggled in, as it were, under cover of another - while elsewhere there were implicit undercurrents of conflict between the two approaches. I was to explore these dynamics of cooperation and conflict further in the field.

2.5 Conclusion

If the broad collection of literature in this chapter could be said to have a common theme, it might be the tension between practices characterised by fluidity, disinhibition and risk-taking, and the larger and more rigid social structures which surround, gradually absorb, co-opt and constrain them. The review considered motivations and practices surrounding 'party drug' use, along with the role of the festival as a site where such practices are implicitly sanctioned, yet contained - before moving on to consider the various solutions which have been offered to the problems of drug harm. In the process, it examined work showing how grassroots peer-based initiatives could become absorbed and altered by the apparatus of control. This was most evident in the way many UK state-based harm reduction programmes gradually became riddled with stigmatisation and party political agendas, but some have claimed that the psychedelic support approach has its own unique set of access points for

neoliberal governance and biopower - for example through the framing of psychedelic experiences as adjuncts to a regime of compulsory, normative 'wellbeing'. All of this takes place within the structures of international and national drug policy, which have (with a few exceptions, though these are still subject to the international conventions) been described as problematically moralistic and highly resistant to change in the direction of reform. If anything, in the UK and US the scales now are tipping back towards prohibition, which makes it all the more urgent to clarify our understanding of the relationship between prohibition and harm.

Within this nested structure of control and rebellion, however, there are still numerous areas about which little is known. Most importantly for the purposes of this project, scholarship on PS/HR projects themselves is extremely scanty. At the outset I suspected that studying them might yield insights on all the social phenomena described above, but existing research offered me few pointers on how to begin. Moving into such an open field, it seemed appropriate to take a grounded approach. Chapter 3 details how I went about this.

Chapter 3. Methodology

3.1 Research design

My review of the literature confirmed that I was embarking on research into a largely uncharted area. Early in the process I had had notions of measuring the efficacy of PS/HR interventions quantitatively, but it became immediately evident that this would not be workable. Rather, in order to begin mapping this territory I needed a qualitative, multidimensional and grounded approach which integrated multiple points of view: the sitters, the visitors, and other festivalgoers and support workers. Each methodological strand and each new group of participants revealed a new set of values and perspectives which contributed to the kind of qualitative triangulation Seale (1999) describes as 'revealing multiple constructed realities' rather than 'convergence on a fixed point'. I took a holistic view of the data sources - the participant observation which was the core of the project, the in-depth interviews with sitters, and the qualitative survey of festivalgoers - seeing them not as discrete datasets but as part of a multimodal, multifaceted ethnography which also took in festival documents and ephemera. This chapter offers more detail on the methods, processes and theoretical touchstones behind the research, starting with the participant observation.

3.2 Methods

3.2.1 Participant observation

Holloway, Brown and Shipway (2010) are correct to call for more ethnography of the festival. Festival life in itself is a rich and effervescent multisensory tapestry of inexhaustible interest to the ethnographer, and furthermore, the way the events function as temporary

self-contained 'worlds' means that inside them, many larger social dynamics can be observed playing out in microcosm - in the case of my study, the social and interpersonal forces and pressures arising from drug use and the global drug war. Many of these tensions came to a head inside the PS/HR care spaces during my process of 'apprenticeship' as a sitter.

During observation I worked with three PS/HR organisations, Harmony, Avalon and the Haven (they, as well as their workers, have been given pseudonyms), in Portugal, the UK and the US respectively. Harmony's approach is closely bound up with Portuguese harm reduction-based drug policies; it is relatively professionalised and medicalised, well resourced, and explicitly champions harm reduction approaches, although psychedelic support is a strong undercurrent within it. Avalon is a much more informal project with its roots primarily in psychedelic support; one of its precursors was a 'nest' space at Goa beach parties, and it emphasises emotional support and facilitation of the 'journey'. At the Haven the core staff are therapists, many of whom would like to use psychedelics in their work, and their official approach is psychedelic support *described as* a form of harm reduction; that is, psychedelic support techniques are said to be the best way to reduce the harm of these substances. Skilled medical staff are also on hand, yet the space has a less *medicalised* atmosphere than Harmony.

I involved myself in the life of the sitters: helping them with setup; cooking and eating with them; camping with them when possible; interviewing them formally, but also engaging them in informal conversation about their sitting work and their past experiences; and playing as well as working with them, immersing myself in the event on my nights off. (This is an inextricable part of the experience of being a sitter. Most are 'festival people' themselves, and appreciate a chance to enjoy the event). Off-shift observation provided me with casual micro-interviews about attitudes to PS/HR; a sense of the life of campsites, dancefloors and group rituals; insights into the practices of drug dealers and the work of police, security, medics and welfare staff; and much more besides. This yielded a large body of ethnographic data in the form of text-based fieldnotes (some of which started out as voice memos, transcribed later); mind maps of emerging themes and connections; photographs,

audio and snippets of video (though note that I did not take photographs or make recordings while on shift, as I wished to protect visitor confidentiality and getting their explicit informed consent was effectively impossible - this complex issue will be examined later in this chapter); and printed materials such as training manuals and festival newsletters collected in the field. I documented each of my PS/HR shifts in detail, along with as much as possible about the events as a whole, striving for 'thick description' that included commentary and interpretation alongside the 'factual account' (Geertz 1973).

Immersion and researcher identity in observational research

On entering the field I had decisions to make about identity performance and level of immersion. Some researchers from within dance and festival culture, like Bhardwa (2013), addressed the complexities of insider status by attempting to segregate their identities as scene member and researcher. Given my long experience within the festival scene, such a performance of academic detachment seemed unlikely to convince others, or even myself. Further, 'confessional tales' (Van Maanen 2011) from other field researchers suggested that explicit detachment could be detrimental to the project. For O'Grady (2013, p. 17), interjecting explicit performances of academic identity into situations of play and flow at psychedelic festivals interrupted them; it 'collapses and destroys the very object of observation'. According to St John (2013) such practices of distancing meant many festival ethnographers failed to convey 'the vibe': the intangible but powerful atmosphere of collective excitement within festival spaces. By contrast, the most vital, compelling accounts of dance culture I read seemed associated with deep immersion by researchers, such as Buckland (2002) and Malbon (1999). Practical advice on conducting immersive research came from Newmahr (2008, 2011). Pointing out that full participatory immersion could reveal deep emotional dynamics which were difficult to verbalise in interviews or observe from outside, especially in hidden or deviant populations, she set out an integrated analytical/immersive approach in which analytic practices of thinking and documenting coexisted with interpretive, subjective and embodied experience.

This proved highly rewarding but challenging. Balancing the dual identities of researcher and scene insider called for a kind of metacognitive dexterity which, in the turbulent atmospheres of the care space and the festival as a whole, was sometimes in short supply (for a more in-depth discussion of this see Ruane (2017)). In particular, working with care space visitors called for powerful focus and deep emotional engagement which not only rendered it impossible to take notes during a session, but made even the internal multitasking of committing the experience to memory difficult. I was acutely conscious that diverting too much of my attention to documenting the experience of caregiving in the moment was likely to be detrimental to the quality of the care. (Insider ethnographers of the medical profession, Kite (1999) and Mulhall (2003), described similar problems. For Kite, maintaining the researcher mindset interfered with her care of patients in an ICU, while Mulhall struggled to take fieldnotes in a way that was both non-intrusive and effective.) Off duty, amid festival environments designed to provoke strong emotions and distance festivalgoers from the everyday, it was not much easier to maintain equilibrium. All this necessitated a rigorous policy of reflexivity. I wanted to make sure I had material that would help me situate my knowledge later, providing 'adequate self-awareness and self-exposure for the reader to make judgments about the point of view' (Richardson 2000, p. 254). However, documenting my state of mind also had epistemic value of its own. The openness provoked by festival environments is an integral part of the experience of giving and receiving PS/HR care. Like Newmahr (2008), I had the chance to observe myself undergoing psychological processes which were pivotal to the value system of the scene I was studying.

Access to the field

There were two obstacles to be overcome before I could gain access to the care spaces: first I would have to be accepted as a volunteer by each one, and then the spaces themselves would have to gain access to the events, which at least in the UK was far from certain. This in itself had interesting implications which are examined in chapter 4.

I went into the field without prior experience of formal PS/HR work, which I hoped would help to offset some of the loyalties and preconceptions that went with my (however partial) 'insider' status in festival culture as a whole. However, in order to benefit from being a beginner in PS/HR spaces I would first have to persuade them to take a chance on me. Although I had done several UK events with Avalon by the time I worked at Harmony and the Haven, I had to apply to all three organisations more or less simultaneously in March of 2014, making sure to describe my research and my observation plans on each application form. The more casual Avalon added me to their roster without hesitation, but the Haven and Harmony placed more emphasis on past experience in their sitters, and both had announced they would be prioritising applicants with a track record of professional mental health work. Nonetheless, after a long delay, the Haven approved my application; Harmony, however, initially turned me down. I wrote to their manager with more details about my project and asked if I could come along as an observer, participate in the training, and help the space out with non-sitting-based tasks as required. She agreed to invite me as a 'guest' of the space. My persistence was rewarded when I arrived to find that several shift slots had opened up on a team led by one of the Avalon managers, with whom I had been working throughout the summer and who was happy to endorse me as a replacement. I also picked up an extra shift when Harmony were severely short-staffed (this eventful night furnished me with one of the case studies that form the backbone of chapter 5), and after a few days I was officially made a staff member.

The second obstacle - access to the events themselves - was the care spaces' job to overcome. Harmony's role at Boom Festival was not in question, and though the Haven had uncertainties about access to Burning Man - including finding a theme camp to host them (see section 6.3.1) - these had been resolved by the time I applied. But a sense of precarity pervades the UK festival scene, where events are usually strapped for cash and under constant threat of having their licences revoked (see section 4.4). Avalon's relationships with event organisers are apt to collapse with little notice, as indeed are the events themselves. It was often unclear until shortly before a UK event whether I would be doing fieldwork there,

or even whether the event would take place at all. Ultimately, however, I ended up carrying out fieldwork at a broad and interesting selection of events which ran the gamut of size, organisational style and atmosphere while all manifesting transformational features to some extent.

The field sites

UK events

- **Sunrise Celebration**: a small family-friendly event in Wales with an emphasis on sustainability.
- **Surplusfest**: also small and based in Wales, with an anarcho-punk flavour and strong ties to the free party scene.
- **Alchemy** (now discontinued): in Lincolnshire, it blended punk and psychedelia and explicitly championed Avalon's work.
- **Secret Garden Party** (both 2014 and 2015 events attended; now discontinued): a much larger-scale affair (approximately 35,000 attendees) which straddled the line between transformational and mainstream, and was notable for its relationship with Cambridgeshire police, whose unconventional approach to drug enforcement is discussed in chapter 6.
- I took some additional notes at **Noisily**, another small UK event, though it lacked a PS/HR space in 2014 (Avalon have since begun working there).

Portugal

- **Boom Festival**: a week-long, explicitly psychedelic event which had about 40,000 attendees in 2014.

- **Burning Man**: perhaps the capital of the transformational world, running for over a week with 70,000 attendees - under the intense scrutiny of law enforcement due to the US and Nevada's strict drug policies.

Taking linear fieldnotes in a non-linear world

My field documentation processes were shaped by two factors, which in effect exerted conflicting pulls. The first was the fluid, embodied and unpredictable quality of festival space and time; the second was the sensitive nature of encounters with visitors within the care space. The first of these inclined me towards trying 'live methods' (Back 2012). Live methods are multisensory, multimodal, embodied and inventive, and reach beyond dry textual approaches to embrace sprawling, messy datasets - a good fit for the chaotic, spontaneous festival atmosphere. Unfortunately, none of the multimodal or activity-based approaches I was attracted to - such as asking participants to represent their embodied experience by drawing on a 'body map' – were usable to document my care space shifts. Firstly, it was impossible to be sure any visitor was competent to consent to any kind of media recording. Secondly, recording was liable to be interpreted as surveillance and could damage the sitting relationship irreparably. Finally, it did not seem either appropriate or possible to ask deeply derealised visitors, who often could barely process spoken language, to engage in specific activities (like the making of 'body maps') or even to explain to them what such activities involved. It initially seemed that the only realistic option was a much more traditional approach: withdrawing from the scene periodically to write about what had occurred in as much detail as possible.

At the start of the process my main documentation tool was a waterproofed, shock-proofed iPad. I used it to record interview audio and to provide participants with an electronic version of the consent form which they could sign on screen, but its main use was as a text editor. During the event I would pause periodically to type up my observations. However, it turned out that writing in public could in itself amount to a performance of

academic identity and an interruption of flow for other festivalgoers. Writing in a chai shop at Sunrise, early in the fieldwork, I became the object of mild suspicion and concern; the people in the cafe seemed to see my writing either as an unwelcome incursion of productivity practices, as though I had brought the office into festival space, or as a sign of unhappiness and disengagement from the event. Several asked me if I was OK. Although their concern proved a good opener for conversations which grew into some of the 'micro-interviews', it became clear that I would need to withdraw to my tent to work, completely extracting myself from the scene. As well as contributing to a growing sense of disjuncture between my dual identities, this meant my journal-style account of the fieldwork became increasingly cumbersome to keep up.

The strategies that helped in this regard involved accepting and making use of flow rather than resisting it. My documentation process changed over time to facilitate more engagement and immersion (through finding ways to document faster and less obtrusively within public spaces, or in ways which were more compatible with the festival 'headspace'), and the involvement of more of the senses. Voice memos proved particularly useful: they were quicker and easier than writing, they did not interrupt others' flow or require me to disengage (I simply appeared to be talking about the event on the phone to a friend), and they also captured the auditory atmosphere of the festivals, which elicited additional recollections during transcription. I also began taking photos after all, not within the care spaces but elsewhere around the festival, and recording audio for its own sake. By now I was in essence using 'live methods' in spite of myself. The final step in the process was developing a rapid, mind-map-like visual fieldnote-taking method to supplement the memos; this let me do the initial capture of information without having to impose a linear order on it. (Ruane (2017) gives a more detailed description of this process.) All of this allowed me to gather a large, rich and varied collection of memory cues on site which could be expanded and reorganised into a linear narrative later, after I had left the festival space but while the memories were still fresh.

Ethics of observation

The observation involved several ethically sensitive issues. Entering the field I was concerned about dealing appropriately with vulnerable participants; treating disclosures of sensitive personal material, especially mentions of illegal behaviour, with care; and navigating the complexities around degree of overtness and informed consent.

My intention was to be overt wherever possible about the research. I mentioned it on each of the PS/HR organisation application forms and told the rest of the staff of sitters about it as soon as possible on arrival (for instance, I always mentioned it at the Avalon all-staff meeting that began each event). I would also mention it whenever I could during conversations with festivalgoers, medics and other support staff, asking people if I could make notes about what we were discussing (these conversations are referred to in the text as 'micro-interviews'), and tell them about my research website or give them a flyer (included in Appendix D). Being overt with care space visitors was a different matter. I brought the research up with some, when it seemed appropriate, but for most it seemed highly inappropriate to do so.

Another important ethical concern which sometimes clashed with the desire for overtness was that, like nurse-ethnographers Kite (1999) and Mulhall (2003), I was determined that my role as researcher should not cause me to do a slapdash job of caring for visitors. As chapter 5 will make clear, visitors' mental states and their bond with their sitter are precarious. People on psychedelics are highly suggestible (Carhart-Harris et al. 2013), and it takes very little input to make a crisis spiral out of control. One of the most reliably disruptive factors was any hint that the visitors were under surveillance. Sometimes the connection would break palpably even when I gave them a care space feedback form to fill in later. Given that trying to explain complex things to visitors often makes them upset and confused (discussed in sections 4.5 and 5.3), explaining the project to everyone - not to mention trying to secure unambiguous consent - would not just fail to help but risked actually doing harm, in an extreme example of O'Grady's point (2013) that introducing

academic behaviours into field settings could 'collapse the object of observation'. The discussion of the lived experience of psychedelic crisis in section 4.5 should back this up further. Ultimately, I made the judgment call that my accounts of sitting constituted new and worthwhile data which would not have been possible to collect overtly, and that the best I could do was to tell as many visitors as possible about it afterwards (although this often did not happen; they usually checked out while I was off duty and were not seen again) and to anonymise them carefully.

Sitters too could be vulnerable during observation, especially in the 'backstage' areas of care spaces, as sections 5.1 and 5.2 will show. I had been prepared for suspicion from sitters, who I thought would feel uncomfortably surveilled when I was around, but as far as I was aware everyone seemed confident that I was a sympathetic insider around whom they could relax and to whom they could be honest in interviews. This meant the onus was on me to repay their trust by handling their disclosures with care. Many of the ethical issues with observation also applied to the sitter interviews, so further discussion can be found in the section that follows.

3.2.2 Interviews

Interview procedures

To supplement the observation I conducted 23 interviews with PS/HR workers, mostly from the three PS/HR organisations I worked for with a few from other organisations. The interviews contributed greater depth of understanding about the attitudes, values and motivations of the PS/HR workers I was observing. They came in at an average of 45 minutes, though some were considerably longer. (Two only lasted 20 minutes, but their participants were so enthusiastic and eloquent that the transcripts' word counts were similar to standard-length interviews.) The combination of observation and interviewing was influenced by Avril Taylor's approach in *Women Drug Users* (Taylor 1993). As in her study, I

met many of my interviewees in the field and often interviewed them on festival sites, though some were interviewed on Skype or at my own house.

I used a loose interview schedule (Appendix C) adapted from the biographical narrative interviewing techniques of Wengraf (2001). Before the interview, if at all possible, I would take some time for informal conversation. We would also go through the information sheet/consent form together (Appendix B). Each interview began with a spoken statement of consent as part of the audio recording. I also gave them the option of co-signing the consent form on screen so I could send them a copy, but no one availed of this. After discussing their right to withdraw their data and to stop the interview at any point if they were uncomfortable, and confirming they were ready to begin, I would start off with a broad, biographical 'SQUIN' (Single Question Inducing Narrative) (Wengraf 2001), inviting participants to tell the story of their PS/HR work, from how they first got involved up to the present. This was followed by shorter, more specific questions about their care space work, their values and politics, and their hopes for PS/HR in the future, among other areas (see Appendix C). Setting out initially to ask these questions in a particular order, I quickly discovered that the topics would usually come up naturally but appear in a different order each time or as part of the SQUIN answer. Bob was the most striking example of this; I had barely got the SQUIN out when he launched into a detailed, wide-ranging narrative flow that spontaneously encompassed almost every topic of my follow-up questions. On the whole, this indicated that I had chosen a set of questions which were a good reflection of issues that mattered to PS/HR workers; and the additional insights I gained from how topics were sequenced by different interviewees also turned out to be a worthwhile trade-off for any additional rigour I might have achieved through sticking to a strict interview schedule.

If the participant had time, I would try to wind down interviews gently, talking more informally after the recording had been stopped and reminding them that they could get in touch if the interview had raised anything difficult for them, or they wanted to withdraw any of their data.

Theoretical considerations: interview as topic and resource

The largely unstructured interviewing in this project occurred in the context of a long-standing debate regarding the nature of interview data and what claims can be made based on it, summed up by Seale (1999) as 'interview as resource' versus 'interview as topic'. In the former approach, once predominant but now widely criticised, interviews are seen as a tool to unearth 'the truth' about a situation. In the latter, the interview itself becomes the topic of study. Rapley (2004, p. 16) describes interviews as 'reflecting a reality jointly constructed by the interviewee and interviewer' whose interpersonal dynamics are interesting in their own right - most simply the influence of the interviewer themselves, but also the interview as a site of identity work and 'social labour' (Radcliffe 2011) where participants strive to give a positive account of themselves, their life histories and the causes they believe in.

My approach to the interviews did not reflect either extreme of this debate, but occupied a zone of dynamic tension between them. To some extent I did use the interviews as a resource to help me build up a multifaceted picture of the histories and practicalities of PS/HR organisations. A pure interview-as-topic approach would entail not treating any interview data as facts, but in practice I did often take participants at their word (especially if others backed them up) - though in the findings I have tried to be clear about which parts of the dataset a claim is based on. Some of the interview questions (Appendix C) had the primary purpose of eliciting resource-type information, for example about care spaces' management, relations with other services, and working practices.

However, the interview-as-topic approach was just as important, and other questions were pitched to encourage talk about sitters' identity and self-presentation. There was sometimes a feeling that participants were speaking to others through me, using the research as an opportunity to tell untold stories, challenge established narratives of drug use, and present their drug histories as responsible and non-problematic (this last is a recurring theme throughout the findings.) Rapley (2004, p. 16) writes of interview participants 'producing' versions of themselves as 'adequate', and also points out that interviewees may

not only be speaking for themselves but also as representatives of a group. Some of my participants' social labour did seem to be for the benefit of the PS/HR movement, and psyculture more broadly. Either way, I strove to maintain awareness of the jointly constructed nature of the interviews, which produced a different 'reality' every time. For instance, although the participants did seem to trust that I was a sympathetic insider, some interviews had the air of a conversation between friends throughout, characterised by surprising levels of disclosure and intimacy, while during others I felt more like a journalist at a press conference.

An exploration of how these theoretical considerations, and the individual differences in the interviews, affected how I was able to use the data can be found in section 3.3.

Finding interviewees

Throughout the process of finding interviewees in the PS/HR world, which lasted from summer 2013 to summer 2015 in and out of the field, I used a snowball/opportunity-based approach which aimed for a spread across the three fieldwork organisations (along with some from other organisations, which added interesting additional perspectives), and as balanced as possible by gender and age (section 3.3 provides more detail on the eventual dataset). The early stages of the search demonstrated a phenomenon which was to become a key finding of the project: broadcasting scene member status helps people in that scene trust you. I started the process by writing to PS/HR workers asking for interviews, but made no progress until I gave a talk about the politics of harm reduction at Breaking Convention, a conference for multidisciplinary discussions of 'psychedelic consciousness', at the University of Greenwich in 2013. This public demonstration of sympathy with PS/HR goals and aims enabled me to connect with my fellow speakers on the harm reduction track, most of whom were sitters, and with various interested parties in the audience. Not only did a number of them give me interviews and keep the snowball rolling by passing the word along to other sitters they knew, but the videographer who filmed my talk - Cara Lavan of KnowDrugs.net - also signal-boosted my call for interviewees to her substantial network of contacts.

Getting interviews in the field presented a different set of opportunities and challenges. Braced for suspicion and resistance, I found that my fellow sitters were surprisingly enthusiastic about doing interviews with me; when I mentioned the project in my first Avalon team meeting, six people immediately volunteered. The main obstacle was the unpredictable, chaotic conditions at the festivals. At the smallest events, footfall at Avalon was low enough that I could interview sitters with minimal disruption, but larger events were a different matter. Harmony was so busy that Boom sitters were often overwhelmed and sleep-deprived, even off duty. Both there and at Burning Man, the 'clock time' of everyday life slipped further out of everyone's reach as the week progressed. Every scheduled interview arrangement I set up at these two events fell through. As with fieldnote-making and the interview procedure, I realised I had to change my approach from struggle for order to accepting and making use of flow. I began to look for situations where I could seize the opportunity to interview a free sitter, rather than arranging to meet them later. In line with psyculture theories of 'synchronicity', many such opportunities immediately began to land in my lap. Most notably, at Burning Man I managed to interview a busy, elusive sitter and activist (whom I had been pursuing unsuccessfully by email for months) by dropping my existing plans to jump on board an art car bound for parts unknown. In the end I was able to interview everyone with whom I had missed connections earlier on, which speaks highly of the participants' commitment and generosity. One seized a brief slot between appointments with potential funders of his policy reform campaign; another fit it in just before leaving to catch a plane; and others did it on Skype later. The enthusiasm of psyculture loyalists for psychedelics-related research of any kind, and their determination to support it, are forces to be reckoned with which frequently smoothed the course of this project.

The ethics of interviewing sitters

The central ethical concerns with the sitter interviews revolved around disclosure, vulnerability, and the need to protect privacy. Although the interviews did not necessitate participants telling drug use stories, some did volunteer them, and some were in a position

where common knowledge of their PS/HR work could be problematic, especially in the US. Interviewees had widely varying degrees of concern about this. When I brought up anonymity, some encouraged me to use their names because they wanted to speak out about the work they were doing. Others felt anonymity was vital. I have erred on the side of anonymity, with pseudonyms for all and other potentially identifying detail minimised.

The consent procedure for the interviews was also partly shaped by anonymity concerns, as well as the not particularly paper-friendly field setting. As mentioned, I made the granting of consent part of the audio recording, with an option for the participant to sign and be sent a copy of a written consent form if they wished. Everyone had the opportunity to read a detailed information sheet (Appendix B) - whether on screen, sent by email in advance, or as a paper copy.

The flexibility of the interview schedule, which was to some extent steered by participants, meant it could easily be navigated without having to volunteer compromising information (except that the participant had done PS/HR work at all). Some participants - often policy activists well-practiced at addressing the press - chose to give interviews without much personal disclosure. However, others brought their own drug histories into the initial narrative question and used them to explain their motivations for getting involved. There was a question about whether the participant had themselves received PS/HR care, which could be seen to imply drug use on their own part, but I always flagged this as optional to answer.

The resulting audio files and transcripts, as well as the survey responses, required careful storage. I avoided storing original audio files and any written fieldnotes which had not yet been anonymised on any cloud-based file service, and had a strict no-real-names policy for any files which *were* in the cloud, such as when using online note-taking software Evernote to write memos. I did all the transcription myself, which helped reduce confidentiality risk, apart from three of the earliest interviews (collected during the MA project at Goldsmiths which was the precursor to this one) which were transcribed by friends whom I had briefed about the confidentiality issues.

Finally, aware that consent is not a once-off occurrence, I made it clear that participants could contact me if they felt uncomfortable, wanted to discuss any issues from the interview, or needed to exercise their right to withdraw.

I initially considered doing a second set of interviews with festivalgoers who visited care spaces, but as the research design developed, concluded that this would entail unresolvable ethical and practical problems. On arrival at a care space, visitors could be vulnerable, out of touch with reality, distressed, or all the above. An attempt to arrange an interview about the difficult experience they were at that moment undergoing would have seemed deeply incongruous and disruptive to the caring relationship in potentially irrevocable ways, even if it had seemed feasible to get assurance of informed consent. Given the problems staying in touch with visitors after a case (see section 5.5), arranging them afterwards was usually not possible either. Yet, as field experience began to feed back into my research design and the full extent of care spaces' visibility and positioning problems emerged, it also became clear that a set of interviews restricted to those who had visited care spaces would not help me explore some particularly pressing questions. I also wanted to hear from those who had *not* attended one in a crisis, and in general to get outside the perspective of the PS/HR world and its assumptions about drug users. This was the rationale for the online qualitative survey.

3.2.3 Online survey

The online qualitative survey (Appendix E) adds the perspective of festivalgoers who underwent a drug-related crisis at a transformational event (whether or not they visited a care space). I perceived the survey data to be of a piece with my overall ethnographic approach, with long-form qualitative questions which sought to elicit the kind of narratives I would have hoped to hear in face-to-face interviews. I built a simple database-backed survey website using PHP and MySQL, which gave me several advantages over existing online survey tools. One was greater flexibility in types of questions and overall structure; for example, it was easy to make some questions conditional on the answers to others. Another

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was more control over the storage and output of the results, and I was also able to provide enhanced anonymity compared to the Bristol Online Survey and other survey tools in common use. I launched the survey in July 2015 and publicised it largely via social media, receiving a total of 54 complete responses by the time it closed in January 2016. The perspective contributed by the survey data caused the rest of the project to snap into focus, demonstrating both the importance of crisis care and crucial ways it was failing to reach those who needed it.

The survey is a substantial undertaking with about 35 questions (the exact number depends on how certain key questions are answered). Its length was something of a calculated risk. I knew some respondents would be put off, but given how little was known about the area - and the motivations and inner lives of PS/HR visitors and potential visitors - getting data which was as rich and qualitative as possible was a high priority. I was concerned that a simpler, quicker survey with more closed questions would get me more respondents but leave me mystified as to the 'why' behind their responses. However, my insider knowledge of psyculture and its relationship to psychedelic research made it seem a worthwhile gamble. Lengthy online surveys about drug experiences have become something of a tradition on the psychedelic internet. The psilocybin research team at Johns Hopkins University have undertaken several, soliciting accounts of different kinds of mushroom experiences, whose response levels were in the thousands, and I was fortunate enough to meet their survey designer (Matthew Johnson) at a conference and get some advice about design and publicity. I hoped that the enthusiasm for psychedelic research which had motivated my interviewees - coupled with the fact that people like to talk about their drug experiences at length - might also work in my favour here, and luckily this turned out to be accurate. Only one person who completed the survey complained about how long it was, and it was unusual for people to give up part of the way through; my web analytics showed that they either finished it or left after reading the instruction page which indicated how long the survey was likely to take. Most respondents presented me with torrents of words. As with

the interviews, the survey seemed to offer an opportunity to tell untold, or at least under-told, stories.

It is nonetheless worth bearing in mind that the nature of the survey was to self-select for people who were happy to be verbal and analytical about their drug experiences, and who were committed to supporting psychedelic research.

Finding survey participants

I launched the survey as part of my talk at the Breaking Convention conference, at Greenwich University in July 2015. The rest of the search for participants took place online, via Facebook, Twitter, Reddit and various scene-specific forums. I began spreading the survey stimulus text and link on social media, starting with my own Facebook account, which produced an enthusiastic burst of sharing by friends, and my own Twitter account. I moved on to each of the PS/HR organisations' Facebook groups (with some ambivalence, as I was hoping to reach beyond the people I might have met at a care space); several areas of Reddit, including the Burning Man and Psychonaut 'subreddits' (specific forums); psytrance forums; and a Burning Man mailing list of which I was a member. While the survey was open I did several 'waves' of publicity, each covering most of these places. I received much-needed signal boosts from more influential Twitter users, including but not limited to scholars, policy activists and scene institutions like the magazine *High Times* - all with large numbers of followers. Examination of the web analytics led to some surprises. For instance, the survey stimulus was spread much more widely on Twitter than anywhere else, but the relative response rate was underwhelming. In contrast, Reddit users were very enthusiastic, with each posting there resulting in a small but immediate wave of detailed responses. On the whole, the results of my publicity drives were uneven in unpredictable ways (see section 3.3 for some implications of this).

Ethical issues regarding the survey

<u>*Survey technologies and respondents' privacy*</u>

While the crisis survey seemed less intrusive than attempting to get interviews with visitors and recent visitors on site, its more distanced nature brought its own ethical issues. Online, the respondents had the benefit of more anonymity, but they were also being asked to recount highly sensitive information not to a friendly care worker but a faceless internet stranger. Potter and Chatwin's account of their survey research with cannabis growers (2011) showed that recruitment on forums could meet with suspicion, with potential participants concerned that the researchers were journalists or working with the police. In particular, ethics demanded that the researchers mention the Bristol Online Survey's standard procedure of collecting IP addresses, which could then be subpoenaed by police. Although this was extremely unlikely to happen, the forum members found it very worrying and the resulting atmosphere of distrust took considerable effort to dispel. I was already dissatisfied with the BOS's constraints on the shape of questionnaires, and with its data handling options, and this issue clinched my decision to write my own simple survey software. It encrypted respondents' IP addresses so that neither I nor anyone else could see them at any point in the process, but retained just enough information to filter out automated 'ballot stuffing'. It also stored all the survey responses in a database to which only I had access. It goes without saying that not wanting potential participants to be put off by how the survey was presented was as much a practical concern involving the maximisation of recruitment as it was an ethical one. Nonetheless, my concern for participants was genuine; unable to help them feel at ease as I could have done in a face-to-face interview, I wanted to do what I could to make them feel as comfortable as possible while disclosing their experience to me and not find themselves regretting it afterwards.

Reliving a difficult experience

The survey called for high levels of openness and trust from participants, but did not enable any of the reassurance (body language, active listening practices, answers to queries and so on) a face-to-face interview would have allowed me to give them. I felt I was asking a lot of them, so I was concerned to make their task clear and avoid unpleasant surprises. The survey instructions (Appendix E) gave a detailed explanation of what was to come, and indicated that the questions would involve recalling a painful experience and that they should not feel obliged to continue if they felt uncomfortable. There was no practical way to offer participants the option of debriefing, though I invited them to get in touch if they wished (while acknowledging the confidentiality implications of giving me their contact details). Given all these circumstances, during survey analysis I was frequently astonished and appreciative that the respondents had shared these intensely personal stories with me.

3.3 The dataset

Fieldwork left me with a sprawling, complex body of data. The written notes and voice memos, when collected and transcribed, came to well over 100,000 words. These were supplemented by photos and audio, especially from Boom 2014 onward as I had acquired a good camera; collections of flyers, brochures and other ephemera collected at the events; copies of forms and other care space paperwork; and, late in the fieldwork process, the non-linear mind maps I had devised for rapid note-taking. The fieldnotes detail the care space shifts, interactions with other sitters, and case studies of all my visitors and what I observed of other sitters' work, but also document the larger life of each event and the functioning of the support network at each. Additionally, upon discovering that the five years of Avalon's visitor records were mostly in paper form, I offered to do the data entry in exchange for access to them. These proved an invaluable way to triangulate hunches about, for instance, service usage patterns across an event or which substances visitors reported in connection with crises.

The interview dataset - 23 participants in total - is quite demographically varied, spanning generations, nationalities and levels of experience in PS/HR (though all but two were white). The UK was the most common country of residence by a modest margin, followed by the USA. The rest of the participants came from the Netherlands, Finland, Portugal, Germany, Hungary, Argentina, South Africa and Canada. Most of the international variation was at Boom, where far more cultural mixing was happening than at UK or US festivals, both among carers and at the festival at large; Boom's free paper *Dharma Dragon* reported attendees from 126 countries. Sitter interviewees' ages and apparent ages (I did not ask everyone directly) ranged from early 20s to late 60s. Seven were in their 20s, nine 30s, four 40s, five 50s, and one (possibly two) in their 60s. Gender (again apparent) was a close to even split, with 12 women and 11 men, and there was a spread across all levels of experience from beginning sitters to team leaders.

Moving on to the survey, I had a total of 54 respondents. Not everyone filled in every question, but generally the responses were thorough and detailed. When the survey closed I had 26 UK residents, 14 from the USA, and the remainder scattered across Europe (two each from Germany, Switzerland and the Netherlands; one each from Ireland, Norway, the Czech Republic, Finland and Belgium) with a couple from further afield (Uganda and Canada). The respondent from Uganda was of German extraction. Although still predominantly white, the survey respondents displayed more ethnic variation than the interviewees. Of those who disclosed their gender, 26 were men, 23 were women, and 3 some form of non-binary gender.

I gave each survey respondent a mythological, fanciful or nature-based pseudonym inspired by one or more elements of their story. This helped me keep track of the totality of their responses during analysis. Sitters, whether interviewed or met in the field, got pseudonyms which were ordinary given names. My holistic use of the dataset, in which survey data, interview data and field observation were used in combination rather than being analysed separately, fit my ethnographic approach but could be confusing for the reader if data sourcing is not made clear throughout. Thus this dual naming scheme is intended to

help clarify which part of the dataset is being drawn on in each discussion, hopefully making the process of analysis more transparent to the reader.

Limitations of the dataset

The dataset has some limitations which should be borne in mind when considering the findings. Firstly, the interview set has fewer Haven workers than Avalon or Harmony staff; this was because many of the aforementioned factors which made it difficult to get interviews in the field were more pronounced at Burning Man than anywhere else. At the time I strove to offset this by doing as many informal interviews as possible while on shift at the Haven - a minor positive side-effect of the troublingly low levels of Haven usage. I also managed to catch up with some Haven sitters later on Skype, which rebalanced the dataset somewhat. A perhaps more serious problem is that the survey data is Anglosphere-heavy and contains few Portuguese Boomer participants, despite my efforts to engage them by posting in Boom forums and getting signal boosts from Portuguese Twitter users. This limited my ability to explore certain questions, such as how being a resident of a country with more lenient drug policy might affect one's mindset at a festival. I hoped the very large, thorough body of Boom fieldnotes would offset this to an extent, but were this research to be taken further I would prioritise a round of purposive sampling to increase the numbers of Portuguese and general Boomer respondents, and possibly also provide multilingual stimulus messages and the opportunity to take the survey in a variety of languages.

3.4 Analysis

Initial coding

As is typical of grounded theory projects, the first phase of data analysis was unstructured and spontaneous, characterised by what Bazeley (2007) calls a 'free-for-all flurry of ideas'. Rather than being tidily separated from data collection, bursts of analytical thinking and note-making began early in the fieldwork phase in summer 2014, with each one informing the next phase of data collection. On returning from each festival I spent several days

transcribing the audio I had collected; pulling written fieldnotes into shape and fleshing out missing parts; processing photos, documents and any other forms of data; and a few other quick data capture procedures, such as a set of standard questions to answer about each event. I had expected analysis to be a separate process from data capture, but in fact began thinking analytically and making notes during the transcription of each audio file. Insights were sparked by close attention to the participants' voices and the atmospheric sounds of the festival around them. These notes, in turn, led me naturally into open coding as I loaded the transcriptions and fieldnotes into NVivo.

My approach to coding the text was based on techniques described by Charmaz (2006) and Bazeley (2007). In Bazeley's terminology, I was more of a 'lumper' (inclined to collect blocks of text relating to particular ideas or phenomena, which could be any size, then break these collections down) than a 'splitter', using line-by-line techniques to create many small text fragments which would presumably coalesce into larger themes later. This was partly a pragmatic choice due to the very large size of the dataset, and partly personal preference; my past experience suggested 'lumping' was more conducive to analytical insights. It was also a better fit for how I would be using NVivo. At that stage I found the software to be most useful as an information management system, providing backup to my own memory, making the data easier to navigate (or so I hoped) and facilitating the investigation of hunches, rather than as a generator of epistemological value in its own right, as proponents of line-by-line techniques sometimes suggest. In past projects I had experimented with NVivo's various counting-based techniques and concluded that the resulting output had more to do with applying a thin pseudo-quantitative veneer to the mess of qualitative data than with producing any worthwhile insights.

By late 2015 open coding had produced a large, flat and increasingly unwieldy list of assorted codes. Axial coding, in which I began grouping codes around central 'hub' ideas (Strauss 1987), was the obvious next step.

Axial coding

Like the initial coding phase, I expected the axial coding phase to have a definite beginning, but it arose organically out of the process of initial coding before I realised it was what I was doing. I set out to tidy up my ever-proliferating, unwieldy list of NVivo codes in a process which involved many small bottom-up decisions - grouping similar 'kinds of thing' together, breaking up groups of codes which did not belong together, coming up with parent codes to describe collections of concepts, and so on. As this continued, what seemed like an administrative task turned out to be a powerful process of analysis that required me to think deeply about what each code meant and its relationship to the whole. The result was a set of top-level codes which, I realised, each expressed a major theme of the thesis. Some groups of closely related codes even suggested ready-made structures for written sections. This process felt chaotic and haphazard while it was happening, but in retrospect seems truer to the spirit of grounded theory than any top-down selection of themes would have been.

To come up with useful 'hub' concepts one must make a leap of analytical understanding about the nature of the codes one is are attempting to group within each, and the connections and differences between them. Early hub concepts were merely 'buckets' (Bazeley 2007): that is, collections of text snippets about a particular topic, such as 'medics'. These did not convey any insight. During the reorganisation, more analytically interesting hub concepts appeared as I identified some phenomenon clearly enough to make a collection of codes which were all evident examples of it. Such categories included 'reasons for non-uptake of PS/HR', 'contextual factors in drug-related crises', 'sitter motivations', 'care techniques', and 'long-term outcomes'. Examining the contents of categories like these yielded rich analytical rewards.

After closing the survey at the start of 2016, I moved back and forth between three ways of working with the data: continuing open coding of the survey, and sometimes of older sources as new codes emerged; reorganisations of the code trees as my understanding changed and sharpened; and 'pit stops' (Bazeley 2007) in which I stepped back to consider

the overall structure and the central themes on the basis of new realisations. Increasingly, however, I was being hampered by the limitations of NVivo. In the final phase of analysis I gradually moved outward from reliance on NVivo to use a diverse and unconventional set of analysis tools, many of them invented on the fly.

The synthesis phase: changing toolkits

I had been thinking of the open and axial coding process as a means to an end, a process which would eventually allow me to explore the data using queries, visualisations and cross-referencing. Instead, the process of open and axial coding and the thinking that accompanied it was by far the most worthwhile aspect of my use of NVivo in analytical terms. Due to its cumbersome interface design, unintuitive data handling, and visualisation tools whose clunky results were reminiscent of Windows 95, everything else I could do with the text in NVivo once it had been coded was highly anticlimactic. Meanwhile, I discovered that a bug had been making segments of my transcripts silently disappear. Criticisms of NVivo within the social sciences generally represent it as intimidatingly slick and futuristic; some even say it gives certain forms of research such as grounded theory an unfair advantage by making them easier than other approaches, while others portray it as an implacable, inhuman force 'colonising' qualitative research with the concepts and values of the quantitative world (Bringer, Johnson and Brackenridge (2004) give a précis of these qualms). It is in fact a bewilderingly bad piece of software which I suspect has got away with it since the 90s largely because qualitative researchers often have a low opinion of their own technical ability and blame themselves for difficulties - and because all the alternatives are even worse. I investigated each of these alternatives, but eventually decided to leave my project in NVivo and supplement it with other means of analysis wherever possible. It turned out that many everyday pieces of software could be creatively repurposed as data analysis, visualisation and synthesis tools.

In particular, building the survey and its database had allowed me a great deal of flexibility and control over the survey data capture process, and it occurred to me that

programming could be an equally powerful way of getting the data back out of the database and exploring it outside the confines of NVivo. I wrote various short PHP scripts which could access the survey database, query it in sophisticated, customisable ways and lay the results out however I wished within a web browser. I was able to format some of these webpages of results so that the data could be copied into a spreadsheet with a couple of keystrokes, enabling further exploration, textual analysis and the creation of charts. (The humble Excel also turned out to be a powerful research tool; for instance, its ability to display large quantities of data side by side far outstripped NVivo, whose layout gave the impression that one was peering at the data through a letterbox.) Other scripts allowed me to cross-reference any group of answers.

In using PHP code to assist my data analysis, I was inspired by developments in the neighbouring field of digital sociology. Digital sociologists work with very large bodies of data 'scraped' from social media and other technological sources. They have a creative, exploratory approach to tool invention and use, and have embraced simple programming (for example, the Python language) to help capture, format and explore their data. While this approach was initially catalysed by the rise of 'Big Data', which rendered older techniques largely inadequate, its techniques and mindset can be applied to small datasets too. My PHP scripts meant it took seconds to perform data filtering and cross-referencing operations which would have required days of laboriously tagging segments of text in NVivo. I would strongly recommend that social researchers in general try learning some basic programming, whatever the nature of their data.

Analysis left me with a sprawling web of interconnected social phenomena and complex causalities both personal and systemic. I was now faced with the daunting task of finding a narrative pathway through it.

3.5 Conclusion

> I have not told half of what I saw.
>
> *- attributed to Marco Polo; seen on a sign at the entrance to Burning Man, 2014*

Walsh's primer on doing ethnography (in Seale (2012)) says that 'social scenes are inexhaustible'; that is, there will always be more detail you could have recorded and aspects you did not consider no matter how many fieldnotes you take. This certainly was the case on fieldwork; but the more I worked with my sprawling, multimodal dataset in the process of analysis, the more I came to feel that it too was inexhaustible, in that the potential interpretations of it seemed endless. I found myself in a strangely dual state of mind. On the one hand, I felt paralysed by the attempt to hold all the details in mind at once; while on the other I had a strong gut-level sense of an overall pattern which I was nonetheless not sure I could trust. I was helped on my way into writing by another 'confessional tale' of doing research, a chapter by Judith Okely (1994) about the writing of her book *The Traveller-Gypsies* (Okely 1983). In reference to a time when years of participant observation had left her feeling she was drowning in data, she wrote: 'The anthropologist-writer draws also on the totality of the experience, parts of which may not, cannot, be cerebrally written down at the time. It is recorded in memory, body and all the senses' (Okely 1994, p. 21). Okely realised that it was safe to trust her instincts about the data because they were informed by long, deep engagement with it, and with her field setting. This enabled her to move forward with writing and allow a narrative to emerge, and it eventually began to work for me too. The following chapters of findings are the result.

Chapter 4. 'This is a serious party': the festivals and their drugs of choice

4.1 Introduction: crossing the threshold

On the scorching afternoon of the day Boom 2014 opened, I was lying in my hammock between two gnarled live oaks, watching thousands of people setting up camp all around me. They had been flooding in since the gates opened on the stroke of 6am. Some had been queuing for days in their vehicles and many more were still waiting outside. The first arrivals had made straight for the sharp-edged patches of shadow under trees and filled them with tents, no matter how eccentrically sloped or full of thorn bushes they were. Now the campers were spreading out across the baked beige open ground. Wisps of cannabis smoke drifted across, mixed with the smells of hot skin and red clay dust. I could hear the strokes of mallets, airbeds being blown up laboriously by lung, and good-natured swearing in a plethora of languages, but most of all laughter, whistles and jubilant shouting. Despite the punishing heat (which would render nearly all the tents uninhabitable as soon as the sun rose each morning), despite the gruelling ordeal of arrival or perhaps because of it, most people seemed to be barely containing their excitement at being there. All day the campsite was swept by waves of spontaneous cheering - people screaming, ululating and chattering like monkeys. People would join in regardless of what they were doing at the time. The waves began in the distance and got passed along, with no evident reason why each cheer

had begun - nothing and no one specific they were cheering *for*. They were finally here; that was all.

Reaching and camping at these festivals can take months of planning. At Burning Man, the camp I stayed with had devoted much of the summer to an all-consuming preparation process culminating in four days of hard labour in blazing sunshine. The setup team built a 30-foot field kitchen equipped to cook communal meals for the 45 campers, with a simple plumbing system to capture 'grey water'; a large geodesic dome; more than a dozen 'hexayurts' made from foil-covered insulation panels; two colossal 'ubertents' for shade; an assortment of other structures (including a chill space called the 'opium den'); and electrical infrastructure. Like Boom, arriving at Burning Man can be a serious ordeal around which a mythos of sacrifice has developed (St John 2012). Arriving four days early to help with setup, I had escaped the entry queue, but the experience of two of my campmates was more typical. After a red-eye flight and then two days' journey from San Francisco, they queued for about fifteen hours, arrived very sleep-deprived at 4am, and were immediately roped in to help salvage the electrics and waterproof the yurts amid the first rainstorm to hit Burning Man in fifteen years: the one possibility none of us had planned for. A question may occur to the reader here, one which I had asked myself half-jokingly at the very start of fieldwork when the heavens opened just as I arrived at Sunrise: why do we do this to ourselves?

Yet everyone seems to have compelling reasons. The determination to make the party happen by any means necessary, the difficulties festivalgoers are prepared to cope with, and the widespread jubilation on arrival convey something of the significance of transformational events for their devotees. For some, they offer opportunities for self-expression, unaccustomed sociability, and intense peak experiences - often involving psychedelics - which are very highly valued but hard to find anywhere else. For others (overlapping considerably with the first group), the festivals are their livelihood.

This chapter examines the first research question: 'What is the cultural significance of transformational festivals and the drug use that occurs within them? Why and how do

festivalgoers take drugs in these spaces, and what can an examination of these drug use practices contribute to current understandings of 'recreational' drug use?' It will look at the relationship between festival culture and drugs, the patterns of drug use that occur within the festivals, and what this use means for the festivalgoers; then proceed to consider the implications for event organisers and staff, often scene members and psyculture sympathisers who now find themselves caught between transformational values and pressure from the authorities. Finally, the chapter elucidates the problem PS/HR developed to address by considering the lived experience of psychedelic and other drug-related crises as told by the survey respondents.

4.2 What transformational events mean to festivalgoers

This chapter begins by drawing on observational data, survey responses and documents collected in the field to introduce these distinctive events, their spaces, values and atmosphere. One particular set of survey question responses forms the backbone of this section. To help contextualise their crisis experiences within longer-term engagement with festival culture, I asked respondents which festivals they had enjoyed most and least, and why. The results form a picture of the distinctive features of the transformational festival, and which ones the respondents valued highly - both directly and by implication through their constructions of an 'Other' type of event, generally 'mainstream' or otherwise non-transformational, to which the events they liked were compared favourably.

Connection and community: the central value

Connection and community are central to the transformational festival experience, as the literature of *communitas* reviewed in section 2.2.2 suggested. The survey respondents consistently mentioned community, friendliness (especially the ability to talk to people outside the group one came with), mutual acceptance and 'positive vibe' - an overarching atmosphere of shared enthusiasm and energy - often resulting in feelings of belonging and

safety. Their responses indicated three important ways this connection was enacted and experienced, which I also observed in the field.

The first of these ways centred on collaborative efforts to create the 'portable community' (Gardner 2004), as setup crews and teams of artists constructed festival infrastructure, decorated the venues and set up art installations. During the setup phase at Burning Man, several of my campmates were working to build large group art projects elsewhere. This was also a recurring theme in the survey. Respondent Moebius wrote that what he most enjoyed about Burning Man was 'spending time with smart people and building crazy stuff'; for him group creativity was a means of bonding. Phoenix wrote about leading a project to build a temple space at her local 'regional burn', and sent me a video of its ritual burning; she said the experience had helped her recover from PTSD. The social fabric of these temporary cities was reinforced through 'gifting'. Not a barter system so much as a social norm of sharing, gifting is officially enshrined in the principles of Burning Man (where it is supposed to replace monetary exchange), but I also observed it happening informally and spontaneously at many events.

A second aspect was the relaxing of social rules and inhibitions, with many survey respondents saying that at their most-loved events it felt possible to talk to anyone. In the field I found that norms of gifting could lubricate this process by providing many excuses to start talking, especially through sharing supplies with campsite neighbours, but conversations with strangers could and did happen anywhere. Conversely, survey respondents mentioned disliking certain events where this perceived cohesion and trust was absent. Their disappointment when it did not seem appropriate or welcome to talk to strangers underlines the importance of this part of the experience for them.

A third type of connection, with broader scope because it did not depend on conversation, occurred within shared rituals. These could be on a grand scale like the burning of the eponymous Man, surrounded by pyrotechnics and celebrated by tens of thousands, which survey respondent Firebird knowingly described as 'the most Dionysian

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thing I've ever seen'; or small and intimate. They often mixed the serious and the tongue-in-cheek. I observed one at the stone circle which acted as the focal point of Sunrise:

'Now I want you to hold hands in a sacred manner,' [the ritual leader] says. We oblige. ... 'I'm going to teach you a deep esoteric ritual from the dawn of time, passed down for thousands of years. It goes like this.' There's a pregnant pause and then he says, 'You put your right foot in, you put your right foot out...' *(fieldnotes, Sunrise 2014)*

This kind of playfulness also appeared in mass participatory experiences like SGP's annual 'paint fight' at the main stage, in which thousands gathered to fling balloons filled with multicoloured paint at each other. Perhaps not what one would associate with the word 'ritual', it nonetheless provoked a powerful sense of connection through disinhibition, mischief and laughter.

Interestingly, some survey respondents explicitly linked the sense of connection to the smallness of the event, which was said to make it easier to talk to people and to foster an atmosphere of safety and mutual trust. Turner (1969) suggests that *communitas* involves a sense of unity with all 'co-liminars' and by extension with all humanity, but for these respondents such unity was contingent on the close-knit feeling that developed at smaller events. The idea of the festival as a space of safety is a complex one which will be considered later in this section.

The importance of connection is backed up by the within-scene discourse through which transformational culture talks about itself, via festival programmes, lectures, documentaries and so on. 'If I had to pick one maxim [of transformational culture, it] would be *Collaboration over Competition,*' wrote Charles Shaw (2014) in his foreword to *Wind Rose,* the programme booklet for Boom's Liminal Village lecture space. Burning Man founder Larry Harvey has said the core purpose of Burn events is building long-term connection and community (Palmquist 2004). In contrast, mainstream culture is portrayed as atomised, isolating, dehumanising, hostile and unfair. Shaw's foreword continues:

The world is a violent, unforgiving, discriminating place, where the colour of your skin can deny you the right to live by mere virtue of your inability to emigrate to a country not mired

in poverty and violence... And we are in the greatest period of inequity since the time of the Pharaohs (Shaw 2014).

These problems are often summed up as 'separation' - alienation of people from each other, and of 'the ego' from other aspects of the self - represented as the root of most evils from the psychological to the geopolitical and environmental. In Boom publications, connection and an awareness of interconnectedness are portrayed as a universal panacea. Environmental damage is said to stem from loss of 'contact with our planet', as their lineup leaflet put it, while a day of politics-themed talks at Liminal Village proposed 'A borderless world: political action for change, overcoming inner and outer separations' (Boom Festival 2014a), and a front-page *Dharma Dragon* headline requested, 'On earth WE ARE ALL ONE. Please no country flags at Boom' (Boom Festival 2014b).

An in-depth analysis of the connectedness ideology, its political implications, and how it both embraces and resists the axioms of the neoliberal culture from which it sprang, is tempting but beyond the scope of the thesis. Most relevant to the current discussion is how ideals of connectedness influence the kinds of drug experiences many scene members seek, which a later part of this chapter will explore.

Self-expression and self-discovery

Self-expression and self-discovery were frequently mentioned as a key part of festival experience by survey respondents, field participants and scene documents. This can be creative self-expression through performance and participation; emotional expression facilitated by relaxed social norms and cathartic rituals; or expression of aspects of identity usually hidden in daily life. Yet festival self-expression is not reducible to the individualistic, solipsistic labour of self-actualisation criticised by scholars of New Age culture such as Prince and Riches (2000) and linked by Greco and Stenner (2013) to the compulsory 'wellbeing' practices of neoliberal governance. Rather, the festive self is thought of as fundamentally relational, with its expression encouraged and facilitated by the collective festival environment. (I must note that not all expressions are welcomed; in 1999 a camp

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called the Capitalist Pigs were evicted from Burning Man for constantly shouting insults at passers-by through megaphones (Kozinets & Sherry 2005). It seems the issue with the Pigs was not their mockery but that it was done humourlessly. For instance, the operators of the Pants Cannon, which fires trousers at naked people, are viewed with much more amusement and warmth).

Creativity and performance are perhaps the most straightforward forms of festival self-expression. Survey respondent Kitsune wrote that Noisily was 'a very laid back and accepting environment, with a focus on flamboyance'; for her, the acceptance made the flamboyance possible. In the field, the emphasis on general participation meant that the distinction between costuming and spontaneous performance was blurred. People wearing animal costumes in the woods at Noisily 2015 found themselves being stalked by a band of spear-wielding, woad-painted Neolithic hunters; and Sunrise 2014 saw a period-costumed group of French revolutionaries enacting impromptu battles with muskets and an enormous flag.

Festivalgoers may also feel enabled to express painful or overwhelming emotion, as in the gradual decoration and climactic burning of the Temple at Burning Man. Through the week the Temple acts as a container for the grief and loss of its visitors, who cover its wooden structure with written and photographic farewells to the dead and otherwise lost. The role of the Temple precinct as a place where permission to grieve was explicitly given had a powerful effect; on fieldwork I observed that many began to cry as soon as they walked in. Its eventual burning is a cathartic release for many watchers.

Expression of normally hidden aspects of identity may also be facilitated by the accepting atmosphere many festivals have. For instance, several sitters and survey respondents said they had found UK festivals and Burning Man to be comfortable environments for expression of gender variance and non-normative sexuality. One sitter and two survey respondents mentioned beginning to cross-dress and/or reassess their gender identity at festivals. This resonates with Buckland's findings (2002) about queer nightclubs in New York City as safe spaces for beginning to express 'marginal identities' through dance.

Not all transformational festivals are queer-friendly; in fact some have an ethos of gender essentialism. Boom in 2014 treated ideas from early second-wave feminism as groundbreaking, with an overarching theme of 'The Feminine' and talks with names like 'The Other Side of the Moon' (a panel of women visionary artists). One of my visitors there was a transgender woman, her crisis partly fuelled by verbal abuse she had received because of her gender presentation. Rather than having their assumptions about gender disrupted by psychedelic use, some Boomers drew on their psychedelic experiences (seen as conveying universal truths) to reify and entrench these assumptions. This points to broader tensions around the politics of psychedelics, resistance and the preservation of the status quo, a theme I will examine further in future work.

Immersion and the paradox of safety and intensity

The liminality theories discussed in section 2.2.2 depicted festivals as immersive, somewhat enclosed spaces which felt separate from the everyday world, and the survey responses confirm this; the theme also emerged in the sitter interviews. During observation, I found these temporary micro-worlds to have a paradoxical atmosphere combining a sense of safety (as discussed in the previous section) with intense, even overwhelming levels of sensory stimulus. This combination distances people from everyday equilibrium, drawing them into positive and negative intensities. The festival is a space for intense pleasure, peak experiences, and the sensory assault of enormous sound systems and grand-scale art. Yet there are also the negative intensities of outdoor living, such as carrying heavy gear; dealing with rain, cold and mud; and cumulative sleep deprivation due to inability to sleep in tents beyond sunrise at sunnier events. Some aspects are seen as positively and negatively intense at once. A number of sitters were ambivalent about the very loud, inescapable music at Boom; they thought it sometimes contributed to crises, but could also catalyse transformations. Survey respondent King of Cups agreed: 'There was a bit of sensory overload from the festival and that made things a lot worse but I can't expect the sensory aspect to not exist, it's so beautiful.'

The long duration of transformational festivals contributed to the feeling of immersion, but even at shorter events there was a sense that time was behaving differently - often dilated, more malleable than usual, and measured by the body (and/or the effects of drugs on the body) rather than the clock:

> There was a guy with a megaphone pottering around near [the woods]… saying that this is basically a five-day weekend. You've got Friday, 'Frisat', Saturday, 'Satsun', and then finally you've got Monday morning, and you can choose when you sleep, you can be awake for as many of those 'days' as you want, so enjoy yourself *(fieldnotes (voice memo), Alchemy, 2014)*.

> It's a body clock, that's the thing, it's a true body clock, because you do things when your body says so, so … if you're smart … when you're tired you sleep, when you're hungry you eat, when you wanna dance you dance… *(Gus (sitter), interview, 2014)*

Some consider immersion in festival time and space as a process of putting aside everyday consciousness and becoming emotionally vulnerable and open to change, facilitating the self-expression and connection experiences discussed in the last two sections. Speaking to filmmaker Jeet-Kei Leung, an event organiser described this process as 'wearing down of the self… there's this kind of vulnerability that you arrive at, and this willingness to drop into a place of trust' (Leung 2013). He thought this was most likely to happen around the fourth or fifth day of an event.

Observation suggested he was right, but the resulting state could be a lot messier than he implied. For instance, it could bring relationship problems to a head. As veteran sitter Ken put it:

> …on the fourth day, this is when you have the emotional problems, because you slept in a tent for three days with somebody you thought you loved, and maybe it's been pouring down all the time, and you haven't eaten, you haven't slept… and the drugs are beginning to wear off or run out... and you've also got the hangover from hell... and then one of you turns to the other and says 'I think we have to talk' *(Ken, interview, 2013)*

Survey respondents Catkin and Inanna said their crises were the beginning of the end for their relationships, though both saw this as a good thing in retrospect. Similarly, Burning Man is often described as a crucible for relationships, causing them to crack along any pre-existing fault lines. But the loss of defences and 'wearing down of the self' could also lead to

emotional meltdowns which were cathartic and ultimately helpful, and even the legendary 'ego death': a temporary collapse of the self-concept which can be traumatic but which many scene members view as a spiritual rite of passage.

It is difficult to convey how a place can feel at once overwhelmingly, painfully intense and safe. The concept of 'holding space', much used in another area of psyculture - the culture around ceremonial use of plant psychedelics, or 'plant medicine' - may be useful here. Roughly, it means conveying a sense of safety and enclosure in which the person holding the space (for instance, the shaman in an ayahuasca circle) is felt to be keeping dangers, interruptions, responsibilities and all other unwanted incursions (whether mundane or magical) at bay, enabling those having the experience to immerse themselves fully. A held space is not one where risk has been eliminated, but one where an atmosphere of safety facilitates the taking of the psychological risks which are the space's purpose - for instance confronting painful memories, or allowing oneself to be overwhelmed and disoriented by the intensities of what Castro (2005) calls 'extraordinary experience'. This is the explicit remit of avowedly psychedelic events like Boom, and is implicit in the layout, aesthetics and promotional writings of others. The festival could be seen as providing a context and a set of safety equipment for a kind of psychological and/or spiritual 'edgework' (Lyng 1990). However, section 4.4 will show that most event organisers have limited capability to genuinely hold their spaces by keeping the 'real world' and its authorities outside.

Transformative experiences

These aspects of festival spaces - connection, self-expression, immersion, safety and intensity - featured strongly in stories of personal transformation told by the survey respondents. (Some of these were crises which resolved well for the participants; others were stories they offered spontaneously along with the crisis narratives; there was no survey question specifically eliciting them.) Respondent Peregrine offered a story of connection enabling deep immersion. Her extended crew of festival friends supported her throughout the night, intervening to help at different points and in different places. This meant she

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could throw herself unreservedly into an intense trip from which she emerged with a decision to change her career path. For Phoenix, the transformation was through creative collaboration and cathartic ritual, and she now sees her temple project as a turning point in recovery from PTSD. Ocelot described how his friends' care and creation of a safe space for him during his overwhelming experience at Burning Man helped him heal from his painful divorce. And for the three participants mentioned earlier, a sense of safety combined with encouragement towards self-expression encouraged them to begin expressing variant gender identities which have now become part of their everyday presentation.

The role of the drugs

This section has pointed towards why drugs, especially psychedelics, are seen as so important in transformational ideology and practice. Although drugs are neither necessary nor sufficient to experience any of these aspects of a transformational festival, they can amplify the effects of each one, and the drugs are bound up with much of what participants said they valued about these events. Connection and sociality can be boosted by the 'collective effervescence' of MDMA and other stimulants, or by the softening of ego boundaries associated with psychedelics (which at its most intense leads to the most dramatic form of connectedness, the unitive experience; see section 4.3). In the survey, Sentient wrote, 'Dancing to psytrance on MDMA is one of my life's great pleasures: I enjoy the sensation of oneness with my body and the music while also feeling dissolved into the crowd'; while Catkin wrote of one of her favourite festivals that she loved 'the crazy vibe in the woods late at night when everyone was tripping'. By lowering inhibitions and increasing confidence, many drugs can facilitate self-expression and boost feelings of safety; and they can contribute to the timeless, immersive otherness and the sensory and emotional intensity that characterise festival spaces.

This goes some way towards explaining why festivalgoers are prepared to risk crisis experiences, yet underscores the cruel irony of many of these crises being characterised by fear, isolation, shame and loneliness, reasserting the social atomisation the participants

came to the event to escape. Each of the drug effects described above has its dark reflection: the experience that renders one more fearful or disconnected; leads to making an unwelcome course change; or reveals uncomfortable things about oneself without help to deal with them. Although most of the crises more or less wore off when the drugs did, there were some disturbing examples of long-term transformations for the worse.

Differing levels of involvement in the scene

Before proceeding it is important to note the wide variation in levels of commitment to the scene and its values. At one end of the spectrum are scene loyalists who have found ways to spend most of their time on the festival circuit. Some get free tickets to many events by volunteering; quite a few UK sitters did this, for Avalon and in other ways such as stewarding. Others make their living within the culture, like survey respondent Inanna who works year-round for a small festival fashion business ('we live festivals, we dress the festivals, we love the festivals,' she wrote). Members of this group fulfil some or all of Hodkinson's criteria of subcultural substance (2004), such as 'autonomy' (essentially, not needing a job outside the scene); a sense of group identity; and commitment maintained through the year via online and face-to-face social networks. These loyalists are also likely to be adherents of transformational values. At the other end are those who treat festivalgoing more neo-tribally, dipping into festival culture perhaps once or twice a year; inside the space they might immerse themselves eagerly and completely, but they do not think of themselves as part of a scene. One sitter summed up the relationship between what he perceived as two distinct groups (though observation suggests more of a continuum):

> …many people are living inside this psytrance culture and have a niche in which they can make money out of it... live just this lifestyle based on festivals. It's those who make the decorations, all the DJs, the builders, the bars, uh, everything. So it's a big and complex community… to some extent it's self-supporting, but I really think that those who come just to recreate and just buy lots of beer and some other substances maybe… are just the mass who are supporting this community without being part of it… they just put in the money, and the community just can kind of recycle the money inside *(Olavi (interview), 2014)*.

Olavi's rather dismissive term 'the mass' reflects some scene loyalists' tendency not to take the occasional weekenders seriously, or even to other them as a faceless herd of perpetually drunken cash cows. Some loyalists make assumptions about what motivates occasional festivalgoers, how they take drugs and why, constructing a sort of hedonistic Other figure against whom they can compare themselves. The assumptions are often unflattering, but persist as undercurrents despite exhortations to respect everyone (see section 5.2.2 for how this manifests in PS/HR training). In light of this, it seems vital for this thesis to include voices from all levels of commitment. Fortunately, the survey respondents range from staunch loyalists to people who have only been to one festival. This data will now be used to explore the question of which drugs are being taken at the events, and what they mean to those who take them.

4.3 Drug use at transformational festivals

A distinctive pattern of drug use

The last section showed how drugs were bound up with many of the distinctive features of transformational festivals. The patterns of drug use found there are distinctive, with more emphasis on psychedelics and less on stimulants (apart from MDMA) than among drug users in general. There is no comprehensive quantitative data source on what substances are used at festivals in general, but on fieldwork I built up a partial picture of supply and demand from a variety of sources. Observation of dealers at work in campsites, announcing what they had to sell (which did not tell me what they were really selling, but did suggest what they thought festivalgoers would want to buy), along with observation at the care spaces and within events in general, suggested that LSD, mushrooms (two of the 'classic psychedelics'), MDMA and cannabis were the most sought-after substances. Popularity drops off after this 'big four', which some referred to as 'the classics', but other substances also have their devotees - such as synthetic phenethylamines (like the 2C family), and the much-revered but rare DMT, whether in its crystalline form or as the smoking blend changa.

Amphetamines can be found but seem less popular than at mainstream events. In the UK, ketamine provokes considerable ambivalence but is nonetheless widely used; it has less presence in the other two countries. Some use cocaine but others are strongly opposed to it, and UK dealers seem somewhat less likely to offer it than the 'big four'. Opiates are rare, though opiate painkillers are beginning to appear on the scene (see the case study in section 6.6). For comparison, the Global Drug Survey of 2016 asked which substances respondents had used in the last 12 months; the most widely used illegal substances were (in descending order) cannabis (used by 63% of respondents), MDMA (30%), cocaine (21%) and amphetamines (14%), followed by LSD (13%) and mushrooms (12%), and there were almost as many opioid users as mushroom users (Winstock et al. 2016).

I did not observe novel psychoactive substances (NPS) being explicitly sought or sold much at festivals. Apart from psychonauts - drug enthusiasts who explore a wide variety of substances in a 'scientific' manner - most festivalgoers prefer the 'classics' to NPS; but many dealers do sell NPS under the classics' names. New synthetic cathinones may be sold as MDMA, or the family of psychedelic amphetamines known as DOx sold as LSD. Members of the NBOMe family are becoming more commonly sold by name, but more usually under the name of LSD (one health risk this introduces is that they are substantially more dehydrating than LSD).

Other sources of data support the observed popularity of the 'classics'. At Boom in 2014 CheckIn, the front-of-house drug checking lab, asked service users what they believed their sample to be when they handed it in. Nearly three-quarters thought they had bought LSD or MDMA (39% LSD, 33% MDMA). 'Unknown' follows a long way behind at 8%, with cocaine at 7% (see figure 4.1). The CheckIn data clearly does not give a complete picture of which drugs are sought after at festivals. Mushrooms, anything else of plant origin, and alcohol are unlikely to be brought for drug checking, as it is already fairly obvious what they are. The data also does not indicate what the samples actually contained. Yet it gives some indication of which substances were desirable, whether or not the festivalgoers in question had got what they wanted. The adulteration of drugs, its extent, contributing factors and

consequences will be examined in section 4.5 as part of the discussion of the psychedelic crisis.
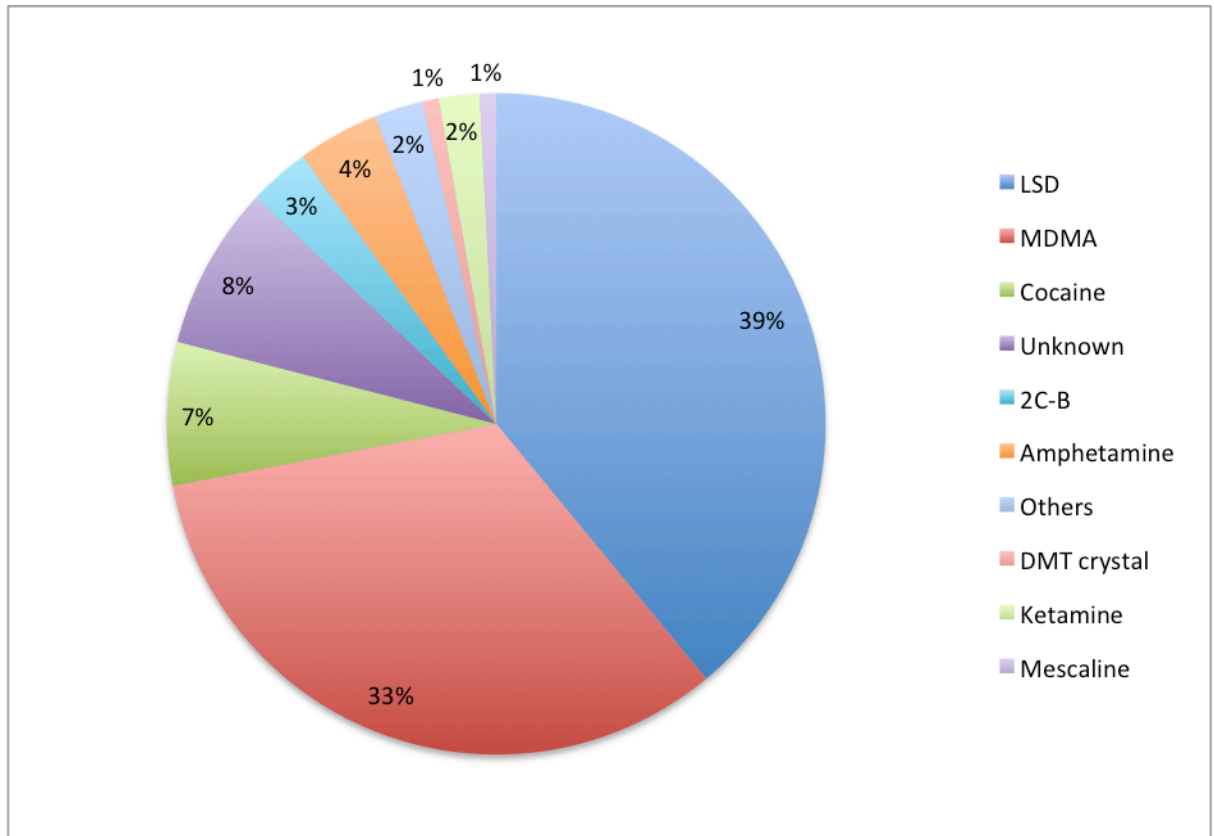
Figure 4.1: What CheckIn service users at Boom 2014 believed their samples were. n=625. Source: CheckIn.

Respondents' stated reasons for drug use

> Every first try of an unknown substance was and will be out of curiosity. What is this about? How will my body react to that, what will my mind and my soul do, what funny, creepy, interesting, scary, beautiful, overwhelming experiences will occur? What will I learn? - *Dryad, survey respondent*

What attracted festivalgoers to these 'classics', and their other substances of choice? As discussed in section 2.2.1, scholarship on motivations for drug use is surprisingly short on participants' own words. I included a survey question about participants' overall drug histories, including why they used them and how they perceived their relationship to their drug use, to further contextualise the crisis incident narratives which took up most of the

survey. Most respondents responded at length, seeming glad of the opportunity to situate their crisis within a longer-term drug use story.

On the whole their reasons paralleled what they said they valued about transformational festivals. The strongest theme, by some distance, involved connecting with others; themes of connection and sociability also interpenetrated many of the others. The last section discussed how transformational culture disdained everyday 'modern urban' lifestyles, perceived as isolating and oppressive, in favour of experiences of communal living and connection with others. The survey showed festivalgoers using drugs to facilitate this connectedness, assisting with sociability, conversation and empathy as well as dancefloor *communitas*. The drugs were employed as antidotes to the poison of separateness and self-consciousness. Other groups of motivations revolved around intensifying aesthetic and embodied experience of festivals, and being 'in the moment'; therapy, healing and self-improvement; and the search for spiritual or 'profound' (not necessarily theistic) experiences. At first glance, motivations like fun, pleasure and play did not feature as a separate theme - but, far from being absent, they permeated the data. Respondents mentioned specific experiences they found fun, playful and pleasurable - encompassing all the aforementioned categories - rather than simply saying they used drugs because they were fun.

None of the stereotypical motivations for drug use - escapism, rebellion, compulsion, and the drive toward 'oblivion' - figured strongly. Escapism and rebellion were occasionally mentioned ('it's fun to rebel,' respondent King of Cups wrote with breezy bluntness), but this was more often framed as something they no longer did. Similarly, there were some stories of compulsive and even addictive drug use, and drugs taken for instrumental reasons in order to survive difficult situations; but with a couple of exceptions, respondents situated them firmly in the past. This was part of a general tendency for respondents to portray themselves as using drugs responsibly and having become more responsible over time, the implications of which will be explored further later in this section.

Unitive experiences, 'ultimate truth' and stigma

A drug tends to be particularly favoured within the scene, particularly among loyalists, if it can be perceived as a 'cognitive tool' or 'teacher' (in the terminology used by Tupper & Labate (2015) to refer to 'plant medicines'). Psychedelics especially are thought to have this quality and are seen as powerful catalysts of transformative experiences. Some even impute subjectivity and agency to them, portraying them as powerful, unpredictable, yet wise entities who deserve respect. They are thought both to have shaped the values of transformational festival culture, and to assist with enacting these values.

What, then, might the 'teachers' be conveying to their students? A number of typical psychedelic experiences feature in the mythos of transformational culture, but perhaps the most highly valued - and the most illustrative example - is the 'unitive' or 'mystical' experience. One early researcher of psychedelics claimed that these occurred in many forms across numerous cultures but had characteristics in common: a sense of 'unity', in which one 'feels a part of everything that is (for example objects, other people, or the universe), or more simply, that "all is One",' accompanied by feelings of timelessness, 'deeply felt positive mood', a 'sense of sacredness', and the belief that one is accessing some form of ultimate reality or truth (Pahnke 1969, p. 7). Survey respondent Catkin had also contributed to my early interview project on 'transcendent experiences' at festivals, giving me this account of a unitive experience (a separate incident from her crisis):

> …it's quite hard to describe what happened, but… I completely lost any sense of me, at all, I was just dancing and all there was was the music and the sound and there was nothing else… Everything went see-through, and it was like all the sound was coming through everybody that was in front of me. …And I'm sat on the edge of the crowd at the back of the tent, and I could feel all this energy going through me and I could see all these webs of light everywhere… I just had this huge beaming grin on my face, going "what – on – earth?" And it was just absolutely mindblowing. And after that… I could still see all these lines of energy, just as light, and as we were walking out of the festival I just walked the whole way out with my eyes shut… It was one of the most incredible experiences I've ever had… just this feeling that everything really is connected and everything really is made of energy, and just seeing it and going "whaaa", basically *(Catkin (interview), 2011)*.

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As Catkin implies, such experiences often feel ineffable and resistant to description. Yet attempts to represent them in music and art saturate transformational culture. In Turnerian theory, liminal states served to inculcate the values of the community into their participants ('liminars') (Turner 1969). If there is an argument to be made that this is happening with transformational culture values in festival spaces, it would have to centre on the unitive experience - both as the doctrine being inculcated (as in Boom's 'We Are One' slogan) and the mechanism of its inculcation. Within psyculture, a unitive experience is something to cherish and learn from, thought to change one's worldview permanently. It also underlies the connection ideologies described above and is seen as a powerful antidote to 'separation' and its related psychosocial ills. For instance, it is thought to increase ecological awareness and environment-friendly behaviours (recent research by Forstmann and Sagioglou (2017) supports this link), leading one speaker at a psychedelic conference I attended to propose that large-scale psychedelic use could help solve climate change.

However, as people attempt to make sense of their unitive experience, powerful tensions can arise from the dramatic contrast between their subjective qualities of 'ultimate reality' and 'sacredness' and the diametrically opposed way drug experiences are viewed by culture as a whole. Outside psyculture, an experience having happened while one was on drugs suffices to delegitimise it and dismiss any of its conclusions from serious consideration. Drug experiences are perceived as inherently nonsensical regardless of their content. Indeed, if one appears to take drug experiences seriously, everything else one says and does may be called into question. Some scholars have claimed that identity as a drug user is stigmatised to the point of being 'totalising' (Valverde 1998): it can submerge all other aspects of identity and become the totality of how a person is seen and treated. Radcliffe and Stevens (2008) demonstrated the power of the 'junkie' identity to disrupt heroin users' ability to access crisis services and social support. Although the stigma of psychedelic use is much lower than that of heroin (in ways bound up with classism, perceptions of each drug's usage demographics, and the respective social capital levels of

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both groups of users, but this discussion must be saved for future research), public admission to using them can still cause problems.

It is common, especially among those who are not hardcore psyculture loyalists, to address this issue by enclosing any descriptions of one's drug experiences within verbal tags whose function is to distance the speaker from the experiences (like the participant in the mushroom study by Riley, Thompson and Griffin (2010) who wished to emphasise that he was 'not a hippy'). But there are those who do take their psychedelic experiences seriously and allow them to become part of their belief system. This was the case for a substantial number of the sitter participants and survey respondents. They often talked about their drug experiences as though responding to a sense of constant ontological threat pressing inward from 'outside' which would overpower and devalue their memories of transformative psychedelic experiences if it was not actively addressed and resisted (recalling the theory of 'implicit mind' (Fine 2010) which suggests that when stereotypes are culturally pervasive enough, it takes work to resist applying them to oneself and others). A frequent strategy of resistance was pointing out tangible long-term benefits of their experiences, like survey respondent Peregrine's decision to change to a more fulfilling career in which she was now thriving. A large subcategory of these benefits related to another idea common in psyculture: unitive and other 'peak' experiences were thought to make one a better person. Indications of this helped to shore up the validity of the experiences - but on the flipside, when the threat of invalidation felt particularly strong, the persistence of personal failings could begin to look like proof that the experiences had not been 'real'. Admitting that he was dependent on benzodiazepines and cannabis to an extent he saw as problematic, survey respondent Bastian wrote that he was 'not the best advert' for his beliefs about the transformative potential of psychedelics. (The next section explores the implications of his feeling called upon to be an 'advert'.)

How can we tell if we are 'better people', and what counts as a personal failing? An undercurrent within scene discourse suggests that an important manifestation of spiritual 'progress' is becoming more in control of one's life. Milhet and Reynaud-Maurupt (2011) and

Greco and Stenner (2013) have each pointed out that there is more than a whiff of neoliberal governance about this, while showing how neoliberal ideas of self-optimisation with the aims of making oneself more efficient and productive have become intertwined with New Age wellbeing practices. In light of these ideas, areas of life where one would *like* to be in control, but is not in control, may retroactively leach the value and validity from one's most cherished psychedelic experiences - especially if the lack of control is getting worse over time. This is part of the emotional dynamic underlying one of the most prominent themes in the dataset, frequently referred to by the drug-using sitters, survey respondents, and people met in the field: the idea of the 'responsible drug user' as an important part of identity.

The figure of the responsible drug user

Like the sitters I interviewed (see section 3.2.2), many of the survey respondents treated the survey as a site of 'social labour' (Radcliffe 2011) on their own behalf and that of others in psyculture. Perhaps concerned that their crisis stories might be used to shore up pro-prohibition positions, they wanted to also stress that psychedelics and other drugs could be beneficial or at least harmless, and that they could be used safely. These respondents portrayed the crisis story as uncharacteristic of them and their history with drugs, and quite a few used the 'additional comments' text field to point out that most of their drug experiences had been strongly positive, and to describe the precautions they usually took to this end. Respondent Wolverine left most of the survey blank and wrote in the comment box that he had never had a crisis due to the precautions he took. (His partial response was not counted in the overall analysis, but its content seemed admissible if treated like a brief conversation with someone met in the field.) The nature of the protective strategies favoured by him and others, and the question of how much impact they really have, are discussed below.

For other respondents, the crisis was represented as the wake-up call that led them to adopt more cautious drug use practices. In survey responses, the word 'respect' recurs constantly with regard to psychedelics, with past crises often attributed to an overly casual

approach; Skylon wrote that he had 'got cocky' about recreational use of LSD and nitrous. This hard-won respect often involves a keen awareness of psychedelics as infused with unpredictability, wildness and risk, and capable of revealing, as respondent Ana-Suromai put it, 'the beauty and the disaster'. Thus respecting drugs entails using them cautiously, mindfully and with awareness of set and setting.

Such 'respect' practices are part of a cluster of behaviours thought to constitute 'responsible drug use'. Another common way of signalling responsibility was mentioning researching substances before using them. Since the proliferation of NPS in the wake of the mephedrone ban some studies have found that drug users see it as normal to consume 'unidentified white powders' (Measham, Moore & Østergaard 2011); this is also the opinion of several scene elder sitters. However, knowing what one took was important to most of the survey respondents, who made fine distinctions between substances and displayed detailed knowledge of their effects, chemistry, dosage and cultural significance. For a smaller but sizeable subgroup this also included interest in the political issues surrounding drugs, and they offered critiques of policies, cultural attitudes and the category of 'drugs' itself (for instance by pointing out that legal psychoactives were drugs too).

Trajectories of decreasing harm

Another way to indicate responsibility was to represent oneself as moving towards more cautious, measured, managed and/or infrequent use of drugs. Many survey respondents talked about drug use they now perceive as irresponsible, reckless, or empty hedonism, but located it firmly in the past, done by a less mature version of themselves. (Only a couple of respondents wrote that they felt they were *currently* overdoing it: Hemlock said his use was rising and he was somewhat concerned about it, while Bastian's discomfort with ongoing drug dependence has already been mentioned.) The responses to the drug history question suggested a directional pathway which began with depressants (mostly alcohol and cannabis), proceeded through a phase of stimulants and party drugs, and finally arrived at psychedelics. Participants' central drug preferences tended to travel along some segment of

this path over time. The path often incorporated a revelatory discovery of psychedelics, after which these substances featured strongly in the respondent's use practices and belief system. Most still indulged in the others as well, if not as often as previously, and only a few had moved from psychedelics to no drug use at all. Several respondents expressed relief associated with moving from each category of substances to the next - whether it was party drugs or psychedelics they had adopted, they said their new drugs of choice offered more enjoyment while causing less damage to their health. Alcohol use in particular declined substantially for many participants over time, and a sizeable number now see it as one of the most damaging substances in their lives. A surprisingly large group had also given up cannabis. On the whole, survey respondents tended to move down the slope of Nutt's harm scale (Nutt, King & Phillips 2010) over their lifetimes, from more to less harmful substances and more to less addictive substances. To the extent that the stories are a good reflection of reality, this finding contradicts 'gateway drug' theories which suggest that people progress towards more addictive, more harmful substances. Although the importance of the responsible use story as discursive strategy makes definitive statements impossible, the finding suggests directions for further research.

The 'responsible dealer'

I also heard the responsible drug user story repeatedly from an unexpected group of people. These were drug dealers I met in the field - often by engaging them in conversation as they picked their way through the campsite quietly announcing their wares. Observation suggested that dealers within the transformational scene confounded many of the usual stereotypes. They came across as unremarkable fellow scene members rather than predatory outsiders. Quite a few were women in business for themselves (in so far as I could tell from brief conversations) rather than adjuncts to a dealer boyfriend. Intriguingly, I had the impression that the ones I met moved in and out of dealing drugs rather than being situated within an all-encompassing 'life of crime'. Some only did it in the summer; for some it was an occasional thing akin to 'sorting out' an extended group of friends; and others did it to

supplement precarious or seasonal work (one of these was also a security guard). Two particularly colourful characters had well-paid jobs in STEM fields and seemed to be dealing drugs primarily as an expression of their enthusiasm for obscure psychedelics. But perhaps the most striking aspect of our conversations was the number of dealers who claimed they strove to deal 'ethically'.

Ethical dealing could mean offering informal harm reduction as part of the service. When giving someone a drug - especially a psychedelic - which was new to them, many of the dealers I met said it was important to check in with the customer throughout the evening and let them know they were available to help. One even expressed this in legal language as a 'duty of care'. (Jacinto et al. (2008) observed a similar approach among ecstasy dealers in the US Bay Area.) There is a connection here to the practice of PS/HR; I met some sitters who turned out to be former dealers. They had discovered a knack for psychedelic support while looking after customers who were having bad experiences. Isaac, a Haven volunteer I met on shift, claimed to have sold three million hits of LSD and spent time in prison for it. Now a fervent supporter of policy reform, he described his life since then as a process of "turning poison into medicine", referring both to his activist group's work of destigmatising psychedelics and to his own efforts at transmuting his painful past into something ultimately positive.

Another aspect of responsible dealing was giving customers information about the nature, effects and duration of their produce. The dealers would often duck inside tents to engage in long, arcane conversations on this topic. Several broadcasted their knowledge playfully by styling themselves as doctors (one wore surgical scrubs, while another had the persona of a stereotypical Freudian therapist), and one even had a leather-bound menu divided into 'smoking' and 'sparkly' categories.

But 'ethical' dealing could also mean providing high-purity, accurately measured substances, enabling potential customers to avoid buying from less scrupulous dealers elsewhere. Several of the dealers described this as a form of harm reduction in its own right.

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One told me that the threat of more unsavoury dealers and their produce was why she had started sharing her supply with her own teenage daughters:

> I've got two ounces of the finest Moroccan right here in the house, and you want to meet some guy in a car park to buy weed?... I was worried about them being vulnerable to men. *(fieldnotes (from memory), Surplusfest, UK)*

Her concern is warranted. Although they do not seem quite as common as elsewhere, the presence of unscrupulous dealers on the scene can be inferred from the prevalence of adulterants in drugs bought at festivals (see, for example, the chart of Portuguese data in section 4.5). It is clear that many dealers do sell substances as other substances - and we must presume an overlap of unknown size between this group and those who profess responsibility rather than considering them as two distinct groups. Full understanding of why some festival dealers do this is beyond the scope of this project, but further research is warranted – for example, on the moral compromises dealers may make when they find themselves in possession of a large batch of an adulterated or entirely counterfeit substance for which they have already paid. Yet responsible dealing behaviours may also be obstructed by factors outside the dealer's control.

For these and other reasons, the roots of a crisis can often be traced back to the drug transaction - and not just what was sold, but various aspects of how the interaction went. Further exploration of the dynamics of this can be found in section 6.1.

The politics of responsible drug use stories

It is clear that telling responsible drug use stories was a political act for many of the survey respondents (and also for sitters, as chapter 5 will show). As Radcliffe would put it (2011), it was a discursive strategy deployed to move them, and the larger groups they belonged to, through the social world towards greater legitimacy - while also helping legitimise their past drug experiences. They attempted to preempt criticisms based on widespread cultural narratives in which drug users are portrayed as inherently irresponsible or even incapable of

speaking coherently for themselves. However, the force behind their social labour was obstructed or dispersed by three complicating factors.

Firstly, by stressing responsibility so heavily, the respondents became vulnerable to the same errors that plagued 'Tackling Drugs Together'-era state harm reduction policies. That is, these narratives overestimated the personal agency of users while minimising the impact of environmental and systemic factors. They implied that being responsible was straightforward, and furthermore that it was sufficient to solve the problem of drug crisis risk, whereas in the field I found that the practices comprising 'responsible drug use' were not always easy or even possible to enact (see section 6.1).

Secondly, the stories revealed dual aims which could conflict with each other. Sometimes they intended to improve the reputations of users, and sometimes those of the substances. Advocates of the latter sometimes praised the substances at the expense of those who used them (as we will see below). Some did this by constructing an irresponsible 'Other' figure whose bad drug use choices (not the substance itself) were to blame for bad experiences. This theme and its impact on PS/HR work will be developed further in chapter 5.

Finally, it is unknown to what extent these stories of responsibility and restraint - and the reasons given for drug use earlier in this section - reflected reality. Respondents may have found it hard to acknowledge more hedonistic, unrestrained drug use as part of their personal narrative. Escapist, compulsive, or purely pleasure-focused use practices may be more common than this data would suggest, but pressures to represent oneself as responsible and cautious at all times - or risk undermining your belief system and letting down your whole scene - make these behaviours harder to admit to. This reticence may also lead to difficulties asking for help in a crisis.

Nonetheless, most of the survey respondents set out for the festivals at which their discussed crisis took place armed with a kit of coping strategies, scene-derived knowledge, and belief in the potential worth of their drug-taking activities. How the crisis unfolded for

them, and whether or not these repertoires were useful in the event, are the topics of sections 4.5 and 5.4 respectively. First, however, we will consider the role played by those who organise the festivals - often scene loyalists - in shaping this matrix of conflicting forces while being shaped by it themselves.

4.4 Festival organisers, drugs and the risk of crisis

Being a festival organiser is in some ways an unenviable position. While many mainstream festivals are run by corporations, transformational festival organisers tend to be current or former scene members. The longer one spends on the scene, the more responsibilities one takes on to help 'make the party happen', and many festival organisation teams are examples of this process taken to its logical conclusion. Some lead organisers, like Boom's Diogo Ruivo, went into it driven by explicit utopic ambitions, but others like Burning Man's Larry Harvey and Secret Garden Party's Freddie Fellowes (the 'Head Gardener') are said to have found themselves at the helm of a party which began small and spontaneous but grew far beyond their expectations. Harvey seems to have picked up more utopic ambitions along the way: he told a conference in 2004 about his conviction that 'cooperative community-building' of the sort that happened at Burning Man, and its proliferation of 'regional burns' and year-long projects, was a powerful means of enacting change (Palmquist 2004). But it seems common for organisers to run into problems as their parties grow and the festival ideals, ways of life and experiences of time they thrive on are increasingly forced to mesh with the managerial, clock-time-bound, efficiency-requiring practices of the 'real world' in which they do business. (Ruivo is an exception. At a Liminal Village talk he claimed to enjoy fine-tuning the logistical aspects of Boom, like rubbish collection and compost toilet provision.) The compromises they inevitably make may err in the direction of perceived selling out of transformational values through being overly managerial or even 'corporate', conceding too much to commercialism, or making too many rules (this last criticism is often levelled at the Burning Man Organisation, referred to by some of these critics as 'the Borg'). Other organisers may be so leery of management and administration practices that it damages their

relationship with staff and artists. The late Sun Bird, organiser of Sunrise, was infamous for paying artists very late or not at all, and opinions were divided as to whether this was ineptitude or deliberate exploitation (according to a grizzled former Sunrise crew member who sat down by the Avalon campfire at SGP to vent his spleen).

One of the most serious compromises relates to their attitudes to drug use. As festivals grow into substantial business ventures, they are often poorly funded (due partly to the scene's dislike of corporate sponsorship) and lack the capacity to absorb much financial loss. They are also subject to the whims of local licensing authorities and other governing bodies, making festival organising a precarious affair. Tourism scholar Stone (2009) notes that most UK festivals decline or disappear after just a few years. One practical implication is that UK and US organisers must attempt to placate the authorities by dissociating themselves from anything that might be perceived as 'condoning drug use'.

The situation is less complicated in relatively lenient regimes, where event organisers can be much more open in communication but also have more latitude to create enclosed, self-policing festival spaces. Boom has historically had a cordial relationship with the Portuguese government, represented in person at Boom 2014 by former minister João Goulao, who praised Boom's 'social experiment' in a Liminal Village talk (Boom TV, 2014a). Later in the week on a panel of festival organisers, Ruivo said Portugal's 'mild' drug laws allowed him to be open about drug use at the festival, describe it as a psychedelic event, and adopt an explicit harm reduction approach which aimed to 'take care of our own tribe' and avoid overloading the services of the neighbouring rural community (Boom TV, 2014b). In the UK or the US such openness would be disastrous for an event, but sitter Bob - who was present for the first year of Harmony at Boom - said he thought it had worked to Ruivo's advantage and helped him build a good working relationship with the police. Bob added that Boom was entitled to use only its own security force, with no police presence inside. Similarly, in the organisers' panel discussion a representative of Germany's Fusion festival described meeting with local police and other community authorities and negotiating to be allowed to implement a 'preventative' (essentially harm-reduction-based) drug strategy; it

was also agreed that the police would not enter the event (Boom TV, 2014b). It would be an oversimplification to represent Boom as an unassailable haven of progressiveness; later in the research it became evident that Boom was not immune to the sense of precarity felt by UK and US organisers, due to sustained criticism from the Portuguese right-wing press. Nonetheless, their position is much more comfortable than that of UK and US organisers.

Under harsher drug policy conditions the situation for organisers is reversed, requiring them to be more closed and wary in communications while allowing the authorities more access to the festival spaces. The RAVE Act of 2003 means that American organisers are liable for any problems related to drug use at their event; if they are found to be aware drug use was occurring, they can be prosecuted and their events shut down (Anderson 2014). A US-based festival staff member who requested not to be quoted by name was asked at another Boom talk what provision her event was making for drug problems. She replied that festivalgoers at her event were sufficiently cautious and sensible that such problems were highly unusual. Visibly uncomfortable, she then said she would prefer not to discuss the topic because "it makes me really upset" *(fieldnotes, Boom 2014)*. Meanwhile US festivals must keep their borders open to local police. Uniformed and undercover police are heavily represented at many events. During observation at Burning Man it was evident that the constant background awareness of the police's (possible) presence affected the atmosphere of the event in far-reaching ways.

While there is no UK law specifically allowing local authorities to shut down an event if they suspect organisers are aware of drug use, they have strategies which amount to the same thing. Councils can cancel event licences at a moment's notice or change the licensing conditions so that the event cannot proceed. This happened to Sunrise in 2015 when their licence was changed, calling for what organisers described as 'library levels' of sound throughout the site after 11pm, a week before the event. Police may also raise their fees at short notice if there are explicit indications that high levels of drug use may occur. As Ken explained it,

…the additional demands that the police will often try and lay on a festival, of saying that they must have an extra 40 police... and then they're able to say "Well, we didn't stop the festival". Well, yes you did… after they've already announced the price of the tickets, you then come along at the last minute and say they've got to have 40 more people, 24 hours a day, at £20 an hour... you've made it impossible for the festival to continue *(Ken, interview, 2013)*.

One instance of this was the last-minute cancellation of Glade in 2010 (Resident Advisor 2010). For festival organisers, usually operating on a shoestring, the cancellation of an event is likely to mean going bust. (Glade has not returned since and Sunrise had to skip 2016, though they did return in 2017.) Small size allows some UK events to stay under the radar; Alchemy had minimal police presence and employed its own choice of security firm. But once an event reaches a certain size - over a few thousand - it comes under keen scrutiny from local councils and police forces.

In an effort to secure the survival of their events, most organisers in the UK and US adopt a two-pronged strategy: distancing themselves from association with drug use as much as possible, while putting in place extensive infrastructure whose purpose is to reduce and manage risk - both health risk and illegal behaviour. At each event, this risk management is enacted by a network of groups connected by radio, comprising both static facilities and roving teams. They cooperate to a greater or lesser extent to protect festivalgoers, regulate their behaviour, and in general minimise the risks of the event for attendees and organisers. The exact makeup of this network differs from event to event, but it will include some or all of the following: a medical facility, set up to process acute medical cases quickly; a security team, usually a private firm, who keep order within the event and are the enforcers of festivals' avowed anti-drug stances; stewards and a welfare service, staffed by volunteers from the scene, whose job is to deal with festivalgoers' practical problems; a PS/HR space; and in more lenient jurisdictions, a front-of-house drug checking service. Ideally each part of the network should have the communication and transport capabilities, and the understanding of what the other parts do, to refer cases through the system to the facility whose remit is most applicable.

In a well-integrated network, PS/HR services aim to reduce risks associated with drug-related crises (while also taking pressure off the medics). However, in the US and UK having PS/HR at events is also a *source* of risk which organisers must evaluate alongside that of the crises - that is, whether their presence is seen as evidence of condoning drugs, and whether this is adequately offset by their ability to care for drug users in difficulty. Several care space managers told me about situations in which organisers were at first unconvinced about having them. One organiser changed his mind and agreed to host the care space after cancer patients at the nearby hospital complained to the local paper that the screams of people arriving from the festival were keeping them awake. Yet once the space has gained access to an event, organisers' wariness of engaging visibly with them can still impact their work in numerous ways; section 6.3.1 explores this further. Meanwhile, the next section returns to the point of view of those they hope to help, looking at the survey respondents' accounts of drug-related crisis.

4.5 Psychedelic crisis: the rhetoric and the reality

We return to the survey participants at the outset of their crisis narratives. Many scene loyalists mythologise the drug-related crisis; PS/HR workers hope to transmute it into personal growth, and seek to apply roadmaps of catharsis and breakthrough to it; while festival organisers attempt to manage it away. Somehow, despite all this attention, what lies at the centre remains somewhat obscure. One problem is that it is a catch-all category for many different kinds of experience, some of which fit the psychedelic crisis playbook and some of which do not, due to the plethora of different drugs that may be used and combined in festival settings. The culturally pervasive habit of arm's-length thinking that leads scholars and scene members to treat 'drugs' as a single category is passed down to drug-related crisis. The lived experiences of festivalgoers who find themselves in difficulties are liable to get lost in the confusion. Although the survey responses are of course thoroughly imbued with scene mythologies and discourses, and also allow us to discern the shape of the dominant cultural narratives they are attempting to reply to, they do have a quality of rich immediacy which

powerfully conveys what the experiences were like for the respondents. This final section of the chapter will discuss the crisis narratives, and the complex question of which drugs might have been involved; consider what the respondents feel triggered their crisis, and some of the implications; and conclude by looking at coping strategies and how respondents viewed the available sources of help.

What respondents (thought they) had taken

Substances reported in survey respondents' crisis stories
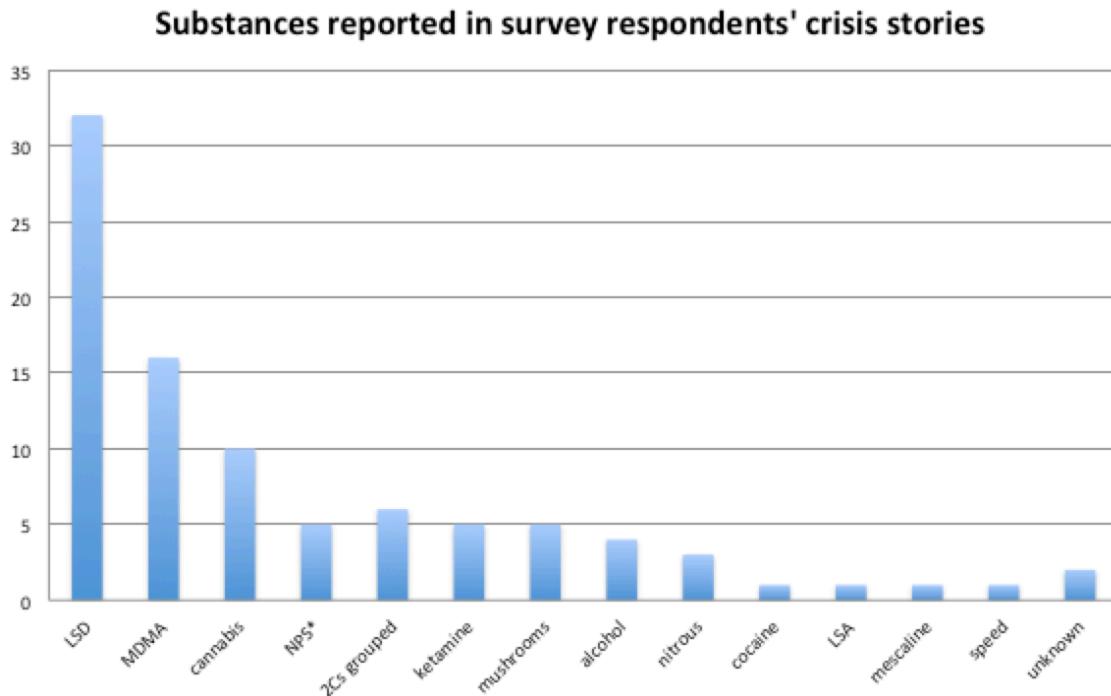
Figure 4.2: What respondents said they had taken when their crisis occurred. Source: survey data. Note: 'NPS' here includes DOx, '4-AcO' (there are four novel psychedelics with this prefix; the respondent did not specify which one), 2CI-NBOMe, and 'Sass', a stimulant based on one of the precursors of MDMA. I made the decision to separate the 2C family (the phenethylamines 2C-B, 2C-E, 2C-I, and so on - but not the NBOMes, which despite their 2C prefix are a very different class of substance) from the NPS group since they are neither particularly novel in terms of when they were first synthesised (mostly in the 80s and 90s (Shulgin & Shulgin 1995, 1997)), nor how long they have been in evidence in psyculture (at the very least since the mid-2000s); but 'NPS' is a very vague concept and others may disagree.

The question of which substances tended to be involved in a crisis is an obvious one to ask, but is difficult to answer. The graph above shows what the survey respondents said they had taken at the time of their crisis. The top three are all from the group of 'classics' mentioned earlier - perhaps unsurprisingly if they are the most heavily used - with LSD dwarfing the other columns. Mushrooms are the least problematic 'classic' here, by some distance, although they are prevalent on the scene and have a reputation as purveyors of very intense

psychedelic experiences, as detailed by scene guru Terence McKenna (1991, 1994) among others - though it is worth noting that doses of mushrooms sold at festivals are relatively small (one or two dried grams, compared to the five-gram 'heroic doses' McKenna recommended). In general, the small size of this dataset, along with aspects of how it was collected (which have probably also caused it to skew towards psychedelic users and away from those who concentrate on other 'party drugs'; see section 3.2.3), suggest that any conclusions drawn about the relative risks of different drugs on the basis of this data are likely to be misleading. Another issue is that these accounts obviously only tell us what the respondents *believed* they had taken - and this also applies to more or less all the other available data, like the Avalon visitor records. Spanning six years of UK festivals, these record what care space visitors reported having taken on arrival. Like the CheckIn data featured above, they show LSD and MDMA in the lead - though here they are followed closely by ketamine, more popular on the UK scene than elsewhere, and 2Cs. (In Harmony visitor records, LSD was also by some distance the most commonly reported substance among arriving visitors).
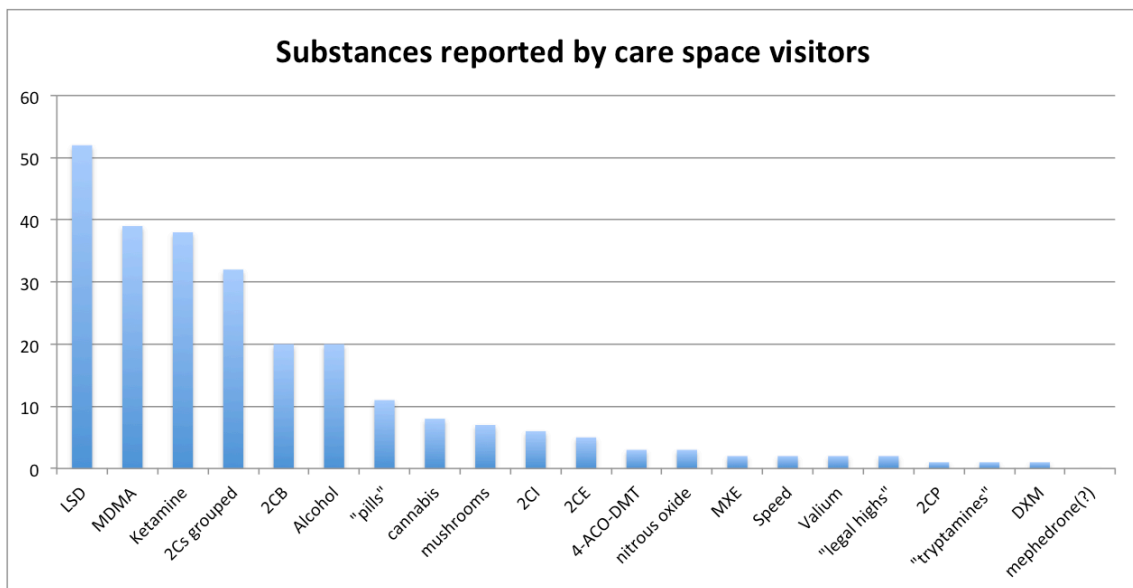
Figure 4.3: Substance use reported by visitors to Avalon, 2009-2014. n=230. Source: Avalon records.

A third problem with the data, which especially applies to care space data collected on visitors, is that the flipside of the reverence accorded to the 'classics' and other major psychedelics is a degree of stigma on drugs associated with 'mere' hedonism and with the mainstream, such as cocaine. During observation I became suspicious that relatively stigmatised drugs were under-reported on arrival at care spaces - which is a concern as they often have higher harm potential. Needless to say, this can negatively impact visitor assessment and care.

The fourth issue, which affects all the sources of data, is high rates of drug adulteration. Section 2.4.5 mentioned two drug checking projects on the US festival scene who claimed adulteration to be rife, with virtually no MDMA to be found in 'Molly'. In 2015, at Secret Garden Party, the police checking drugs on a back-of-house basis gave brief daily reports to Avalon which included warnings about adulterated samples they had found. But only in Portugal had enough data been collected to convey the full extent of the problem. The chart below shows the type and extent of adulterants in drug samples tested at Boom by the CheckIn lab in 2014. Boom had a lot more genuine MDMA than US events; but a full third of the LSD, and all but two of the cocaine samples, were not what they had been sold as. Adulterants ranged from relatively inoffensive (such as caffeine) to actively dangerous (like phenacetine, found in some of the cocaine samples, which can cause cardiac arrest). The 'LSD' adulterated samples were mostly members of the DOx family, psychedelic amphetamines which can last for 36 hours compared to LSD's 12, or NBOMes, a family of novel psychedelics which are considerably more dehydrating than LSD. In 2016 Spanish drug checking service Energy Control found that other LSD-like NPS such as 1P-LSD and AL-LAD were supplanting NBOMes to some extent (Ventura 2016); they also reported that while adulteration of LSD had fallen somewhat, the number of different NPS being used as adulterants overall was still rising and the adulteration of cocaine was now worse than ever. One might speculate that another possible reason for the rarity of mushroom-related crises both in the survey and in the Avalon data is that mushrooms are difficult to adulterate in non-obvious ways.

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Summary of results/expectations
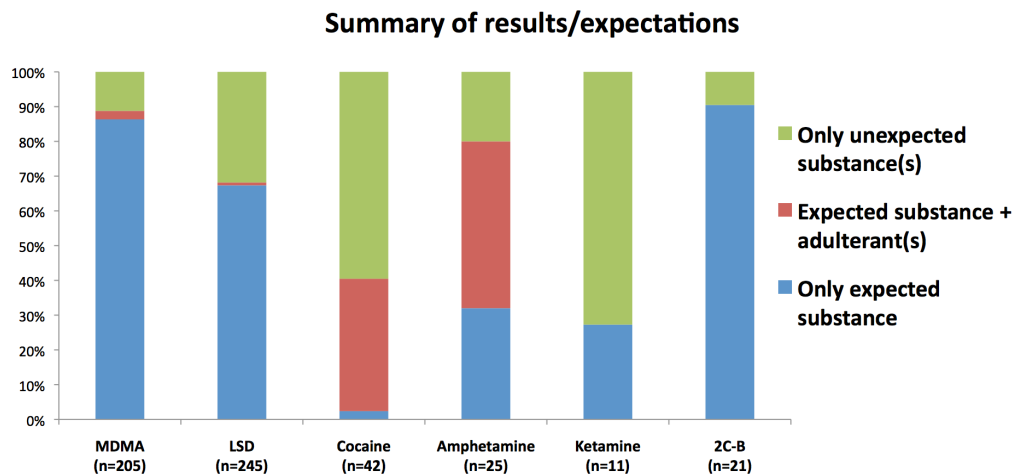
Figure 4.4: Adulterants, and complete substitutions of substances for others, found by CheckIn at Boom in 2014. Source: CheckIn results presentation.

Yet it should not be implied that most crises can be blamed on adulterants. During care space work it seemed to me that many of them had simply to do with the unpredictable nature of the 'classics'. An unexpectedly intense or painful experience could happen even on what seemed, to the best of anyone's knowledge, to be moderate doses of major psychedelics. Sometimes this is what was desired, and at other times (as discussed in the next chapter) people set out on an evening of play, pleasure and sociality and ended up having a 'psychedelic journey' in spite of themselves.

Forms of crisis

There have been many attempts to map the territory of these 'journeys' and their relatives within psyculture, but very few in academic literature. Below is a brief, necessarily tentative typology of common themes in the drug-related crises of the survey respondents, with additional data from my work as a sitter. It should not be thought of as a set of discrete categories; there is considerable overlap (for instance, paranoia can be highly isolating), and most crises feature more than one of these themes.

Painful emotions: fear, paranoia and guilt

The most common theme of the crisis narratives in the survey was fear and anxiety, often manifesting as one of two forms of paranoia. In one, the perceived threat is immediate and interpersonal, coming from the participant's friends and companions. For instance, Byron believed his campsite neighbours were laughing at him, and Nevermore said that comments made by her friends sent her into a 'spiral of paranoia'. The other kind of paranoia is on a broader social level. It may, for instance, involve thoughts about large-scale conspiracies or the idea that the world is ending; Phoenix, Spruce and Mother Nature all believed they were in the midst of an apocalypse. Circus Freak became convinced there was a webcam in her tent connected to the main stage, where the crowd were watching her crisis unfolding and making fun of her. A similar theme - the whole festival conspiring against the person in crisis - appears in one of the key case studies in chapter 5.

Circus Freak also thought her friend, who was cooking outside the tent, was trying to set her on fire because 'I deserved to die'. This points towards another very common painful emotion - guilt, and a sense of ongoing or impending punishment. After accepting his first ever line of ketamine, measured out by his campsite neighbours who had all built up a much higher tolerance, Jellyfish believed that everyone he met knew he had taken too much and disapproved of him for it. Hemlock thought he had poisoned himself and his friends and 'would be responsible for their deaths'. Mother Nature had a resurgence of guilt about an abortion she had had at 15, and believed that her act was now causing the destruction of the festival and of the whole world - and furthermore, that everyone knew it was her fault.

During observation I came across a batch of synthetic cathinones associated with an eerily specific paranoid thought process: that the user had been accused of stealing and was about to be arrested, associated with fear of having drugs found on their person. This is part of a larger category of fears related to law enforcement and what survey respondent Outlaw called 'the legal threat of being a drug user'. His own crisis story involved becoming convinced that his Burning Man camp was about to be raided by the police. Also at Burning

Man, Firebird was worried that the police would be able to tell she was on LSD and arrest her and her friends. It seems overly pat to label such experiences as paranoia, since certainly in the US they are edging into the territory of reasonable fears. This discussion is continued in section 6.1, which considers the effects of policy on drug use practices.

Social isolation

Another set of themes in the survey revolved around isolation, loneliness and self-consciousness. Ruby said she felt disconnected from her partner and friends; Lone Rider felt 'small, alone and worthless'; and Amanita said she felt 'alone and afraid of everything around me'. Various respondents said they wanted to communicate but found they could not, like Dante, whose crisis focused on his inability to discuss difficult issues with his friends. There is often a non-verbal quality to psychedelic experiences which can exacerbate this kind of crisis. The implications for PS/HR workers, who must attempt to reach visitors incapable of speaking or (sometimes) understanding speech, are looked at in section 5.3. Avalon sitter Gus had had a crisis like this which now informed his dealings with this kind of case. As he put it:

> I became increasingly agitated about the idea that somebody would try and talk to me and I wouldn't be able to respond at all... eventually this paranoia about communication got so extreme that I couldn't make eye contact with anyone *(Gus (interview), 2014)*.

Distortion of reality

A further theme of the crisis experiences related to distortion of perceived reality and sensory experience. King of Cups wrote, 'Everything became its polar opposite. Straight was round, round was straight.' For Catkin, the festival turned into a 'horrific circus'. High Plains Drifter said he felt trapped 'between two planes of existence', and Delirium said (of her friend, on whose behalf she said she was filling in the survey) that she 'couldn't make out what was real and what was in her head any more'. For Skylon, a balloon of nitrous combined with LSD while watching psy-dub artist Ott led to a powerful, immersive flashback to taking DMT in the Amazon, followed by what he described as a 'spirit carnival'

in which he saw spirits pouring out of a rift in the sky to possess each person at the festival. Such experiences were by no means always negative; it seemed possible to roll with and indeed enjoy the distortions under the right circumstances. For Peregrine, the trip was only overly intense in parts and the support of her friends helped her ride these out. But for others, like Nevermore, they led to debilitating panic attacks.

Distortion of consciousness and self-concept

In one particularly unsettling category of crisis, even the sense of being a discrete self and the ability to engage in coherent thought processes can be lost. Due to the timeless quality of such experiences, the loss can seem irrevocable. Phlebas thought he was dying as parts of his consciousness seemed to 'fall away' one by one, while for others the timelessness took the form of 'looping': that is, feeling that one is repeating a short sequence of thoughts or events. The milder form of looping involves compulsively recalling a memory, with most other processes remaining functional; Inanna found herself repeatedly reliving a row with her boyfriend earlier that day. Sometimes, however, the loop takes up the person's whole awareness and renders them unable to interact with the world. They may appear catatonic, or repeat the same movement or phrase again and again. On a combination of LSD and ketamine, Moebius was 'frozen' in a loop about twenty seconds long. He believed he was predestined to repeat the loop forever and that the rest of the universe had never existed. Some participants felt that being stuck in the loop was a kind of punishment; Sentient wondered whether this was what it was like to die and go to hell. Looping visitors pose a particular challenge for sitters. Most have a repertoire of tricks which have worked to help a visitor break out of a loop at one time or another, but often the only option is patience and making them as comfortable as possible.

There is also the famous 'ego death', the total collapse of the sense of self alluded to in the literature review and earlier in this chapter. Though much revered in scene lore, it can be terrifying. Phlebas describes 'struggling as my conscious faculties dissolved', while Firebird was distressed at having lost her concept of 'I' and spent hours trying to reconstruct

it. Merkaba had particularly unpleasant circumstances in which to go through ego death. Sent to hospital in a police helicopter after concussing himself on a gatepost while on seven tabs of LSD, he wrote that he went through repeated 'cycles of death and rebirth' alone in his hospital bed. In the idealised story of ego death, 'surrender' to the process leads to a feeling of being reborn: a sequence which some psytrance nights attempt to reflect, or even induce, with 'dark' music intended to bring on the ego death followed by uplifting 'morning psytrance' as the sun rises (St John (2012) locates the origins of this practice within the Goa party scene). Yet of the survey respondents who had an experience like this, only 'seasoned tripper' Merkaba claims he got to the final stage; as a result, he says, he is no longer afraid of dying. Ego deaths are supposed to be grist to the mill of PS/HR, discussed extensively in the work of psychedelic therapy mentors like Grof (1988), and observation suggested quite a few sitters were able to handle them adroitly; yet none of the survey respondents who had one were able to visit a care space. The difficulty of access to care spaces for those who most need them is expanded upon in chapter 6.

Ego deaths are next door to the celebrated 'unitive' or 'mystical' experience described above, which also involves a dramatic loss of discrete selfhood arising from a feeling of being connected with everything. These are expected to be blissful, but the survey results showed they could also be frightening. Ana-Suromai wrote:

> I blew my mind that night... It felt like I was the center of the universe, like I was the source of energy guiding the entire energy around me. Everything was connected. I could physically see the energy between people. That evening was pretty traumatic. I ended up peeing myself, I thought I was going to have a baby (lay an egg)…

Hers was one of the worst and most prolonged crises in the dataset. The details she gave had a lot in common with Catkin's unitive experience in section 4.3, but for her the emotions that accompanied it were dramatically different. It continued for more than a week, during which the unitive experience persisted along with a feeling of 'the Divine Mother guiding me' but remained very difficult because she felt 'overly in tune' and highly vulnerable. It culminated at another festival the following weekend; she 'freaked out', was forcibly restrained by security and hospitalised. This case is interesting because it is a classic

example of the kind of psychedelic experience which is supposed to be potentially transformative, yet very reactive to whatever support is given, for better or worse. Ana-Suromai described a series of interventions by friends, medics, and security which ranged from inept to overtly hostile and kept making matters worse.

Perceived causes of crisis

I also asked the respondents what they felt had triggered their crisis. Their explanations fell into three broad categories: interpersonal factors (related to their immediate companions); environmental factors (such as weather, high sensory stimulus, or fear of law enforcement agents); and personal factors relating to the user's own agency, such as how they had gone about their drug use.

Interpersonal factors

 Close festival companions - partners, friends, and ex-partners - can provoke powerful emotions during a drug experience, whether strongly positive or strongly negative. People highly value sharing the experience with companions, and a majority of respondents said support from friends would be their first preference in a crisis. But the very closeness that can make friends and partners the best and most trustworthy carers also creates vulnerability which can lead to a crisis, or make one worse. The most frequent specific risk factor in the dataset was being in a relationship where a breakup had just happened or was about to happen; it is particularly inadvisable to trip with a recent ex-partner (or, for that matter, an unrequited crush). This was followed closely by conflict with partners and friends in the festival space, such as arguing shortly before the trip (Inanna) or problems with a possessive partner (Catkin).

For others, the issue was not conflict but too much empathy. Phoenix, a recovering alcoholic, became uncomfortable around her drunk partner because she felt unsure of her self-other boundary. Dryad, Nevermore, Metatron and Ruby reported trying to hide their feelings so as not to bring their companions down. Other problems with companions

included becoming overwhelmed while shepherding friends around the site (Dryad); trying to interact with sober friends who didn't understand their mental state (Dryad, Rocket); and unspoken problems between friends becoming impossible to ignore (Dante), recalling an earlier description of the festival as a crucible for relationships - either cementing them more strongly or causing them to crack along pre-existing fault lines.

The impact of companions on drug experiences suggests one angle from which an aspect of the 'responsible drug user' narrative - that 'responsible' choices are straightforward to make, and that positive experiences can be ensured by such choices of set and setting - can be criticised. As the critics of 90s neoliberal harm reduction policy have pointed out, drug use happens within a relational web, not in a vacuum. Especially within the closest-knit parts of the festival scene, such as the Burner community, choosing to take drugs only among people with whom there are no 'fault lines' while avoiding anyone with whom one has issues is a non-trivial matter.

Environmental factors

Firebird's account of her LSD trip at Burning Man would delight Turnerian scholars. She perceived the entirety of Burning Man as a sophisticated, choreographed machine for breaking the ego, initiating first-time Burners like herself into a church whose deity was a personification of creativity. While this may not be as well-coordinated an operation as she imagined at the time, earlier parts of this chapter have shown how festival environments are set up to overwhelm festivalgoers and distance them from everyday equilibrium. The distancing can, however, go in unpleasant directions. Bad weather was a common culprit in drug experiences turning difficult, with Desdemona, Kitsune, Panzerbjörn, Catkin and Dryad all mentioning rain, mud and cold; and heat can also cause problems, especially at Burning Man with its ever-present threat of dehydration. Ocelot's crisis began when he realised he was miles from his camp, had run out of water, and was unable to get himself home. The much-praised collective nature of festival life also has its downsides. Nightingale's crisis story started with her husband having a PTSD-related panic reaction in a crowd, while

Catkin, Byron and Circus Freak found the ambient campsite noise threatening or sinister. Equilibrium can also be upset by fellow festivalgoers with a confrontational sense of humour who dress up in ways intended to shock trippers. In the midst of a lightning storm, Kitsune encountered 'a man… dressed head to toe in black waterproofs, with a grotesque "chucky" like baby mask on over his hood'. 'The bottom just fell out of my stomach,' she wrote.

As mentioned previously, there is also widespread fear of the representatives of law enforcement – whether in the form of the police, or private security firms. In their interviews, sitters Bob, Brittany and Olavi also said they thought heavy police presence was a common trigger of crisis. For all of them, this was part of a discussion of why Boom was better than US events. Bob thought Boom had much less of a problem with paranoia-based crises due to the absence of police. My observation suggested it was less clear-cut; Chapter 6 will take this discussion further, along with a more in-depth investigation of how these fears affect festival support networks and the people they aim to serve.

Personal factors and the question of agency

Despite describing vividly how the interpersonal and environmental factors affected them, the respondents still generally presented narratives in which the main causal forces were their own choices. This recalls the notion that 'responsible' behaviours can render drug experiences largely risk-free if enacted correctly. Many respondents saw themselves as having fallen short in this regard, seeming to have internalised the rhetoric of 90s government harm reduction programmes where difficulties with drugs were all about 'bad choices' deserving condemnation. A common theme was failures of self-care. Spirit said she was '[an] irresponsible idiot' for letting herself get dehydrated. Self-care incorporates careful consideration of emotional states; Desdemona blamed herself for having taken drugs while unhappy about her ongoing breakup, as did Circus Freak, while Byron regretted tripping while 'heartbroken' about his unrequited crush. Another theme was considering oneself to have taken the drugs excessively or incautiously. Mother Nature, for example, described taking a whole pill of 2C-B because she 'couldn't be bothered faffing around crushing it up';

Nevermore blamed her crisis on taking acid too soon after the last time she had done so; and Rocket felt foolish for taking a dose of MDMA without having weighed it. For some this goes hand in hand with the idea of respecting psychedelics. Skylon's and several other stories featuring supposed 'disrespect' have an undercurrent of Old-Testament-inflected morality in which the substances may punish impertinence with a crisis. Others now see their very pursuit of intense or mystical experiences as misguided ('chasing a ghost' - Caged) or hubris (Sentient).

Yet a surprising thing about these stories of 'incautious' or 'excessive' use is that the amounts and dosing frequencies they mention are often quite low. For instance, Nevermore thought she had overdone it by taking LSD two weeks after she had used it last. It may be that people minimise the numbers (though this seems odd alongside the detailed narratives of perceived excess), but it is possible that some people retroactively decide they must have overdone it on the basis that a crisis occurred. This dynamic will reappear in the section on PS/HR training procedures.

The emphasis on individual agency in the crises is further indicated by the lessons most participants say they learned from their bad experience: becoming more cautious with their drug use, taking smaller quantities, being more conscientious about testing in advance, and avoiding particular substances (for some this was part of their use trajectory, as discussed above). Some mentioned takeaways related to interpersonal or environmental factors, but these usually also focused on ideas of careful choosing such as being more selective about tripping companions. Few actually *blamed* the people they were with or the environment they were in, and even fewer expressed disapproval of the larger social systems involved in the crisis (one of these wrote, '…this never would of happened if drugs were legal' *[sic]*). Rather, participants often portrayed their crisis as evidence of some personal failing, or at least said it felt like one at the time. The figure of the 'seasoned tripper' with a 'strong mind' appears in many participants' narratives. For a few, like Metatron, this was a reliable part of their self-image which gave them confidence in dealing with their crisis. However, for others it was an ideal they were shamefully failing to live up to. The theme of

failure appeared even when there was very little the respondent could have done differently. Respondents blamed themselves for not taking actions which were never available to them, like Rocket, who felt irresponsible for not having weighed out his MDMA despite having no access to a scale; or blamed themselves regardless of having taken what action they could - like Peregrine, who had 'nibbled' her tab of what turned out to be 'probably not LSD' the previous night 'to check for adverse reactions', but said that her main lesson from the experience was to test her drugs in advance, even though this had already been her practice.

There is an argument to be made that self-blame, and the resulting resolutions to act differently, have a certain appeal when dealing with an intrinsically chaotic, unpredictable phenomenon like the psychedelic experience. It enables some sense of control: if it went badly because you did it wrong, this implies that it will go well in the future if you get it right. However, there may be another contributing factor to the heavy use of this explanation. During care space observation, I came to suspect that some respondents felt faced with a choice between blaming themselves and buying into dominant prohibitionist narratives of the substances as intrinsically harmful. These were clearly not the only possibilities, but any other explanations had disappeared from view - as, it turned out, they also had for some sitters. Section 6.5 will examine this further. In the meantime, however, these feelings of shame made it difficult for some respondents to access help.

Support is crucial, but most would prefer to get it from friends

In light of the findings earlier in this chapter, which suggested that festivalgoers often take drugs in search of a stronger connection with others and the world around them - and that this sense of connectedness was fundamental to transformational culture - it is interesting how many crises manifested as some form of alienation from others, oneself, or the totality of 'reality'. Yet in psychedelic support lore, the fearful, isolating or disorienting aspects of a trip are seen as a phase of the 'journey', where fears and outdated or ill-fitting parts of self-concept and worldview can be confronted and consciously acknowledged in order to move past them. If one 'surrenders' to the experience rather than resisting it, it can give way to a

more positive phase of reintegration with others and the world (Echenhofer 2012). Such surrender - allowing oneself to feel the difficult feelings without reserve - can require a kind of visceral courage, but is thought to be much easier to achieve if one feels supported and safe.

Perhaps this is why people I met in the field and told about the study were often fervently in favour of PS/HR provision already, or excited to discover it existed. I frequently heard variants on 'That's so important,' said with wincing, knowing intensity as though from one war veteran to another: *we've both been there, we know why that's so important, right?* This enthusiasm far exceeded the polite interest one might expect in conversations about one's field of study. The survey data also showed respondents tended to have positive attitudes to PS/HR services and were more willing to ask them for help than any of the other support services - at least in theory.

In practice, in the crisis narratives things often played out differently. In the first instance, rather than going for formal help, a large group of respondents sought informal support from their friends. This was a wise decision for many of them. Care by friends could be highly effective. Peregrine, Ocelot, Kitsune, Mother Nature and several others wrote about sensitive interventions by companions which essentially saw them safely through the 'surrender' phase into reintegration and enjoyment of the rest of their experience. However, whether due to interpersonal difficulties, friends who were unable to cope, or having become separated from their friends, some respondents did desire formal help - but getting it was not always an easy matter.

This chapter introduced the world of transformational festivals, its key values, and some of the most salient features of festival spaces and the festival experience - which, it demonstrated, were intricately bound up with psychedelic and other drug use. It related findings on which drugs are being used within transformational culture, and what they mean to participants, along with some idea of the rewards they are seeking which make the risk of

crisis worthwhile for them. A different set of rewards and risks emerged from the next discussion, on how festival organisers deal with drug use and the demands of the authorities at their events; their often divided loyalties, and the compromises they make. Finally, rejoining the survey participants, the chapter followed them into the kind of situation from which PS/HR projects hope to rescue them: the unsupported psychedelic/drug-related crisis. This is the subcultural problem PS/HR developed to attempt to solve. As we will see in the next chapter, the care spaces claim to be uniquely equipped to do this. But how do they go about it, and is it working?

The next chapter will investigate these questions and others by moving inside the care spaces, drawing on my volunteer work as a sitter. Through an examination of PS/HR training and care practices, it will also show that PS/HR spaces position themselves in opposition to dominant cultural mores of drug prohibition and abstinence. Yet this opposition to a common enemy can mask that the spaces themselves are battlegrounds for two very different, though often conflated, sets of ideas about what drug use means and what should be done about it: namely, the harm reduction and psychedelic support approaches to care.

Chapter 5. 'Turning poison into medicine': inside the care spaces

5.1 Introduction

At dusk on the first evening of a tiny anarcho-punk festival perched on a hillside in Wales, my first event with Avalon, the team meeting and training session for newcomers was beginning. After a communal meal in the rickety field kitchen, we all filed into the large bell tent, a double-peaked oval space about twenty feet long which would serve as the main care space for people who were tripping hard or otherwise vulnerable. (Outside, on the far side of the campfire, an elderly army tent had been designated the 'chatty space' - a place for the drunk and talkative which also housed the drug information stand.) The tent was piled with pillows, sleeping bags and blankets, and above us hung a large painting of a woman with a lotus for a head, radiating lines of energy. The curtains of white fabric which could be used to divide the tent into private spaces were gathered back against the walls. In the centre of the floor sat a log with hollows and knotholes, partly covered with moss and spirals of ivy, on a gold cloth with fringed edges. On and around it perched a motley collection of objects - a pink plastic pig, a golden owl, Tibetan singing bowls, the fragile shed skin of a small snake, crystals and assorted hippie paraphernalia, donated by volunteers over the years for people to examine and play with in psychedelic states. People were laughing, chatting and catching up as they settled down; some had not seen each other since last summer or longer.

Anita, one of the managers, welcomed us and invited us to explain what had brought us there. It quickly became clear that this was no perfunctory ice-breaking exercise. Everyone, from the lady in her fifties whose camper van had been a source of tea and

sympathy on her local party scene for decades to the young girl who had volunteered because Avalon sitters had 'rescued' her at a festival last summer and she wanted to give something back, introduced themselves with gusto as though relieved to be in like-minded company, telling a story that did not get told enough. A few themes kept recurring: the idea of psychedelics as potentially beneficial and transformative, and capable of being used 'responsibly'; the importance of psychedelic support as part of this; and how glad they were to have a chance to do it.

This meeting marked the beginning of my apprenticeship as a sitter, being initiated into their community of practice. This chapter addresses the second research question: 'How do psychedelic support services attempt to solve the problem of the drug-related crisis in festival spaces? How does their shared identity as scene members and drug users inform their values and their working practices?' It draws primarily on field observation, centring on but not limited to three key case studies, with additional data from the sitter interviews. It aims to illuminate the lived practices of psychedelic sitting and harm reduction work; the values and ideals underlying the care spaces' operations; and what happens when these ideals of psychedelic enlightenment come into contact with the messy realities of festival drug use, under pressures from pro-prohibition authorities.

The central finding was the importance of the drug user/scene peer identity among sitters, many of whom professed it openly. It acted as a bonding agent between sitters, but was also a powerful asset in caregiving. Among other advantages, it helped sitters to establish trust with often fearful visitors on arrival, assess their cases, and judge what help was needed. However, it could also be a liability. This chapter implements Goffman's threefold schema of 'performance areas' from *The Presentation of Self in Everyday Life* (1959) to explore the impact of the drug user identity 'backstage' (among sitters in training and off duty) and 'frontstage' (working with visitors within the care space; in Goffman's terms this would be where the main 'performance' takes place). The following chapter will go on to show how this aspect of identity has very different effects in Goffman's third area, 'outside':

that is, beyond the care space among the festivalgoing public, other support staff, and authorities.

5.2 Backstage: training as a sitter

5.2.1 The sitter mindset

Telling 'inside secrets'

I arrived at my first Avalon event early to help set up the care space. Throughout fieldwork, setup and training periods helped me start getting to know the team while things were still relatively calm. In Goffman's schema of 'performance areas' (Goffman 1959), during the setup phase the whole care space counted as 'backstage': that is, away from the people we would soon be 'performing' for. (When the festival opened to the public, the backstage area would shrink to encompass the field kitchen, the managers' camper vans, and the cluster of sitters' tents behind them, while the bell tent, the army tent and the campfire area between them became 'frontstage', where encounters with visitors took place.)

The storytelling that characterised the team meeting described above also went on more informally as we put up the tents, decorated them, and scratched our heads over the baffling field kitchen structure made up of three incomplete sets of donated poles. People shared memorable visitor case stories, both misadventures and triumphs, and added more detail to their own involvement stories. Unprompted, Anita and her co-manager Shirley told me there were three types of people who might get involved in Avalon. Either they were 'into psychology' (mental health professionals in some capacity, like therapists or psychiatric nurses); they were 'party people' who knew a lot about drugs and had got into the habit of looking after their friends informally; or they were former visitors, who wanted to give something back after an experience of being helped. Throughout the fieldwork I collected involvement stories from sitters across all three organisations, and these did turn out to be strong themes, but others were equally prominent: people who had come in via some form

of policy reform activism or community drugs work; sitters whose motivations were bound up with identity as a parent and/or scene elder, and concern about 'the kids'; and psychonauts, drug hobbyists who felt they had knowledge worth sharing. Others were academics and psychedelic researchers like myself, whose disciplines ranged from clinical psychology to anthropology.

This was not a tidy typology of discrete groups. Almost every sitter had several of these motivations and background factors, and they defied stereotype in a number of ways. For instance, the debates around the potential medicalisation of psychedelics had led me to expect that medical professional sitters would have a more pragmatic, materialistic attitude to psychedelics, while the 'party people' would see them in spiritual terms; but in fact, the sitters who worked in medicine were more likely than others to cite spiritual motivations for their PS/HR work. (They were also more likely to raise concerns about what might be lost if psychedelic therapy were subsumed by the psy-complex.)

In addition, some talked about formative incidents which provided the impetus for them to get involved in PS/HR, or radicalised them with regard to drug policy. For Harmony sitter Steve this was a personal tragedy; he lost his cousin to what turned out to be adulterated MDMA. Others had been personally impacted by changes in the law; the impetus for Amber's career as an activist and subsequent sitter was the destruction wreaked on her local electronic music scene by the RAVE Act of 2003, and Bob's was the banning of clinical psychedelic research in the US.

Whatever their background, most had a drug use history to tell. Sharing these helped newcomers and old hands establish mutual trust. In Goffman's terms, the drug stories were 'inside secrets': the currency of insider knowledge and trust shared within 'backstage' areas which helps cement a group of 'performers' together. On Avalon setup I watched first-timer William bonding with more experienced Gus by way of a fast-paced, arcane conversation about obscure psychedelics they had taken; acronyms, numbers and hyperbole filled the air, displaying a standard of knowledge which surely no police mole or investigative journalist would possess. Sitters also talked about their own crisis experiences, a display of

vulnerability which encouraged similar disclosures from others. Some of these involved being 'rescued' by Avalon sitters, which helped underscore group loyalties and boost morale - especially that of the rescuers. Gus said that on his first outing with Avalon, on his night off, he had taken two tabs of LSD and become overwhelmed by grief about the death of his best friend. He returned to the care space, where the team welcomed him, calmed his intense self-consciousness and gave him a private space to recover; soon afterward his experience developed into a classic catharsis and breakthrough which he now saw as an important turning point. Gus called this 'the Avalon initiation', and said it had happened to several others at the first event they had worked. At Avalon, being a visitor oneself at some point was thought to make one a better sitter.

Explicitly stated identity as peers of those they support sets PS/HR workers apart from many other drugs work services, especially the UK-based harm reduction programmes critiqued in section 2.3. One effect of the increasing criminalisation of users in UK drug treatment policy was a widening divide between drugs workers and users. In contrast, PS/HR's raison d'être is the centrality of peer status, and this chapter will give numerous examples of how peer identity is put to work in 'frontstage' areas to connect with, assess, care for and inform visitors.

Like the survey respondents, for the sitters identity as a drug user was strongly linked to ideas of 'responsible' drug use. Many included in their personal introduction some reference to always having tried to use drugs responsibly, or 'consciously', through practices like choosing the setting carefully and being well-informed. Also like the survey respondents, they wanted to let the world know it was *possible* to use drugs responsibly, resisting the cultural narratives which claimed otherwise. Some hoped to boost this message through their work as sitters. This could simply involve distributing reliable information, but also giving crisis care was seen as an act characteristic of a responsible drug user, one who was helping the scene 'look after its own' (as Haven sitter Brittany put it). It was not just caregiving, but also constituted work to promote their cause.

'*Beautiful experiences*'

More detail about the nature of this cause emerged in the interviews, where sitters were keen to expound on the value of psychedelics. Various linguistic and discursive strategies were deployed, in Radcliffe's terminology (2011), to lend legitimacy to their arguments. One common theme was psychedelic use as a human universal. Anita said dancing on drugs was 'as old as humans', while Rebecca extended this to the practice of PS/HR itself: 'One thing that I like to really talk about is that this isn't something new. Like, you know, people have been taking care of other people in altered states for as long back as we've been human.' Others made use of medical discourses, linking their care work and their beliefs about the value of psychedelics with being a mental health professional. Some of these were psychedelic therapists in waiting, hoping to gain field experience against the day that such therapy became legal to provide. A further group of interviewees took an academic approach, talking about research they had been involved in on psychedelics and related substances, like Bob and Wendy (on the potential of MDMA and ketamine, respectively, in different forms of treatment), or enthusing about other research in the area. Another group, the activists, used a political framing, talking about having realised the benefits of psychedelics as a side effect of their policy reform efforts. In her interview, Rebecca was explicit about this social labour:

> …we *[her PS/HR team]* know a lot about the process… the physical, mental, emotional effects of psychedelics, so we are working to, you know, to help people and to kind of destigmatise. Like, our whole thing is moving away from the language of a 'bad trip' to a 'difficult experience' *(Rebecca, interview, 2015)*

Many interviewees acknowledged the dark side of psychedelic and other drug use, talking about painful, isolating and overwhelming experiences. Sometimes this was to underscore the importance of PS/HR, as when Reuben described a frightening, alienating trip at a festival with which he would have appreciated assistance, and Birgit and Emily described being 'rescued' by Avalon during crisis experiences. Yet 'press release'-style talk like in the previous paragraph, which stressed the positive aspects heavily, could give the impression (whether the participants meant to or not) that the fundamental nature of psychedelic experiences was to be pleasant, and that they would be enjoyable at the time and

psychologically beneficial in the long run if set, setting and support were done right - especially if the speaker was also trying to emphasise the usefulness of PS/HR services, which could be called upon to provide such optimal support.

Discomfort around the 'beautiful experiences' discourse

Investigating further, I discovered an undercurrent of dissent. A few sitters felt the press-release-style talk about the positive qualities of psychedelics was a misrepresentation - or at least an incomplete representation. In his interview, Steve told me he disliked the constant emphasis on what he called 'beautiful experiences': it was rash to claim that good support could ensure a 'beautiful experience', because psychedelics were by their nature unpredictable. Nor *should* it ensure this, he thought. He said of the informal magic mushroom sessions he had conducted with friends back home, 'If you trip with me, you die.' This is less shocking than it sounds out of context - he was referring to 'ego death' - but it indicates that for him, eliciting and dealing with painful psychological material was part and parcel of a supported psychedelic session, not just an unfortunate side effect. Although painful experiences like ego death and Gus's emotional catharsis (described earlier) are highly valued in psyculture, Steve thought that the spokespeople for the cause were feeling pressured to stress the 'beautiful experiences' narrative in reaction to cultural attitudes that all drugs were damaging, and did not feel they could break ranks and acknowledge that it was not always beautiful. As a result, darker, more difficult experiences - which might ultimately be more transformative than uniformly beautiful ones - were erased, or worse, portrayed as a sign that some aspect of set, setting or support had been done wrong (as the quote from Móró and Rácz (2013) at the end of section 2.3 suggests).

I thought of Steve's comments when I read the MRI study on LSD ego dissolution by Carhart-Harris et al. (2016), which suggested the therapeutic potential of psychedelics was to some extent bound up with their ability to disrupt 'entrenched' pathologies by redistributing brain activity patterns which had become overly rigid. Steve had contended that the unpredictable, chaotic quality of many psychedelic experiences was intrinsically

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valuable. His interview pointed me towards a rich seam of analysis which revealed conflicting views about what constituted a good psychedelic experience, what conclusions could be drawn from someone having a crisis, and what PS/HR services could or should try to achieve. These conflicts appeared repeatedly throughout the fieldwork, impacting especially on how PS/HR workers talked about visitors and the circumstances which had brought them to the care spaces.

5.2.2 Apprenticeship

Training processes

Each of the fieldwork events began with some kind of all-staff training session. Avalon's was minimal, limited to the initial team meeting, but Harmony and the Haven provided a full day of training. Alongside the team bonding and sharing of involvement stories discussed above, training could incorporate talks about the principles of psychedelic support (as described in section 2.3); advice on dealing with medical situations; explanation of documentation processes (such as the forms to be filled in for each visitor); discussions of care space rules; explanations of potentially useful techniques (some of which feature in section 5.3.2.1); and demonstrations of non-violent physical restraint methods for visitors who seemed liable to hurt themselves or others. At the Haven we had a briefing by the space's own medical staff, who explained the role of the medical lead on each shift. If the care space had a mobile unit, their role would also be explained in training. Harmony had a mobile sister organisation who circulated on dancefloors giving out water, reassuring people who seemed overwhelmed, and arranging transport to Harmony for those who needed it. Similarly, at Burning Man two people on every Haven shift were designated 'Roamers' and sent out to patrol the main 'dance camps' looking for people who needed help; however, they were much less well resourced than the Harmony mobile team and faced various additional challenges (described below). Harmony also had a session facilitated by a psychologist aiming to teach techniques for maintaining equilibrium and resilience when dealing with visitors who were experiencing strong emotions; this was called 'keeping your centre'.

What was not included in the training sessions was any kind of dry run at sitting. Harmony and the Haven had role-plays depicting a visitor's arrival, but these were demonstrations rather than something everyone could try. PS/HR trainers, especially at Avalon, often expressed the opinion that sitting cannot be effectively learned in advance; one had to learn by doing, and by observing more experienced sitters at work. In theory managers would try to field volunteers who already had experience, especially at Harmony and the Haven, but exceptions could be made if the space was short-staffed (fortunately for me, in the event). Managers would also arrange the staffing so that new volunteers were always grouped with an experienced mentor, and the volunteers were encouraged to shadow them and ask for help when they needed it. While it *is* difficult to imagine a training programme which would accurately recreate the conditions of sitting with visitors, during observation I began to suspect that this staffing and training approach was not always up to the demands of busier shifts.

Conflicts about formality

Every training session would eventually arrive, with some reluctance, at an explanation of how to use the 'visitor forms'. These were to be filled in for each visitor on arrival and when they left, assessing their mental state and taking some basic details. Harmony and the Haven also had feedback forms for visitors to fill in themselves on leaving. The forms were divisive, and perhaps the clearest indication of an ongoing cultural clash between aspirations to smooth management (especially among team leaders, and especially in Portugal) and sitters' distaste for formality practices in festival spaces.

As a government-endorsed facility, Harmony is engaged in an ongoing efficacy measurement project which depends upon a 75-question visitor form listing numerous metrics of mental state; but quite a few sitters I interviewed strongly disliked the form's length and complexity. One said she thought the Harmony paperwork got in the way of caregiving and was a symptom of a medicalised/psychologised approach which she referred to as seeing things 'from behind the desk' *(Sanna, interview 2014)*. Aware of this, Avalon use a

much simpler form which only covers two sides of A4. The managers need visitor data to help back up applications for funding and to demonstrate their usefulness to event organisers, but despite the form's simplicity they still have a hard time persuading sitters to fill it in.

Sitters' dislike of the forms seemed to be part of a more general suspicion of organisation and efficiency practices, seen as incursions of the everyday working world, 'clock time' and productivity into the flow of the festival space. It is easy to criticise this anti-efficiency attitude as counterproductive, and identify how it holds back the growth of PS/HR - and indeed I make this argument below - but one can also argue that they have a point. Firstly, observation suggested that paperwork *could* easily get in the way of caregiving. While on duty it seemed vital to avoid letting visitors see us filling in forms about them; this was particularly disruptive with paranoid visitors. The feedback forms were similarly troublesome, and on several occasions asking a visitor to fill one in caused them to immediately distance themselves from me. They saw the forms as overly formal and possibly also a means of surveillance, like this Haven visitor:

> He doesn't want to give his name in case he's identified by a combination of name, age and gender… He says he feels 'jaded' by the form - to him it indicates living in the head rather than the heart - and just ticks 'totally agree' for everything without reading the questions *(fieldnotes, Burning Man 2014)*.

The extract suggests the second problem: the question of whether the data collected is useful enough to justify the means of its collection. In practice, in the intense whirl of a busy shift - often not wanting to take their eyes off their visitor, or having already been assigned a new one - Harmony sitters filled in the lengthy forms in a highly cursory manner or not at all. Judging by my observation the quality and reliability of the data from the forms did not justify the sacrifices made to collect it. In Harmony's case they have had to fence the compound, regulate entry and exit, and get rid of its social area to make the data collection possible, which some sitters feel has drastically changed the atmosphere of the space in unhelpful ways.

The shift pattern and responsibility

Training sessions ended with everyone being assigned to a place in the 'shift pattern'. Each team of sitters worked a series of six-hour shifts spaced 24 hours apart, meaning that everyone had a mixture of night and day work. Considering the hatred of formality, which had many other manifestations (a powerful aversion to uniforms, for instance), and the fluid, body-based and chaotic nature of 'festival time', it was striking that throughout every event the shift patterns ran with barely a hitch and the great majority of volunteers showed up for their shifts rested and on time. The Haven had rather more lateness, no-shows and confused sitters showing up for the wrong shift than Harmony or Avalon, but their level of efficiency was high compared to the rest of Burning Man (where, for instance, Center Camp routinely triple-booked sound engineers in hope that one of them might show up). Sitters did not display any distaste or reluctance, like that which surrounded the forms, about showing up on time; most appeared strongly motivated to do a good job, and I often noticed sitters doing extra shifts or staying late if a visitor still needed them. At Harmony, team leader Olavi had observed this too:

> It's like, everyone was on time when their shift started, and we don't use any kind of incentives or punishing things for them… it's really nice to see that all our volunteers are doing the things just because they like to *(interview, Boom 2014)*.

Care space managers are also highly motivated to implement and oversee the shift pattern. Anita told me she had argued with festival organisers who wanted her to bring only two or three staff rather than a full team to save them money. She knew this approach resulted in sitter exhaustion and burnout long before the end of the event. I was struck by how anomalous this efficiency was in the lives of the managers. Anita strongly disliked scheduling anything except the shift pattern, reluctant even to plan when to have dinner. Her fellow elders Shirley and Sue also valued flow, spontaneity and benign chaos in their own lives, but were prepared to enforce the shift pattern sternly. They were all very unimpressed with new volunteer Emily and gave her a severe dressing-down when she failed to show up for one shift and arrived for the next one having taken a pill. (What managers do

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in situations like these is discussed in section 6.5.) The desire for a well-run care space was evident even - possibly especially - among those with a general suspicion of order.

I asked myself why efficiency and clock time were tolerated in relation to showing up for PS/HR work when they fared so badly everywhere else in festival space. Explanations based on the encroachment of managerialism into festival spaces were unsatisfactory given how tightly scoped the efficiency was, and how much genuine enthusiasm surrounded it. It was coming from something more deep-seated than a sense of obligatory self-governance. Once again I suspected the answer had to do with the 'responsible drug user' identity and the social labour of legitimising one's own and others' psychedelic experiences. Doing a good job of PS/HR enabled care workers and managers to enact the responsible drug user identity - writ large, on behalf of their entire scene, but also on their own behalf. Often emotionally tough going, and bound up with ideals of compassion and respect for all visitors, the work helped shore up the validity of people's own transformative experiences of connectedness and the notion that psychedelic experiences could make one a 'better person'.

Attitudes to visitors: respect and its negative space

These ideals manifested strongly in training sessions, which stressed that all visitors were worthy of respect no matter what state they were in. Taken at face value, this is bound up with transformational spirituality. The Haven manual advises, 'Remember the person having the crisis may be more developed than you' (that is, further along a spiritual path); and Anita was referencing one of the occult wellsprings of New Age culture - the magic system Thelema, founded by Aleister Crowley - when she said in an Avalon training session that "every man and woman is a star". Respect and compassion are highly valued elements of the PS/HR group identity. Haven materials call what they do 'compassionate care', and the Harmony closing meeting at Boom 2014, their busiest year yet, featured sitters praising each other for having been particularly compassionate and generous under the pressures of unprecedented service usage.

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People who claim to be 'responsible drug users' in other studies often reinforce their claims by comparing themselves favourably to other supposed types of users, especially addicts, whom they condemn (Rødner 2005; Radcliffe and Stevens 2008). Yet despite the crucial importance of this identity among my participants, neither survey respondents nor sitters did much of this. Perhaps demonstrations of being a compassionate 'better person' fulfil the same function in the scene as comparing oneself to others did in the studies above, reinforcing and legitimising scene members' identities. Some sitters, backstage and in the interviews, did construct a hedonistic Other figure characterised by disregard for spirituality, heavy drinking, and recklessness, but they were a minority.

Yet a kind of implicit othering could be discerned beneath the surface - what Young (2007) calls 'liberal othering', a distancing framed not in terms of prejudice but of concern which nonetheless masks the individuality and agency of the people involved. For instance, trainers often mentioned example situations in which one ought to respect the visitor. Taken together, these delineated a negative space consisting of all the visitor characteristics they thought it might be difficult to respect. Loss of control was a major theme, whether behavioural (such as acting out aggression or other negative feelings) or physical (resulting in, for instance, inappropriate nakedness or uncontrollable drooling). Various practices of drug use were also implied to be hard to respect, including heavy alcohol use with psychedelics, perceived 'overdoing it', and certain routes of ingestion (as in Anita's statement that 'we don't care if they put MDMA up their arse'). In a similar way, when the Haven manual pointed out that a visitor may be 'more developed than you' it was countering an assumption that crises resulted from inexperience and immaturity.

This last idea was widespread, also showing up in some scene elders' discussions of crises as something that happened to 'the kids'. My research suggested it was inaccurate; difficult drug experiences were not the preserve of the young and inexperienced and could strike at any point in a drug-using career. Yet it persisted, and seemed linked to the faith people placed in their repertoires of 'responsible' behaviours. The trainers' injunctions towards respect acknowledged and resisted - somewhat implicitly - the tendency to conclude

that if responsible behaviours really were protective, people having a crisis had probably behaved irresponsibly. Chapter 4 showed that some survey respondents did come to this conclusion about themselves. When sitters also bought into this, it damaged their relationships with visitors. I will demonstrate that all the assumptions involved in this are flawed, starting with the notion that responsible behaviours *are* reliably protective in festival settings.

5.3 Frontstage: working as a sitter

With training over, I faced the somewhat daunting prospect of moving 'frontstage'. The rest of this chapter focuses on the often intense encounters between sitters and their visitors. The practice of sitting is examined through three detailed case studies, each divided into phases - the visitor's arrival, an account of the sitting session, and how the case concluded. There is one case study from each of the countries under study, but they were primarily chosen to illustrate the three main types of case PS/HR workers deal with: the 'psychedelic journey', the non-'journey' psychological crisis, and the medical crisis.

5.3.1 Arrivals: receiving visitors

Case studies, part 1: the beginning

<u>Boom</u>

Grace is huddled on the floor of the Harmony tipi, knees up to her chin, clutching a blanket. She's from Newcastle, tiny and ginger, in her late teens. Her enormous pupils seem to take up most of her face. As she explains to me later, she had just arrived at the Dance Temple with her best friend Will and a few other companions when her LSD trip became overwhelming. She'd been hoping to see the two large dragon sculptures which had been the centrepiece of the Temple at the previous Boom. But they weren't there, there was nothing familiar to tether her, and 'reality just went to pieces'. She left her friends and walked off the dancefloor without her bag or her shoes. After that she remembers wandering around, but

without much detail. 'I may have been shouting a bit.' She doesn't remember exactly how she got here.

It's the first night of music at Boom, a little after midnight, and the busiest night the care space has ever had. An unbroken stream of visitors are flowing in, their arms around the shoulders of sitters, security guards, and people from the Vibe Patrol. Earlier I was sitting in the big Moroccan tent with a young Irishman whose friends had brought him here because he thought he was in hell, while in a nearby cubicle a woman was vomiting, coughing and crying. The Irish guy's friend assured him, somewhat unconvincingly, 'This is the chill spot.'

I've picked up an unexpected extra shift, along with numerous other sitters who happened to pass by earlier or were reachable by phone. There's mayhem in the reception area, with a naked man shouting 'We're all connected! We're all one! Boom, yeah, let's party!' and slapping his own buttocks, while a girl shrieks and grinds her hips on a lamppost. Several sitters are trying to stop the naked man walking back out, two holding his arms while another blocks his path to the exit. The secretary is checking people in as fast as she can.

I'm being introduced to Grace because her sitter, Florian, really needs to get some sleep before he's back on shift at 8am. But we don't really connect at first. Grace explains, with a striking lucidity that comes in short bursts for her throughout the night, that she doesn't want Florian to leave because his voice has been her 'tether to reality' and mine doesn't seem to do that for her. Florian says calmly, as though stating an indisputable fact, that this is because she's used to his voice and she will soon be used to mine - and a few minutes later, after some more chatting, she agrees that this has happened. My voice is now the tether, and she encourages me to keep talking while Florian gratefully heads off to his tent. At first it's just small talk, and she says she feels like she's had all these conversations before. Maybe Florian asked her all the same questions, or maybe she's got runaway déjà vu; she certainly doesn't seem to have much sense of linear time. I get the feeling that everything seems to be rushing past her at breakneck speed, and she's bewildered by the force of it,

afraid she's losing her mind. I remember some advice I heard from a veteran psychedelic support worker: Try to let everything pass through you at its own pace. If it's beautiful, just acknowledge it but don't try to hang on to it. If it's ugly or scary, try to acknowledge that too, and don't fight it or run away from it. If you can do that, everything will go more smoothly and the difficult parts will pass.

I say this to Grace now. It's a shot in the dark; it's helped me through some hairy moments in the past, but to her it might sound like a platitude. But she replies, 'Say that sentence again. It was very reassuring.' So I say it again. She gazes at me with astonishment and says, 'It's like you can see what's going on in my trip.'

No, just an educated guess, I tell her. But there's a connection there now that wasn't there before, and it stays strong for the rest of the night.

SGP

Naomi tells us she's been accused of stealing. The whole festival knows it, everyone is talking about it, and security guards are on their way to strip-search and rape her. She arrived, tearful and hardly able to stand, at the centre of a large and bedraggled crew of friends who are now gathered around her as she sits with Anita in the army tent. She wails, 'I didn't do it, I didn't do it, why is this happening?' Her friends are saying reassuring things, especially a little wiry girl called Charlotte. Naomi says, crying harder, 'You don't understand, babe.' The more her friends try to tell her none of this is happening, the more frightened she becomes, because obviously they're lying to her.

Anita is in full mum-of-teenagers mode, trying to soothe Naomi, while I try to find out from the friends what she's taken. I'm told the whole group have been taking MDMA and a lot of them have been having a hard time. A few of them, including Charlotte, took LSD instead and are apparently doing fine. The others have all been dosing repeatedly from the same batch, bought from a friend, since 6pm the previous evening. It's now about 3pm and none of them have slept. Their stories suggest that the stuff seems conducive to 'fiending' - compulsive redosing. Anita and Greg, my other shiftmate, help Naomi into the bell tent so

there'll be fewer strangers in her line of sight; Robin has showed up to help, though he's off duty right now; and Naomi also asks for Charlotte and her other close friend Jojo to be with her.

I'm wondering if the drug is a piperazine, a common adulterant of the late 2000s which could cause intense paranoia. I quietly mention my suspicion to Anita and Robin. Naomi is adamant that what she's experiencing is real, not 'just the drugs', but agrees to show us the baggie. It contains something crystalline and bluish, with a washing-powder look to it. Several of us say, in unison, 'That's not MDMA.' It has the distinctive ammonia smell of the cathinone family. Robin thinks it's an NPS called pentedrone. 'Instead of four…', he begins, and Charlotte interjects, '…does that mean it has five methyl groups?' Robin does an impressed double-take, one psychonaut recognising another. He says he experimented with pentedrone himself at home, in small quantities. It was pleasant at first but he soon began to feel paranoid, alongside a compulsion to take more; it was a struggle not to take his whole supply.

Later this evening Mike, one of the senior sitters, will pass a sample of the drug to the police for checking. At this event the police have a small back-of-house lab which is being used to test samples the police have confiscated, and some senior Avalon staff have been advised that they can send suspicious samples there. But none of this is common knowledge; I only find out about the arrangement after the event.

Jojo asks me, 'Can you put us in touch with someone more important? Someone who really knows about this stuff.' Her speech is clipped and articulate, and at first I think she's sobered up and is keen to advocate for her friend. I start to explain that we're probably her best bet on site when it comes to drug problems, but she says that actually she needs to talk to security, the festival organisers and the police. Realisation dawns that Jojo is a very long way from sober. She says she overheard a black magic ritual last night in the north campsite, the start of a conspiracy to harass her and her friends. By this morning, 98% of the festival were in on the pact. There was a carefully timed poster campaign, put up and quickly taken down again so everyone would see it except Jojo and her friends. Everyone they've met today

has been muttering aggressive things under their breath, threatening to rape or attack them, and saying code words (such as 'home') to signal that they're part of the conspiracy.

Robin asks her, his tone carefully casual and cheerful, 'I know you feel like it's not the drugs, but would you like a bit of a scientific explanation?'

Jojo says 'No, I don't care.' But Robin presses on regardless, explaining that brains have the capability to see patterns that aren't there, especially on certain substances. 'It's like making connections between dots that don't connect in real life,' he says.

'That's nonsense,' snaps Jojo, 'what drug makes you have imaginary thoughts?'

Robin tries to suppress a laugh, which comes out as a strangled chuckle. He says 'Would you like a list?... See, I think you've got stimulant psychosis, which is caused by having a lot of stimulants and then no sleep, and it's the sleep deprivation working along with the drugs you've taken that's making you believe things that aren't true.'

Jojo, increasingly angry, replies 'Well, this is all very well but I really don't give a damn. I need those phone numbers, I need to talk to security. I need to get evidence.'

Robin and I look at each other, somewhat at a loss. The psychedelic journey manuals did not prepare me for this.

Burning Man

Towards the end of the 2am-8am graveyard shift at the Haven, the night the Man burned, I'm at a loose end: all my visitors have fallen asleep and no one new has come along for a while. Some of the sitters have gone to sleep too. I'm seizing the opportunity to type some field notes on my phone when a guy with red dreads comes into the Haven and asks if there's a medic on duty. He says a girl from his camp took too much GHB and is in a bad state. She's been sick on herself, wet her pants and passed out. Several of her campmates have wheeled her here on a dolly.

Stella is the medical lead for this shift. A doctor who's been working at Rampart, the medical centre, throughout the week, she's also an old hippie who used to travel with the

Grateful Dead, with long iron-grey braids and patchwork clothes. She's dozing right now; I wake her up and she gathers her kit and hurries out to investigate.

I hear Mark, the shift leader, on the radio trying to get manager Rebecca out of bed, which makes me realise this is serious. Shortly afterwards, the visitor, Veronica, is carried inside by some of the campmates and Stella. They lay her down on one of the platforms. She's small and blonde, limp, wearing only a T-shirt and some sodden underpants. She wakes up briefly and then falls unconscious again. Stella examines her and starts monitoring her blood oxygen levels using a device clipped to Veronica's finger. Meanwhile I start a form for her and rummage through the supplies for any spare clothes she could wear; she needs to get those clothes off, but it seems important that she not wake up to find herself naked.

Mark tells us to be careful - the guy who brought her in 'might not necessarily be a friend'. Doing several things at once, I don't catch his meaning at first, only later realising he's alluding to GHB's reputation as a date rape drug. (She later tells Stella she dosed herself, so at least it probably wasn't a spiking, but this does not necessarily imply she was safe while unconscious.) We don't see the guy with the dreads again, but shortly afterwards a man who says he's one of Veronica's friends (he later turns out to be her ex-partner) arrives. He claims to have helped bring her here, and says he'd like to sit with her and look after her. Soon after, she wakes up, distressed and crying. Stella is sitting by her. I don't hear their conversation in detail, but Stella's tone is quiet and reassuring.

5.3.1.1 Establishing trust as a scene peer

First impressions

A great deal depends on the first few minutes of a PS/HR case. If a sitter is to be able to help their visitor, they must establish a connection which allows the visitor to feel safe with them. (In the case studies, old hand Stella did this effortlessly despite Veronica's distress when she woke; I floundered at first with Grace before managing to get it right; but in the Avalon case it proved much more difficult to reach Naomi and Jojo, and at first Robin's and

my well-meaning efforts only made things worse.) Observation suggested that the success of almost all the other aspects of caregiving were dependent on creating this atmosphere of safety, but first impressions are even more heavily weighted than in everyday life due to the visitor's highly suggestible state.

Experienced sitters had usually developed a characteristic way of presenting themselves as grounded, reassuring and competent. As Gus explained:

> ...my technique is to try and normalise the situation and just always seem calm and relaxed... when a load of people come round you and they're all looking worried and panicked and they're asking you if you're OK, it's not a very good sign that you're OK. ...But if you're sitting with someone and they're happy and relaxed, and they're just acting like, you know, this is a perfectly normal situation, I think that's the kind of energy I like to project. That nothing's going wrong here, you're just, you know, finding it difficult to string a sentence together. It's not the end of the world *(interview, 2014)*.

Olavi, a Boom team leader, talked about projecting warmth and reassurance:

> …if you really feel a lot of love towards people… you can kind of radiate this really big will of helping out, and even though the client is totally confused and can't verbally speak… they can still somehow get this presence which is there to help them *(interview, 2014)*.

Shirley used eye contact and tone of voice to help establish a steady connection with visitors overwhelmed by stimulus:

> …if their eyes are flitting and if they're looking at other faces, that obviously are bearing down on them, I try to shield them from that, and make sure they maintain eye contact with me and just listen to my voice, and just tell them repeatedly everything will be all right, I will look after them and won't let anything bad happen to them *(interview, 2014)*.

Sanna told me she often used body language and what she called 'distance and space' to appear unchallenging to visitors, and showed me one example:

> I do use this consciously but it's also intuitive […] lowering myself and talking to somebody lower than they are. {We are sitting cross-legged and face to face [...] She demonstrates - leaning back and lying on her side, propped on her elbow, so that she's looking up at me} *(interview, 2014)*.

But however they went about it, there was a common theme: sitters had to present themselves as non-authority figures and peers of the potential visitor, who was often highly

sensitive to any indication of 'officialdom' (as survey respondent Ruby summed it up). This was one powerful way in which the peer drug user identity came into play.

The effect of self-presentation as a peer could start working as soon as the visitor set eyes on their sitter. In her interview, Anita described being called to the medical facility at Boomtown Fair to assess the mental state of a patient the medics had diagnosed as schizophrenic and catatonic. She said she found him crouching in a corner, appearing terrified and unable to speak, but when he saw that she was dressed like 'a festival person, not a uniform person', he whispered, 'Get me out of here!' When she arranged to take over his case and left the facility with him, he immediately relaxed and began to behave much more normally.

One reason the peer factor had such an impact in the early stages of a case was that it caused PS/HR services to be perceived as safer than other possible support options - for instance, going to the medical centre. Throughout the research, in the survey and in the field, I encountered people who felt very wary of asking medics for help in a drug-related crisis. They had three main concerns, all of which were thought to be less of an issue at a care space. Firstly, participants expected that PS/HR workers would be less judgmental than medics, whom they thought would lecture them for having taken drugs. In addition, they expected that the atmosphere of the care space would reflect understanding of psychedelic states and the effects of set and setting, unlike medicalised spaces, which they saw as dehumanising, terrifying and paranoia-inducing. Finally there was the fear of legal jeopardy. Many saw the medics as 'the authorities', expected them to fraternise with security staff, and were worried about having drugs found on their person if they went. (A few survey respondents did have similar worries about going to a PS/HR space, but this was much less common.) Medics out and about in uniform also sometimes found that festivalgoers mistook them for security guards and panicked. The full impact fear of the medics can have on the fabric of the support network will be addressed below, but for now suffice it to say that it gives PS/HR spaces who clearly signal scene peer status a strong advantage in establishing trust.

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The three key strategies

In a study of PS/HR at Boom, Carvalho et al (2014, p. 84) wrote that for sitters meeting new visitors, '[e]mpathy, ability to keep focus, and intimate knowledge of altered states are strategies that guarantee the generation of trust.' I would dispute that anything can *guarantee* the establishment of trust, but the rest rang very true. In fact, through early analysis of my fieldnotes, looking at sitting interactions and attempting to work out what had gone right when a connection suddenly formed, I had also concluded that there were three key factors. Empathising successfully with the visitor, finding some piece of common ground, could be what made the difference. At other times it was managing to convey convincingly that one could be relied upon and that the visitor was safe, which overlaps somewhat with 'ability to keep focus'. But most often it was something to do with demonstrating understanding of psychedelic and other drug experiences, and specifically of what the visitor was going through.

Further analysis revealed that there was a relationship between these three strategies: not only was conveying knowledge of altered states very effective in itself, but it strengthened the effects of the other two. Firstly, displaying understanding of a visitor's subjective experience could make a sitter seem more empathic, as it did for me with Grace, who felt as though I were observing her trip as it happened (it was fortunate that she found this comforting rather than intrusive). The converse applies: in the survey, when asked about their attitudes to medics, quite a few respondents associated their presumed ignorance about drugs with *lack* of empathy and insensitivity. Secondly, evident knowledge of psychedelic states could help sitters convey safety, competence and calm. Like Gus in the extract above, I often observed sitters reacting to a visitor's description of a trip which they were finding shocking, frightening or shameful by normalising it. Rather than reacting with worry or disapproval, the sitters would calmly explain that they or people they knew had had similar experiences and recovered from them. This contributed to their air of stability and groundedness.

Yet it was not always easy to carry out these strategies effectively. For one thing, if any one of the three was absent the other two became much less effective. Robin's explanation of Jojo's stimulant psychosis and its effect on her thinking was perceptive and accurate, but lacked a crucial element of empathy: he was so intent on delivering it that he failed to notice Jojo was not open to hearing it (and indeed did not think of what was happening to her as a drug experience at all). Another kind of failure I witnessed - and indeed committed on a couple of occasions - involved focus on the visitor without the accompanying air of calm stability. As Gus's extract implies, being anxious around a visitor can amplify their feeling that something is badly wrong; and visitors are often highly sensitive to subtle non-verbal cues, making it hard to fake a calm demeanour one does not genuinely feel. Maintaining emotional stability among the mayhem, which Harmony training called 'keeping your centre', becomes easier with experience but is difficult for beginners.

This second problem has implications for Avalon's training procedures, or lack thereof. In the first moments of an interaction with a visitor, before the sitter has had a chance to prove themselves through action, they must be able to project conviction that they know what they are doing. Over the course of my fieldwork, as the importance of this became evident, I became increasingly uncomfortable with Avalon's approach of keeping training minimal and placing so much emphasis on learning on the job. Combined with the small size of their teams, this meant that any given shift was very likely to feature a brand-new volunteer who had blatantly just gone 'in at the deep end'.

5.3.1.2 *The trouble with triage: complications around assessing new arrivals*

In the first crucial minutes of a case, alongside these practices of carefully pitched self-presentation and trust establishment, sitters must also engage in a triage process in which they assess the visitor's mental and physical state and attempt to determine what they have taken, the nature of their difficulties, and how the case is likely to proceed. They can try asking the visitor for details; observing the visitor's behaviour; asking the visitor's friends for information; perhaps inspecting a sample, if the visitor has one to show them, as Naomi

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fortunately did; and in places, sending the sample to have its contents checked. But the answers are rarely straightforward, reliable or easy to come by.

The most obvious obstacle is the visitor being unable to communicate any information. They might be unresponsive, as Veronica was when she arrived, or their answers may be nonsensical, like one Avalon visitor who '…just said "everything" and "a lot" and "a long time ago". He responded to one of the questions with a whooshing noise and laughter' *(fieldnotes, Alchemy 2014)*. But the knowledge of even the most coherent visitors and their friends is often unreliable. As section 4.5 showed and Naomi and her friends found to their cost, what people *think* they have taken is often inaccurate, especially in environments with no drug checking facilities. Further, they may not remember all the details, like a woman who arrived at the Haven saying she'd had 'an E and something with a P in it'. One group of friends may not know about drugs the visitor took with other friends at a different stage in the evening; in a case study in section 6.6, this led to a brush with death for an Avalon visitor. Visitors may have forgotten some of their own use; in the survey, Outlaw forgot he had just taken an MDMA pill (his second of the evening) and took another, finding out his mistake from his partner shortly afterwards. Factors like sleep deprivation or what else the person has taken that weekend may also be relevant to their case, but are less likely to be mentioned at check-in.

A further issue is that it is nearly always impossible to know with any accuracy what quantities were involved. Some people do take care to weigh out doses, either before the event or on a smuggled-in miniature scale; but as section 6.1 will examine, such practices of caution are often hard to carry out in festival settings. Even when weighing is possible, the results will still only be an approximation due to the wide variations in the purity of all the substances involved. In any case, once a night gets going, close monitoring of one's own or others' drug use seems to be the exception rather than the rule.

Finally, visitors and their friends must *want* to tell PS/HR staff about their drug use. In the lower-trust environments associated with punitive law enforcement and undercover policing, such as Burning Man and other US festivals, visitors often deny any drug use

throughout their visit and can be defensive if asked directly; one told me, 'I don't see why I should tell you that. It's irrelevant to my personal quest.' Haven sitters Bob and Brittany said it was very common for visitors evidently on psychedelics to insist they were 'just drunk'. Yet policy-related fears are not the only factor in incomplete disclosures; stigma may also play a role, with visitors less likely to mention more stigmatised substances. I heard from sitters who had worked at Boom in 2016 that visitors were arriving saying they had taken psychedelics, but not mentioning having also had large amounts of cocaine. This emerged later via friends, or in the worst cases, came to light when the person had a medical crisis.

5.3.1.3 Medicalisation strategies in PS/HR spaces

Despite all the problems with assessing visitors' cases, which leave even the most experienced sitters leaning heavily on guesswork and hope, care space workers - with their clandestine but extensive knowledge of substances - may still be better off than medical staff in this regard. As far as I could tell, in the SGP case study Robin came closer than anyone else on site to working out what Naomi and her friends had been taking and what should be done about it. Sitters often saw the medics as poorly informed in general, as when Gus told me about another incident in which some medics had visited Avalon to give them an unintentionally hilarious briefing about ketamine in which almost every detail was wrong. I found that the survey respondents shared this perception of the medical staff, who were seen as ignorant about drugs and thus unlikely to know what to do with someone in a drug-related crisis. 'The highlight was when they asked her to spell "mescaline",' Delirium wrote about a friend's unpleasant experience at a medical tent. The expectation of ignorance is another reason why medical services are widely perceived as unsafe compared to peer services. Some respondents fear being medicated against their will due to lack of understanding of their situation ('I don't want their downers'), while others are afraid of being *denied* medication but being required to stay at the facility to wait the experience out.

In practice, however, the neat division between peer services and the medics in the minds of festivalgoers is rather misleading. Both the Haven and Harmony spaces are to some

extent medicalised, with medical staff on duty at all times, and Avalon are supposed to be able to call for medical assistance at any time if a case escalates. As the case study in section 6.6 makes chillingly clear, having some medical presence at the space, or quick access to medics at the very least, can be a matter of life and death for visitors in the chaotic drugs milieu of a festival. Yet the fear of medics by both festivalgoers and care space workers, due to their association with security and the authorities, is a pernicious source of harm in this situation, fuelled by punitive law enforcement approaches (in ways which section 6.3.3.1 will expand on). Medics must be closely involved if the space is to engage in effective harm reduction practices; but this must be done very carefully so as not to frighten and alienate visitors.

Harmony and the Haven have different approaches to incorporating medical contributions. Observing Stella at work at the Haven suggested to me that medical tools and skills could be used effectively in a non-medicalised atmosphere. She managed to blend professional medical monitoring seamlessly into her care of Veronica, within the comforting surroundings of the Haven while presenting herself as a scene elder (with not a fluorescent light or a hi-viz jacket in sight), and then segue smoothly into emotional support as the medical emergency resolved. This indicates to me that perhaps a careful course can be plotted between the extremes of full medicalisation and the rejection of all things medical, in which all forms of care are available when needed - but given the fog of discursive war that pervades all discussions of the topic, and the strong tendency for the debate to polarise, this will be a significant challenge. The polarisation seems especially strong in Portugal, where the medical aspects of Harmony was politicised, bound up with the government's explicit support of medicalised harm reduction and with neoliberal practices like quantitative auditing. A dissenting faction of veteran sitters and ex-sitters had qualms about Harmony becoming what they saw as a more medicalised, 'A&E-like' space which bracketed out the possibility of 'spiritual' and 'sacramental' psychedelic sitting. This discussion will be returned to in section 6.3.3.2. Meanwhile Avalon have thus far got along without a dedicated medical representative on their staff, but as section 6.6 will make clear, this puts them in a

concerning position in which they and their visitors become hostages to fortune and the whims of an often very poorly connected support network.

5.3.1.4 'It's like a hug': physical restraint and control

A vexed question in care space work is whether, and how, visitors should be physically restrained or detained at the space against their will. Although some care space manuals specify that visitors are always free to leave, many sitters have a pragmatic attitude to restraint and believe it is sometimes necessary, especially with visitors who are in states of extreme derealisation and seem liable to hurt themselves or others. In her interview Anita talked about a man who was 'looping' and repeatedly throwing himself on the ground head-first, such that the paramedics later had to clean gravel out of his eye; in addition to restraining him when they could, she and other sitters tied pillows to him to cushion his repeated falls. Avalon training included demonstrations of non-violent restraint techniques such as wrapping arms round the visitor from behind (holding their arms by their sides) in what Anita described as 'like a hug', restraining them 'in a loving way'. I had occasion to do this only once on fieldwork, when a man in a deeply derealised state decided to wake up all the sleeping visitors at Harmony by shouting and clapping at them and dragging them out of bed.

Especially at Harmony, visitors might also be brought to the care space without their consent, sometimes even while resisting strongly; two of these (the naked man and the girl by the lamppost) appeared in the background of Grace's case study. Common triggers for being picked up by security or other festival staff and delivered to Harmony included nakedness (taking all one's clothes off is a fairly common side-effect of an overwhelming drug experience, and is also viewed by most PS/HR workers as a clear indication that someone has lost control of themselves - except at Burning Man, where nakedness is unremarkable), running around in a seemingly headlong fashion, or being verbally or physically aggressive.

Yet there was much debate and ambivalence around how this should be done, and when it was appropriate. Genoveva, the Harmony manager, was engaged in an ongoing dispute with Boom security over how such people should be restrained initially. She was trying to underscore the difference between being 'wild' or in a panic, and in need of being treated as gently as possible, and what the security guards perceived as aggressive, troublemaking or even criminal. I heard after the fact from other sitters how, after a security guard had rugby-tackled a panicked man on LSD despite Genoveva telling him not to, she had got on the radio to security HQ and given them a blistering lecture demanding that they change their approach. Yet Harmony sometimes seemed quick to restrain visitors on the basis of subjective value judgments of their behaviour, and to keep them at the care space for long periods. I felt this was worthy of critical examination, but any problems tended to be masked by the focus on how much 'nicer' about it they were than the security team. When security were portrayed as 'the bad guys', as survey respondent Perdita called them, it drained nuance from conversations about whether and how sitters should exert authority. This is one of many impacts of a pervasive mistrust of security staff which will be fully examined in section 6.3.3.1.

There was sometimes a sense that the care space was being used as a kind of holding pen for disruptive festivalgoers, a way of containing them until they had calmed down, which perhaps served the image of the festival more than it served the visitors involved. This seems less likely to happen to the Haven, which is still controversial and in a legally precarious position with regard to the RAVE Act - yet in 2015 there were indications that the BLM (the local police force) were also coming to see the Haven as a potentially useful containment facility. After years of disapproval, the BLM abruptly began supporting the Haven's efforts: taking their side with BMOrg, enabling them to expand their spaces, and cooperating with them during the event itself. A Haven worker who preferred to remain anonymous told me he did not think this meant they were coming round to the cause of drug policy reform. Rather, his theory was that if the Haven was effective in containing people having powerful psychedelic experiences, the BLM would not have to spend time

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pursuing and arresting them. Instead they could concentrate on apprehending marijuana smokers, whom they were entitled to fine and let go rather than taking them into custody. Such cases were a substantial source of revenue for the BLM and also involved less paperwork.

Yet the focus on physical restraint can also mask subtler forms of control which might take place in care spaces. In the interviews, Amber was the only sitter to explicitly address the power dynamics that might be involved in offering visitors more guided, structured psychedelic experiences, and the importance of consent in advance. Meanwhile, there were some instances in which sitters were instilling psyculture and New Age doctrines into their highly suggestible visitors without realising they were doing it, since as far as they were concerned these were not specific ideologies but common sense. 'Backstage' at Harmony, Steve told me about a conversation with a recent visitor:

> …she wants to make the rest of the world like Boom, spread the festival utopia into everyday life. Steve says as though speaking a universally recognised truth, "I told her, you can never change the world, you can only change yourself" *(fieldnotes, Boom 2014)*.

What seemed a truism to Steve sounded to me like a highly politicised and damaging point of view: that is, a classic example of New Age neoliberalism, in which impulses towards social and political change are stifled by means of a narrow focus on self-care and the dictum that one should not engage in activism until all one's own problems are solved (as critiqued by Ehrenreich (2009) and numerous others). Layla's position on this was disquieting in a different way; she thought festival designers should deliberately take advantage of the suggestibility of psychedelic states to instil spiritual concepts such as Advaita Vedanta. To her these concepts were indisputable truths it could only be advantageous to convey, but without informed consent this practice could amount to brainwashing.

Race (2008) suggested that an advantage of peer-based over non-peer-based drug services was a greater resistance to acting as conduits for biopower. They may indeed be *resistant*, but not immune. Arguably no one is immune from participation in the micro-

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processes of power, yet many sitter participants found the idea that PS/HR could be a form of control faintly absurd. There is a methodological caveat here: the interview question about this was unclear, necessitating further explanations in my own words and making it easy to betray that I was then critical of the idea myself. All the same, this attitude did not only appear in the interview data. It could benefit care spaces and their visitors if the spaces were to acknowledge and engage more directly with the ways in which they are exercising power and influence, or exercising it on behalf of others.

Once a visitor has been assessed and assigned a sitter, and a connection has been made, sitters settle in to accompany their visitor for the duration of their experience. Next I take up the three case studies again, and consider some important aspects of working with visitors: the practices and techniques sitters use and their attempts to join and support their visitors wherever they are; how sitters work together with, and sometimes against, visitors' friends; and finally, their role as providers of drug information.

5.3.2 In flight: working with visitors

Case studies: the middle stages

<u>Boom</u>

Grace and I keep up the thread of conversation through the night. She says, 'My thoughts are all scattered about - scattered about,' and I tell her that soon everything will begin to reassemble. She realised on the dancefloor tonight that she was in love with her friend Will, who was there with her; he is the most perfect thing. I say I know the feeling, but I maybe wouldn't act on that till tomorrow if I were her. She laughs and agrees with me.

Suddenly she looks alarmed. 'Is someone groaning behind me? Is this a tent for ill crazy people?' The man behind us has got up on hands and knees, writhing around with his head buried in a pillow. There isn't really anywhere else Grace and I can go, but we shuffle a

little further away and I try to position myself between him and her. Her worry about that seems to pass, perhaps because this is another phase where her thought processes are shifting rapidly, waves of different emotions passing through her. She says 'I feel so sad.' I ask if she'd like a hug, and then hold her for a while when she agrees. Another time she says she doesn't want this to end.

A lot of what she says is pure tripping-mythos stuff, and I'm struggling to remember everything verbatim so it has any chance of sounding believable in the fieldnotes. 'This gorgeous complicated universe…' she breathes at one point, and later she says she feels like her life is a story and asks me how it ends. 'No one knows yet,' I tell her, 'it's for you and your friends to write.' And she goes on: 'I just feel like there's more. Like, a point - a meaning to it all - this festival feels like it's the end of something.' It seems to her that everything will be different afterwards on some sort of grand cosmic scale, but a personal one as well. She's looking at the idea of everyday selfhood as though standing just outside it: 'You have this identity, your family, the things you're good at... After all this has happened, how can I go back to being just this one person, being Grace {her surname} with this life and these friends?'

This sounds like a headspace I recognise; what might reassure me under the same circumstances? 'I know it seems impossible, but you will in just a few hours. You have to sort of fold yourself away into your normal self. But you'll remember how this felt, feeling like you were more than that.' And I keep up the thread of words by telling her a story from Terence McKenna's *True Hallucinations* (1994), another much-loved psyculture text. In the Amazon, on a 'heroic dose' of mushrooms, his brother Dennis thought he was the entire universe. From there he slowly narrowed himself down - from a single galaxy to a single solar system, to the planet Earth, to all Irish-Americans, to all the McKennas and relations, at long last working out which of the two McKenna brothers he was. It took a while, but he eventually found his way home.

We go on talking for hours, with her sentences becoming more connected and more logical, making sense of her experience as she emerges from it.

'Thank you for this, you're lovely,' says Grace.

'It's no problem. Chatting with tripping people is one of my favourite things to do.' It's true: the whole interaction has been strangely wonderful.

At 4am I ask Grace if she's OK on her own for a minute, and go out front to check how everything's going. It seems a little quieter. Under the trees there are small pools of light: visitors and sitters seated in pairs with a candle between them, in intense but quiet interactions. The girl who was hugging the lamppost earlier is walking around inside the compound examining things curiously and squeaking, but seems much calmer; a couple of sitters are trailing her at a short distance, and someone has managed to dress her from the spare clothes stash. There's no sign of the naked guy. I go back and sit down with Grace.

SGP

At Avalon it's still all hands on deck. Naomi is now going through a rapid cycle of beginning to take Anita's reassurances seriously, then falling back to where she was when she arrived, screaming 'I didn't do it!' and 'Why is this happening to me?' Outside at the brazier, Greg is doing his best to reassure the rest of the group, but gradually several more of them succumb to the paranoia. A wide-eyed boy wants to know if we're going to turn him over to the police, while another of the girls can't shake the thought that she was pregnant without knowing it and will now miscarry. Though it's now a good few hours since they dosed themselves last, definitely beyond the duration of any cathinones we know about, they don't seem to be getting any better. Robin says stimulant psychosis is exacerbated by sleep deprivation, and if they can manage to get some sleep they'll break the cycle. This means our best bet is to get them to eat something and try to sleep here for a while.

While it's a relief to have some sort of strategy, there's one major problem: several of the group think we are part of the large-scale conspiracy, sympathetic to it if not actually helping it. The more I try to reality-check Jojo's beliefs, the less she trusts me. She asks why I

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don't believe her story about the conspirators' festival-wide poster campaign, and I make a misguided attempt at levity: 'Imagine getting 35,000 hippies to do the same thing all at once!' Jojo's face lights up with relief: 'Yes! Yes, that's exactly what's happening!' She seems crushed by disappointment when she realises that we still don't believe her.

It's their friend Charlotte, who must be exhausted herself, who eventually shows us the way out of the maze. When we work out what Naomi thinks of as her stolen goods - a baggie full of doses of something twisted up in cigarette papers - Charlotte gets Naomi to give her the bag, claims that a small group of men in the distance are its owners, and dashes off to talk to them, saying she will give it back and make things right with them. Returning, she looks Naomi hard in the face: 'It's done, babe. It's done.' And for the next few minutes - a long time by the standards of this afternoon - Naomi actually seems to believe her. Meanwhile Jojo is explaining that this whole thing will culminate in some horrific ritual at the ferris wheel on the stroke of midnight, and Robin and I realise simultaneously and wordlessly that Charlotte has the right idea. We stop disagreeing with Jojo and ask her to tell us more.

None of us have looked at our phones in hours, but it's probably about 6pm. I propose a deal to Jojo. If she agrees to eat something and try to get some sleep, at midnight we'll all go together to the ferris wheel, give her strength in numbers, and help her collect the evidence she needs. But first she needs food and rest, to be strong enough to fight back. I'm taking a chance that by midnight she will either have slept or come down enough that the conspiracy will no longer seem relevant. I'm sure she'll dismiss it all as patronising nonsense, but to my astonishment it works. Soon she is picking at a bowl of pasta, and almost as soon as she starts eating there's a first brief break in the clouds, a moment of genuine, relaxed connection where we are united in slating last night's underwhelming headline act. After a while she's ready to give sleeping a try, and we find her some earplugs, get her a mug of camomile tea, and help her get settled at one end of the bell tent.

In the field kitchen, squeezing the camomile teabag for all it's worth, I'm thinking how much faster this could be solved if we were entitled to dispense tranquillisers. But - as

we were reminded in the team meeting - we're not even entitled to dispense an aspirin, and there would be serious consequences if it were found out that we had.

For the rest of the shift, Jojo is more or less settled and I'm sitting with her friend Taylor, who has more insight into the paranoia than the others but still can't shake it off. She wants to be sure I'm not going to leave her alone, and I decide to stick around after my shift ends, until I know she's all right. What's more, when Shirley and Mike arrive at eight to relieve us they both look shattered; neither of them has managed to get sufficient sleep in the heat of the day. I grab a quick cup of tea in the kitchen and go back to work.

Burning Man

Veronica is properly awake now. The ex, sitting by her, is talking in a soft, seemingly kind voice, but when I lean in to listen my hackles go up instantly. Everything he says has a subtle, or not so subtle, barb in it - it's condescending, infantilising, carefully phrased to emphasise that she's got herself into an embarrassing mess, or all of the above. He seems pleased that Veronica has had a train-wreck and he's got an excuse to be smug and contemptuous at her. I briefly worry that this judgment is unfair, but my instincts are telling me I have dealt with his type before.

I look at Stella and get the sense of a united front; she also seems to be thinking *what is this bullshit?* Emboldened by the presence of an ally, I tell him to stop being so harsh on Veronica when she's this vulnerable. He snaps, 'I'm not being harsh! I was being sweet by bringing her here.' Stella and I look at each other and fold our arms. She sends him off to Veronica's camp to get her some clothes and water. It's some distance away; he'll hopefully be gone for about half an hour. I want to get Stella alone and speak frankly about how he gives me the heebie-jeebies, but there's no chance between now and shift's end.

Veronica whimpers that she needs to pee. She's still almost unable to move. Stella and I help her sit up, then assist her outside to the portaloo, an extra-large accessible one. As I'm helping her get into position on the seat, she says, crying, 'I'm so ashamed. I teach elementary school.'

It's phrased as though it should be inherently shocking to see an elementary school teacher in a state like this; as though she expects *me* to be shocked. So I try Gus's trick of breezy normality: 'Oh, really? I'm a teacher too.' I ask her what the school's like, what ages the kids are, and we talk about that for a bit. She smiles a little. 'I teach teenagers,' I tell her, 'so I'm always worried about running into one of my students when I'm at a festival… can you imagine.' This is intended as a normalisation of messiness, an acknowledgement that everyone's gone too far at some point. I'm gratified when she chuckles. We get her back inside and lying down. Stella chats quietly with her for a while; I can't hear all the words but her tone is kindly. The medical monitoring phase seems to be over; Stella's role has gradually shaded into 'psych support'. Veronica is crying again, saying over and over, 'I wish I'd never come.'

5.3.2.1 Meet them where they're at: joining visitors in strange places

Early peer-based harm reduction had an important maxim which the UK state-run HR programmes critiqued in section 2.3, with their gradually rising thresholds, have forgotten. In the words of L. Synn Stern, one of the early advocates of harm reduction for sex workers, HR providers should 'meet them where they're at' (quoted in Fury (2013)), and a similar sentiment is expressed by the title of Marlatt's article on early HR (1996), 'Harm reduction: come as you are'. That is, drug users should feel able to ask for help regardless of what processes and circumstances they are going through, and service workers should not require the users to change those processes or circumstances in order to avail of the help. The influence of this approach is still strong in PS/HR, and can be seen especially clearly in several principles and practices of psychedelic support.

Playing along

In training we were advised not to attempt to change the direction of visitors' experiences or impose our own order on it, but simply to help them talk 'through' it in their own way. This made sense on paper. In the field I discovered it could be remarkably hard to do if the visitor's thought processes seemed actively delusional, like Jojo's conspiracy beliefs; in that

case, it felt as though we would be enabling something potentially toxic. But the situation was deadlocked until we took the counterintuitive leap of listening to what she was saying without criticising it, at which point her case took a dramatic upturn.

'Playing along' with visitors' experiences and, at least outwardly, taking them seriously turned out to be a very powerful tool for PS/HR work. Shirley told me how she had used it to reassure a man who was looping:

> ...it was always coming back to "I'm losing my marbles" ... and I just kept on repeating to him, "I've never lost anybody's marbles yet. You will find them. It might take a while, but we will find them." And he always remembered, when he was coming out of his loop, every time he went to say "I'm losing my marbles," he'd look at me and go "oh, you've never lost marbles yet, have you? {laughing} We will find my marbles, won't we?" *(interview, Surplusfest 2014)*.

At Alchemy 2014, Anita was sitting with a very disturbed young man who was convinced he had been chosen to save the world from an imminent asteroid bombardment. The story he told surrounding this was particularly incoherent and self-contradictory, but instead of making any attempt to reality-check him Anita chose to empathise with what she saw as the emotional core of his distress. Her daughter had gone through a crisis some years ago featuring similarly messianic, grandiose beliefs, and Anita told the man that she knew being the 'chosen one' could be lonely and frightening, but that others would help him and the responsibility was not his alone. This was a skilled combination of the three strategies of good sitting - empathy, 'knowledge of altered states', and the unflappable reassurance that came from having dealt with this problem before. He seemed much calmer after this exchange.

But perhaps the most explicit example of this 'playing along' approach was a kind of spontaneous psychodrama Anita told me about in her interview. She and another experienced sitter stepped into the roles of a visitor's parents to give her a dry run at disclosing something painful from her childhood that she had never been able to tell them:

> …she say to us "You know, you are like my mum and dad, can I say something, I really want to tell my mum and dad, but I can't" …then she say her thing... and we hold her on that, we say, "Well, that's okay, the past, you were little, you know, you didn't know, you didn't know,

it's no fault, it's no blame, nobody's blame you for what you done, and it's okay, it's okay", it passed, and we were like cuddling her, and then immediately, it was magic, the moment she actually express it her face changed… it happened really really fast *(interview, 2013)*.

This approach could be seen as drawing on Grof's psychedelic therapy techniques (1988) for dealing with past trauma through expressing and experiencing it fully. Anita went on to say that she believed psychedelics could enhance and accelerate the effects of talking therapy methods like this one, a view also expressed by several other sitters.

Communicating without words

Yet conversation-based methods are only part of the repertoire. In transformational culture, ways of relating to others which emphasise embodiment, emotion, intuition and immediate experience are highly valued. This may be related to the non-linear quality of many psychedelic experiences, in which the construction of sentences can be challenging even at the best of times and more embodied means of expression may come to the fore. These less verbal states can be part of the pleasure of immersion, but if the experience becomes a crisis, visitors may become more distressed and self-conscious because they want to communicate and cannot (as sitter Gus also described in his crisis story in section 4.5). Other visitors' altered state may be so extreme that they cannot process or comprehend verbal input, much less respond to it. For example, people in a looping state often have difficulty understanding speech, and may in any case forget what was said each time the loop restarts. Rather than overwhelm these non-verbal visitors with words, which may bewilder them further, sitters learn to keep conversation to a minimum, attempt to intuit as best they can what the visitor needs through a few carefully chosen questions, and communicate where possible through body language (like Sanna in the last section).

Some sitters also use movement to help visitors resolve their crisis. Some of the models of psychology and therapy which underpin psychedelic support - for instance, the Holotropic Breathwork practices of Grof (1988) - hold that past traumas can be explored, dislodged and expressed through the body. Rebecca, one of the therapist sitters, said that if a visitor was making a repeated small motion encouraging them to focus on and amplify it

could help this process along. Shirley said dancing or spinning around with visitors could help them break out of thought loops. Anita told me some care spaces had dedicated areas for movement and dance work, where visitors 'too wild to be on the dancefloor' could move freely. Another technique, particularly popular at Boom, was the use of synchronised movement as a way of connecting without words. This could involve mirroring the visitor's gestures or encouraging the visitor to copy theirs, which were usually slow, flowing and combined with steady eye contact. I saw sitter Laurent managing to engage a deeply unresponsive visitor through shared movement that looked like a combination of wrist stretches and seated tai chi.

Embodied techniques like these pose problems for trainers and researchers alike, in that their non-verbal quality makes them hard to pass on - either to neophyte sitters or in fieldnotes. Once learned, however, they appear surprisingly powerful.

5.3.2.2 *Working with, instead of, or against visitors' friends*

Chapter 4 showed that in times of crisis, many festivalgoers fall back on their friends in the first instance. Informal care is highly valued and encouraged on the festival scene. Indeed, Haven sitter Felix told me that while on duty as a Roamer - walking around the Burning Man dance camps in search of people needing support - he had found out that casual 'mini-Havens' were proliferating in other camps, which had decided to open their 'chill spaces' to the public. However, formal PS/HR spaces still have an important role to play. The integrity of the site-wide 'safety net', as Ken called it, is greatly boosted by the presence of a space known to be always open and staffed 24/7 by people who have chosen to give psychedelic support (unlike friends and campmates, who may flounder when an unexpected crisis strikes). Firstly, it can act as back-line support for people caring for their friends, who might otherwise become overwhelmed or resentful, or begin to struggle themselves. Some of the best-resolved cases I saw involved sitters cooperating with and facilitating support by a visitor's friends. Secondly, people often become separated from their friends in the chaos of the festival, have not come with friends to whom they feel close enough, or are having

trouble that involves their friends and want to talk to someone uninvolved - or even take refuge in the care space, like a few of my visitors who seemed to be in abusive relationships. Finally, sitters sometimes find themselves acting as a buffer between a distressed visitor and friends who are making things worse - whether deliberately, as with Veronica's ex-boyfriend in the case study, or out of well-meaning ineptitude. Examining each of these situations further illuminates how PS/HR workers' combination of peer approachability and formalised role can put them in a good position to solve the problem of an unsupported crisis.

Back-line support for friends

In the SGP case study, Naomi's friend Charlotte was a sterling example of how well close friends can help. She demonstrated all three of the key characteristics of a good sitter as set out above. She was steadfast, reliable, and in it for the long haul; she had the empathy to intuit what Naomi needed; and she was well informed about drugs and their chemistry. Moreover, she was at no point visibly upset or annoyed about having to spend the latter part of her own LSD trip and its aftermath intensively looking after Naomi, and later Taylor. Her insight into Naomi's state pointed the way for Robin and me towards an approach which worked in Jojo's case. (I saw several sitters muttering things to the effect of "We have to recruit her.") All festivalgoers would benefit from having a Charlotte in their lives; many groups actually have such a person, an informally designated 'mum' or 'safety adult'. However, although occupying this position can be highly rewarding, it is also hard work. The work can take a heavy emotional toll even when it is expected (on Mondays at care spaces one often sees sitters comforting each other through deferred meltdowns once everyone else has gone home), but more so when it strikes unpredictably; and as the choice of the word 'mum' suggests, the work falls disproportionately on particular people - especially women, and most especially the older women of the group.

In the field, and also in the survey data, I encountered numerous examples of the reluctant or overwhelmed informal sitter - someone who has found themselves looking after a friend and finds it a struggle, but feels they have no choice. For Panzerbjörn, his perceived

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role as the experienced, responsible one of his group, and the need to look after a girl in the group, was the difficulty which now causes him to remember his own trip as problematic. He said the duty of keeping her company was like a stiflingly heavy, warm jacket that he couldn't take off. In the field, some Burners I knew had a similar situation. A friend of mine ended up - unwillingly, and despite her protests - with the task of sitting for her campmate, a first-time LSD user, whom she found personally threatening. She had a gruelling, sleepless night. (Meanwhile, with painful irony, I was on shift at an almost empty Haven on the far side of the city. Some of the reasons why going to the Haven did not seem like a viable option for the reluctant sitter or her charge will be explored in chapter 6.) Friends may feel out of their depth, like Rocket's sober companion who confided later that the intensity of Rocket's experience had scared him. They may also feel resentful, and if the person having the crisis picks up on this resentment the crisis can spiral further. Some accounts even suggest that there was a sense of being the resentful sitter on both sides. One of the quoted complaints of Panzerbjörn's supposedly annoying friend was that she did not feel she was tripping enough and wanted to know when it would be 'her turn'. This caused me to wonder whether the friend actually felt that *she* was the reluctant sitter in the situation.

Whether overtly reluctant or fully engaged with the process, many friends who engage in caregiving are likely to then be in need of care themselves. Panzerbjörn talked about sitting with another friend who was having an intense LSD trip; on the whole, the friend had come out of it feeling that their experience had been pleasurable and transformative, but Panzerbjörn said he and his co-helper had ended up 'scared and traumatised'. Kitsune told a similar story, of a friend who now remembers a high-dose mushroom trip as blissful and has no memory of spending several hours vomiting and screaming while Kitsune and the friend's brother exhausted themselves trying to help. It is at this point, in some narratives, that PS/HR steps in - to look after the friends, rather than (or as well as) the person having the original crisis. Sitter Tasha told a story of caring for a group of friends, all on a large dose of MDMA, as they dealt with the shock from one of their number collapsing and being taken away in an ambulance. In the survey, when Nightingale's

husband had a panic attack in a large crowd at Shambhala in Canada, she and her other friends brought him to the Sanctuary care space and realised once they had arrived that they needed it as much as he did; while Desdemona found out afterwards that her friends had also been at Avalon, being sat with at the campfire, while she was in the 'intensive care' space of the bell tent. In the SGP case study, Greg took on the task of reassuring Naomi's large group of friends while Anita and I worked with her, Jojo and Taylor inside the tent.

Informal carers deserve access to some kind of fallback measure. The fact that many of them *can* do this work very effectively does not imply that it *should* always fall to them. Additionally, PS/HR is highly effective as a back line of support for groups of friends, able to take over when they become unable to continue, or to engage in the emotion work of reassuring the friends as they work directly with a companion in difficulty. However, this requires that groups of friends be able to access backup from PS/HR if they need it. In chapter 6 we will explore how – especially in the US and the UK – this is often not the case.

Standing in for absent friends

When Grace lost her grip on reality, she also lost her friends. Becoming separated from friends is a fairly common occurrence at festivals. Numerous visitors, survey respondents and sitter interviewees mentioned incidents like this, and a feeling of being lost, alone or isolated is a theme of many of the psychedelic crises in the survey. When one loses friends in the throes of a psychedelic experience, probably in darkness and subject to the whims of patchy phone coverage, it may not be possible to find them again until the following day. (I observed this happening for another Boom visitor at the end of Grace's case study, in the next section.) In such situations, well-integrated and easily locatable care spaces - especially with transport capabilities or roaming teams - can play an important role. Most survey participants who indicated an order of preference regarding whom to ask for help said they would seek out a PS/HR space if their friends were not available.

Some groups of friends, of course, are unavailable in that they have delivered a visitor to the care space and left them there. King of Cups wrote that when he was overcome on

LSD at Boom and became unable to walk, he was grateful that his friends helped him get to Harmony, who took over and gave him the assistance he needed. Other respondents and visitors were less happy about such situations, but seemed glad to have the care space to fall back on.

Sitters as buffer between visitors and friends

There are also companions, like Veronica's ex-boyfriend and the friends and partners of some of the survey respondents, who are part of the problem and whose care in a crisis may actually make things worse. As chapter 4 suggested, the people you came to the festival with may not be the best people to help you through a psychological crisis, especially in situations of difficult past history or current problems. In a substantial number of the survey cases, difficulties with a friend or partner had caused the crisis or been a major factor in it, and my observation supported this, with quite a few visitors venting to me and other sitters about problems with their partners. Jesse, one of my Boom visitors, was distressed because his girlfriend had broken up with him the previous night while they were both on mescaline. Sometimes the problem goes beyond mutual conflict into the realms of abuse. Daniela, another Boom visitor, had come to Harmony partly to get away from her boyfriend, who she said was trying to convince her she was mentally ill (a common abusive tactic known as gaslighting). Simone, earlier that shift, had been spiked by her partner after telling him she wanted to sleep rather than take any drugs that night. In Veronica's case, the ex-boyfriend was trying to exacerbate her shame about her GHB incident in the guise of sympathising with her. In the context of situations like these, it is important to provide a space for crisis care which offers the option of refuge from difficult interpersonal dynamics, as well as non-involved parties to talk to - and to maintain the integrity of the space by realising when companions are making things worse and taking appropriate action. Stella found a pretext to get Veronica's ex to go away for a while, but I am unsure in retrospect why we did not simply ask him to leave.

Alongside situations of clear-cut ill-will, there are friends who have the best intentions but whose attempts at caregiving benefit from being buffered or modulated by a sitter, perhaps because they are in an altered state of their own. At Boom, Natalie was having a looping LSD trip characterised by extreme nihilism and a sense of the loss of all meaning. She said distraction was helpful, and we were talking about other things when her friend Berenice arrived. Berenice was keen to support her friend, with whom she was evidently close, but this was impeded by her certainty that Natalie was sharing her blissful unitive trip, and I had to intervene:

> …she was trying to convince Natalie that what she was having was the same sort of complex fractal thing that she herself was having, and I had to step in and say actually, no, it sounds like you're not on the same page here (Natalie was getting increasingly fretful that B wasn't getting it, and B kept insisting). But that was OK - she accepted that there were two different things happening *(fieldnotes [voice memo transcription], Boom 2014)*.

After this Berenice changed her approach, focusing more on hugging Natalie and saying comforting things, until they eventually curled up together to sleep.

All this suggests that an organisation with some degree of formality alongside peer approachability is useful to have available in drug crisis care. Friends often *are* the best carers, but should not be the only option. The combined findings from the survey and observation pointed towards a possible new - or additional - approach to PS/HR work which would focus on supporting the friends of the person having the crisis, providing them with information, reassurance and basic needs while they helped their companion, and taking over if they became overwhelmed.

5.3.2.3 Speaking frankly: peer status and the credibility of drug information

Care spaces have another crucial asset which friendship groups and concerned strangers may lack. They are repositories of drug-related knowledge: a mix of experience-based anecdotes from seasoned scene elders and curious psychonauts, and information collected by enthusiasts researching substances and keeping up with new developments. Despite its lack

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of rigour, this body of knowledge is often considerably more extensive and up-to-date than that of the medics (this speaks just as badly of the medics' knowledge as one might imagine). In my experience, care space workers often turned out to be the only staff on site who knew anything about the nature or effects of particular NPS. Though this information was fallible for many reasons previously discussed, such as the fast influx of NPS and the many unknowns of the triage process, in the rest of the support network levels of understanding were usually lower. Issues with ill-informed medics have already been discussed, but the police too were often wrong (for instance, there were serious factual errors in their description of the effects of recent NPS ethylone in an email briefing sent to Avalon at SGP 2015); and while many crews of friends had their resident 'drug geek', like Charlotte in the SGP case study, any one crew's repository of drug wisdom was much more limited than that of the whole care space for reasons expanded upon below. Sitters made use of their own knowledge and that of their colleagues to assess visitors and make predictions about how their cases would progress, as when Robin and I attempted to work out what Naomi and friends had taken by examining their sample, or when I was able to predict confidently to Grace that things would begin to make somewhat more sense around the seven-hour mark (probably to some extent a self-fulfilling prophecy). But knowledge had another important function which had great potential to reduce harm but which only the care space workers, with their peer status, were in a position to carry out - namely, educating festivalgoers about the substances they were taking.

This is because official information about drugs has a serious credibility problem, not just on the festival scene but among drug users in general. It is more or less unanimously perceived as alarmist and deliberately misleading, in the tradition of 'public service announcement' films like *Reefer Madness* (now watched for its kitsch comedy appeal due to its outlandish misrepresentation of the effects of marijuana). A common story told around campfires concerned the speaker trying 'soft' drugs for the first time, not developing any of the dramatic health problems or addictions the information had warned them about, and beginning to doubt everything else they had been told about drugs. This attitude is not

merely the anti-authoritarianism of youth; Measham, Williams & Aldridge (2011) found that the government drug information website 'Frank' was the butt of long-running jokes in their study group of female drug users in their thirties. On the festival scene, the taint of propaganda from the source of the information combines with further mistrust due to the previously discussed gaps in medics' and other support workers' knowledge. Psyculture denizens in particular may have additional qualms about official information. Some (though luckily for me as a researcher, by no means all) view academic and scientific endeavour in general as suspect, seeing it as bound up with the runaway ego and 'separation', psyculture's roots of all evil (as discussed in chapter 4). They trust immediate, embodied experience or the experience of friends much more than any formal source of data. "I could get more wisdom from touching a leaf than going to a lecture about DMT," Avalon sitter Kerry said, in a conversation during SGP setup about recent clinical research on psychedelics.

Thus every crew of friends must build up their own library of knowledge over time spent on the scene, sometimes centring round an older or more knowledgeable person who advises their friends about new substances. The younger the group, the more fallible their knowledge, simply because experience is the only way to amass it. (Sam and Sandy, an older couple I spoke to at Sunrise, gave this as a reason they thought multigenerational festivals were safer than those focused on a younger demographic.) There are so many variables - adulterants, circumstances, mindsets, the impossibility of knowing actual dose sizes, and so on - that it takes a long time to build up a picture of what constitutes expected or aberrant behaviour for each substance, and young 'drug geeks' may struggle to apply what they know. Charlotte knew the molecular structure of cathinones in detail, yet had not realised it was not MDMA her friends were taking. As an aside, this is a further indication that the 'irresponsible kids' stereotype one frequently hears from scene elders is selling young people short, and that many of them are doing their best to navigate an increasingly complex landscape of new and old substances while very scantily informed. Yet youth is not the only limiting factor; group norms including how worthwhile sharing knowledge is thought to be, whether a drug geek is present at all, and how many of the crew's practices amount to

superstitions or small-scale urban legends (these can also be held by sitters at care spaces, but are more likely to come to light during general discussions), also affect the reliability of the 'library'.

Peer-based care spaces thus are in a uniquely advantageous position with regard to drug information: the largest collection of drug know-how one is likely to find without engaging with compromised official sources. Many sitters enjoyed talking about the science of drugs - Olavi said it was one of his favourite things to do with visitors who were interested. With the notable exception of Jojo, they usually were. Care spaces also had collections of printed resources to distribute. At Avalon, and the CheckIn lab's front desk, one could pick up information cards and leaflets put together by peer organisations such as Crew (based in Edinburgh) and the Alice Project (from Germany). The leaflets gave factual information about each common substance in a format which indicated a non-judgmental, even jokey, attitude about drugs (for example, the heading of the one for MDMA read "Fancy some information about MDMA and E's?", with "information about" in a tiny font). This subtext combined with the care space workers' peer self-presentation to make the content palatable and credible. Getting accurate information about dosages, effects, and important use warnings into the hands of festivalgoers - and possibly onward to their circles of friends - is another way peer services can help reduce harm.

Yet the extent to which the care spaces felt free to distribute information varied from country to country. In Portugal, Harmony - able to be comfortably upfront about their policy reform ambitions - distributed pamphlets about policy activism and change in various European countries as well as the drug information. In contrast, the US policy milieu had a variety of chilling effects on Haven workers' ability to share even the most basic of information with their visitors, which will be examined fully in section 6.3.3.1.

5.3.3 Departures: how cases end

Case studies, part 3: the closing stages

<u>Boom</u>

Calm comes with the dawn. The other visitors near me are sleeping or talking quietly with their sitters. I make cups of black chai for myself and Grace. The cup of tea is an important part of my sitting repertoire, but tea as comforting ritual isn't really a thing in Portugal, so I brought along some teabags of the closest approximation I could find. Initially perplexed by the notion of food, she manages to eat a biscuit, and I get her some pyjamas from the spare clothes rack and make a pillow nest for her to sleep in.

'What am I going to say to them in the morning?' she wonders.

'Maybe… that you were just tripping really hard and spent the night chatting in a chill-out tent?'

'Chatting in a chill-out tent, that's it,' she says, seizing on the narrative.

A girl sits up nearby, the feather in her headband quivering like an antenna in the light from the doorway. She phones her friend. 'Audrey! Oh god, Audrey! I've had such a mad night... It's OK, I'm fine now, I'm at Harmony, I'll probably sleep here and see you in the morning.' Shortly afterwards her sitter comes back and she starts describing her trip, while Grace laughs quietly: 'That sounds exactly like mine!'

At quarter to five Grace seems to be asleep. I fill in her form quietly, nearby but out of her line of sight. At the front desk, Johan the shift leader says things are now under control and I should go and get some sleep. It's been just over six hours, the length of a standard shift. That evening, I hear that Grace woke up and checked out without further incident a few hours later.

Her case followed the roughly 12-hour trajectory of an LSD trip, but there are more complex cases still going on elsewhere which I find out about later - including some which

initially appeared to be LSD cases but show no sign of wearing off. Their sitters' instincts about what to expect and when have been confounded, but luckily they have managed to get hold of some samples and send them up to CheckIn for analysis.

SGP

The case of the paranoid girls has no such satisfying ending. Through the shift after mine, Anita is still with Naomi, who is still having occasional bursts of tearful panic about being strip-searched by security. But Jojo and Taylor have both settled down now, and by half past eleven it seems safe to head off into the festival to find music, get a drink and shake off some of the tension. While I'm gone, though, the work goes on and on. I piece it together later from conversations, visitor records, and emails on the Avalon mailing list. Several more of the group get worse after I leave, including the girl with the pregnancy fears. Naomi does not really start to stabilise until some time after the next shift changeover at 2am. According to her visitor form (probably filled in by Anita), it is then that she begins to perceive her fears as 'negative thought loops,' which leads to a discussion of what would make her feel safe and secure. The form reads:

> She suggested staying in a hotel somewhere 'with a lock on the door'. I asked if she felt safe with her parents, confirmed she had a good relationship, suggested home would be the safest place and her parents would keep her safe. There would be a lock on the door *(Avalon records database)*.

Meanwhile Nicole, a sitter with a background in urban harm reduction organisations, arranges for a female medic to visit 'to provide reassurance from a medical perspective', as she later puts it in an email. The medic assists Naomi to call home. Her mother arrives to pick her up at 7.30am, at which point - after a total of 18 hours on duty - Anita finally goes to bed.

I also find out later that at some point in the evening Mike arranged to have a sample of what the girls had taken sent to the police to be checked. I hadn't known this was an option; it seems only the managers were in the loop. But in any case, we hear nothing back about it.

Burning Man

The ex returns from Veronica's camp with clothes and water just as our shift is ending. We all have to go outside, behind the Haven (with a backdrop of the bare Black Rock hills brilliantly lit up by dawn), to do the shift changeover. This is heavily discouraged at Harmony because it leaves the visitors alone. I'm uneasy leaving Veronica alone with the ex, especially, but at least I have a chance to speak my concerns freely. I tell the incoming team I think it's very important that he is sent packing. Stella agrees, and gives us some more information: Veronica has told her she was feeling suicidal earlier last night, thinking about driving her car into the Man as he burned. She took the GHB instead, in the hope of getting away from that urge, but accidentally overdid it. This was uncharacteristic of her according to Veronica's campmates, who told Stella she was usually very careful about dosing herself. Stella suspects there was an element of death-wish in there as well, but she's confident that Veronica now no longer wants to harm herself.

And we release her, somewhat reluctantly, into the hands of the next shift. If we were at Avalon or Harmony I'd stay on, but my water has run out, I'm dressed warmly for night and the day is about to get extremely hot. Felix, who is also my campmate, has been on this shift as a Greeter, out at the front receiving people and explaining the Haven to passers-by. He and I cycle back to camp together, talking the night over. We're both worried about Veronica, hoping she'll be OK but knowing it's very unlikely we'll hear anything more.

Feedback, integration and (lack of) aftercare

During the fieldwork it was typical for cases to end as Grace's did, resolving without much incident as the substances in question wore off. Visitors became more verbal and less agitated, then check themselves out when they felt more functional or sleep for a while before leaving. Throughout each morning shift (8am to 2pm), the previous night's visitors would be waking up and checking out one by one, or talking their experience over with a sitter. Some cases, however, were like those described at the end of Grace's extract, or that of the SGP girls: dragging on without a sign of resolving or a recognisable shape. In these

situations, finding out more about what they had taken was very useful, and in Portugal CheckIn provided invaluable backup to Harmony in this regard. Unsurprisingly, things were more difficult in the US and the UK, as section 6.3.2 will consider.

Sitters and care space managers alike are hungry for more detailed understanding of how cases went. Sitting can involve a kind of accelerated bonding which leaves the sitter feeling invested in the visitor's welfare, and one of the greatest pleasures of PS/HR work is when visitors return to the space to chat or thank their carers. Some I was particularly delighted to see again were Jojo and Taylor at SGP, shaken but more or less recovered, with Jojo having resolved to learn more about how drugs worked; and Natalie and Berenice, the pair of friends from Boom, in much higher spirits. On the way back from Burning Man, I was also relieved to run into one of Veronica's campmates and learn that she had seemed to be doing fine on the last day of the festival - though confidentiality prevented me from asking anything more direct that could have revealed how she and I had met. But much more often, one does not hear from visitors again. Most of the time the only opportunity for spaces to measure the effectiveness of their care is when visitors are leaving, and the problems with the feedback forms have already been discussed.

The temporary nature of PS/HR spaces, coming together to serve time-bound gatherings and then dispersing again along with their parent events (inevitably losing touch with most visitors in the process), is frustrating for many in the PS/HR world not only because it makes it difficult for sitters and managers to learn from experience, but also due to the perceived importance of integration and aftercare. In psyculture lore, integration - whose methods and assumptions owe something to the talking-therapy roots of psychedelic support - is the process of making sense of the experience afterwards, through discussing ideas or feelings arising from it and exploring how (or whether) it fits into one's overall worldview. Integration is seen as an important part, perhaps even a vital part, of the psychedelic experience, as well as a key factor in getting benefit from the experience in the long term, and Steve and several other sitters regretted that they could not provide it. It is unclear how much demand there might be for a service like this among festivalgoers in

general, but it is a popular idea among core psyculture loyalists and came up frequently in the micro-interviews at Sunrise. Some of the survey respondents also said that they believed access to integration would have helped them recover faster or more completely from their crisis experience. Seeker went looking for a PS/HR space in the healing area at Boomtown but did not find one; he implied that integration was one of the things he had missed out on as a result. 'Important lessons learned about the nature of the self, but no idea how to deal with them,' he wrote.

The survey offers a rare opportunity for after-the-fact feedback from respondents who visited care spaces. For instance, Nightingale spoke very highly of the Sanctuary at Shambhala in Canada, who looked after her and her husband so well that their experience became unreservedly positive. King of Cups wrote about waking up at Harmony - he had been on the verge of unconsciousness on arrival - and the care he was given in the aftermath:

> [His sitter was a] lovely bloke, had an amazing chat with him in the morning and helped me wrap my head round the experience. It was already 40 degrees at this point but they brought me cold watermelon which was the first thing I had tasted after my own sick. There was no queue for the shower or toilet there. This sounds like a review but I honestly can't stress enough how important these small factors were. I was fearing for my life and they gave me comfort and safety. Needless to say i respect acid a lot more now *(King of Cups, survey response)*

King of Cups came out of the experience so undaunted that later on 'me and my cousin went out and pulled two beautiful Australians'. But Desdemona, who visited Avalon while going through a messy breakup, had lingering unpleasant feelings afterwards; she liked and trusted her sitter, but found the red LED lighting unsettling, reminding her of "danger and blood" and undermining the feeling of safety that seems so important for full crisis resolution. (Avalon had more success with her other friends, whom she later discovered had come in search of her with incipient crises of their own and been effectively looked after at the campfire outside.)

But a striking feature of the survey data, which also means few conclusions can be drawn from it about care space performance, is that only a small group of the respondents who would have liked to go to a care space managed to get there.

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5.4 Conclusions: two areas of darkness

This chapter has explored the practice of PS/HR at festivals, following me through the process of 'apprenticeship' and training, and onward to work as a sitter and observation of my colleagues at work. In so doing, it has uncovered central aspects of the PS/HR approach which set it apart from other parts of the festival support network, most importantly its presentation as a service staffed by scene peers. Fieldwork demonstrated clearly why this identity was so highly valued within care spaces despite its many drawbacks outside them (which will be set out in the next chapter). Conveying an understanding of psychedelic experience is perhaps the most effective way to connect with a visitor undergoing one, and also makes sitters more empathetic and more trustworthy in the eyes of those visitors (although the case of Naomi and her friends shows that, *pace* Carvalho et al. (2014), this trust is far from 'guaranteed' and can be a struggle to win). It also enables care space workers to distribute drug information which is considered credible, while information perceived as coming from the authorities is not. The collective experience of a team of care space workers also gives them an advantage over medical staff (who are frequently drug-naïve) and other support workers in assessing cases which involve NPS and other obscure substances.

However, observation also revealed the complex, fallible nature of these care space triage processes. Even in policy environments which permit the testing of samples, there is no way to tell reliably what a visitor has in their system. PS/HR spaces receive visitors in a bewildering variety of states, from the classic psychedelic journey, through the kind of psychological crisis for which limitation rather than facilitation is appropriate, to cases where the visitor requires medical attention - which in turn runs the gamut from low-key monitoring to immediate emergency care. In order to deal effectively with all these kinds of case, care space workers need to be able to quickly distinguish them from one another, take swift and appropriate action, and have speedy, reliable access to medical support - which the chapter revealed as another difficult issue, made more complex by visitor attitudes to

medicalised spaces and staff, and by the mutual distrust between PS/HR and medics (to be expanded on in the next chapter).

The dark figure of psychedelic crisis

The chapter leaves a number of important questions unanswered. For one thing, what had happened to the sample Mike sent to the police at SGP? Section 6.3.2 will take up this strand of the narrative. Another one troubled me during my quietest shift at the Haven. I knew several of my friends were doing complex informal psychedelic support on the far side of Black Rock City, and imagined similar things were happening elsewhere, but the space was almost empty. Where was everyone?

This apparently simple question turned out to be a complex one to answer. I became conscious of a sort of 'dark figure' of drug-related crises: an unknown number of festivalgoers who were out there having difficulties, but were either unable or unwilling to come to the care space. The longer I spent on fieldwork, the more I suspected that this number was very large. Though people seemed to perceive PS/HR very positively in theory, observation and the survey demonstrated that in practice only a fraction of those who had crisis experiences made use of the care space - or any other kind of formal help. Visitor numbers were particularly low at the Haven in 2014; they had only 55 cases in total, compared to Harmony's 400 visitors at Boom (the total attendees at each event were 70,000 and 40,000 respectively.) Several explanations for this dramatic usage differential suggested themselves. Perhaps fewer people sought help because of Burning Man's self-reliance ethos. Perhaps, as some writings about Burning Man had implied, Burners really were more cautious about drugs than Boomers. They may also have been more likely to receive informal care than Boomers due to Burning Man's structure of close-knit, supportive camps. However, continuing investigation convinced me that although each of these explanations played some role, none were sufficient on their own, or even taken as a whole - and, being Burning-Man-specific, they also did not explain low visitor numbers at Avalon. Chapter 6 will draw on the survey crisis narratives, as well as widening the focus to consider festival support networks

more broadly, to suggest several more factors behind this 'dark figure' and their broader implications concerning drug policy and policing in each of the three countries.

The dark secret: the drug user identity and the 'outside'

Alongside the dark figure, field observation revealed a 'dark secret'. In Goffman's schema of performance areas, employed throughout this chapter (1959), the group under study can have three kinds of secret. 'Inside secrets' are shared in backstage areas to help the group bond, while 'strategic secrets' can be useful in the 'frontstage' performance, and are deployed when needed. I found that the shared drug user identity was in use in PS/HR spaces both as an inside secret and a strategic secret. But what role did it play in Goffman's third area, 'outside', which indicates areas unrelated to the 'performance': in this case, the festival at large? 'Dark secrets', according to Goffman, must be closely held by the group under study because they are potentially dangerous to reveal. I found that the drug user identity could become a dark secret in PS/HR workers' dealings with the 'outside', especially in dealings with the authorities, and that this effect was more pronounced in relatively punitive policy environments. Further, secret-keeping was rendered more complex by the porous nature of many festival spaces, in which it can be hard to tell whether one is 'outside' or not. Chapter 6 will explore this effect, and the consequences of keeping and of revealing the secret, in detail.

Chapter 6. Separation is the enemy: support networks and policy

6.1 Introduction

To answer the third research question ('How do drug policy environments and other systemic forces affect the help psychedelic support services are able to offer, festivalgoers' ability to access this help, and the effectiveness of the help as perceived by festivalgoers who do access it?'), we return to the survey respondents at the point where they (or the people around them, if they were in no fit state to do so) were deciding what to do next. Although many do not desire formal help because they have adequate support from their friends, it is also clear that there is a substantial group who might like to avail of care spaces but do not manage to do so. This chapter will illustrate some of the obstacles in their way. It follows the respondents' narratives onward by considering factors that might stop them seeking formal help, and others which can make it harder for them to get through the system to the care space if they decide to try. However, arriving at the care space does not mean that their problems are over, and the chapter then considers ways the policy environments and some of the responses to them create undercurrents of tension inside care spaces which can stop visitors getting care well suited to their problem.

The chapter also returns to the question of drug user identity among sitters, but widens the focus to look at Goffman's third 'performance area', the 'outside' - in this case, the festival at large (each one situated within a wider milieu of drug policy and public opinion). It will show that outside the care space the drug user identity can become as much of a liability as it was an asset inside the space, and that it is a factor in several of the difficulties

above. It can complicate PS/HR workers' relationships with the rest of the festival support network and with the authorities - but more subtly, the polarised nature of the discourse battle between PS/HR workers and prohibition advocates may be impeding some sitters' ability to assess and care for visitors effectively.

Yet the impact of policy can be felt before the crisis even occurs. The chapter will begin by arguing that in relatively punitive drug policy environments, the precautions scene members believe to be helpful in avoiding drug-related crises - practices which are bound up with the 'responsible drug user' identity - are rendered more difficult or indeed impossible within festival spaces, pushing festivalgoers towards the more chaotic, ad-hoc use practices which are commonly viewed as 'irresponsible'.

6.2 How punitive policy discourages 'responsible' behaviours

The dubious promise of 'precautions'

> I can honestly say I've not had a bad experience… I test the strength of my drugs before I go and take small bombs regularly. I make sure I am with people I trust. I've always taken this approach and it's served me well. … I avoid drugs if I am unwel *(sic)* or feel unsafe or in a bad mood. I have regularly helped people who have over enduldged *(sic)* and have found I'm quite good at talking them down from bad experiences. *(Wolverine, survey)*

While perhaps unusually fortunate in his drug experiences, Wolverine is typical of the survey respondents in that many of them have practices which they believe protect them from bad experiences almost all the time. 'I usually plan our trips really good,' wrote Panzerbjörn. Their strategies included cautious dosing, substance checking, advance planning, avoiding drugs if unhappy, 'respecting' the substances, 'awareness of set and setting', not taking unknown substances, and staying with trusted people, among others. Some sitters also talked about these strategies in their interviews; Shirley told me she had never had a bad trip in 30 years of drug use thanks to approaches like these. The strategies do seem to be sensible ways to approach drug use which *can* reduce the chances of various kinds of harm. Nonetheless, accounts in which a repertoire of strategies is said to be reliably

and straightforwardly protective make several assumptions worth problematising. They emphasise the user's influence over the situation at the expense of any other influences, ignoring risk factors which apply no matter how responsible and cautious one tries to be. They make a strong causal link between the protective strategies and the absence of bad experiences which is probably overstated (and often retroactively applied, as Lyng (1990) found in his studies of edgework). And echoes of 90s neoliberal harm reduction policy can perhaps be discerned in their representation of good drug experiences as a simple matter of making the right choices. Instead, the survey data indicates that these strategies are neither as easy to carry out nor as infallible as their proponents imply. The narrative of reliably protective strategies which lie within one's control is reassuring, but the control it implies is by no means certain.

This section explores several ways in which the festival environment actively militates against engaging in 'responsible drug user' behaviours, and suggest that this effect is stronger in more punitive policy environments.

Harsher policy discourages careful buying and responsible dealing

One behaviour in the repertoire of responsible drug use is buying drugs from a trusted source before an event. Some scene members also try the batch at home, or in other controlled circumstances, to get an idea of how strong it is before distributing it to their friends. However, at events with thorough searches and sniffer dogs at the entrance, some will have their supplies confiscated on the way in while others decide not to risk it. These people are likely to then buy drugs from an unknown dealer within the festival; while a few people told me they would rather not take anything than buy from a stranger, this seems to be unusual. At Secret Garden Party in 2015, Cambridgeshire police force were implementing a new strategy with a strong focus on harm reduction, and had closer ties to Avalon than the previous year. At the team meeting, several of the sitters spoke about a police visit they had had earlier that day. The police officers had expressed the opinion that confiscation at the gate was an intensifier of harm. They had said that compared to the pre-prepared 'stashes'

that people arrived with, drugs bought inside the festival were more likely to be adulterated and of unknown strength, and 'that's always where things go wrong'. This attitude is, however, highly unusual for a member of law enforcement.

As well as occasioning more drug transactions inside the event, strenuous law enforcement practices make it more difficult to conduct these transactions 'responsibly', for buyer and seller alike. Observation and conversations in the field suggest that the element of risk involved in festival drug transactions increased as law enforcement practices became more punitive. Obviously there was higher risk of arrest, but the fear of arrest created several additional pressures and risks. In particular, transactions perceived as more dangerous for both parties were more likely to be hasty and not include an opportunity to inspect the produce. At less heavily policed events in the UK, campsite transactions - which often took place inside tents when dealers came by - were relaxed and open. Participants told me they could ask the dealers questions, talk about the various effects of what they were selling, and examine the substances visually. At Boom the atmosphere around dealing is even more laid-back. It was something of a culture shock to witness transactions being invited by hanging out a sign (a typical one on a tent read 'NEED WEED/KET', and one young man wrote a similar request on his bare calves in permanent marker); arranged via full-volume conversations; and carried out with no concern about concealment. However, at large and/or heavily policed events in the US and UK the situation is very different. Field participants talked about the pressures involved in the transaction: the attempt to go somewhere more private (or at least off the dancefloor) with the dealer without being obvious about it; the need for constant vigilance for security guards or police as the transaction happens; the need to conceal money while passing it over; and importantly, the difficulty - or impossibility - of inspecting the produce. Unwrapping the drugs and looking at them can be very dangerous both for the dealer and oneself, and becomes more risky in better-lit surroundings; the more immediately 'safe' option is to do transactions in louder, darker and more chaotic places.

In situations like these, it is easy to imagine how dealers can shift large quantities of even the most obvious adulterants. At most large events in the US and UK, they are also likely to be able to do this without fear of accountability or repercussions. In his interview, Brett - a volunteer with the Bunk Police - said that especially at large commercial festivals in the US, dealers would sell 'bunk' knowing they could disappear into the crowd and not be seen by the customer for the rest of the event. Meanwhile, the 'responsible dealers' introduced above found it more risky to engage in their preferred practices, which included more leisurely transactions, in-depth conversations giving the buyer enough information to make a choice that suited them (such as the likely duration), passing on knowledge about how to take the drug more safely, and continuing to check in with buyers throughout the night.

The unavailability of drug checking facilities

Yet harmful substances can still be sold in even the most above-board transactions - for example, when visual inspection does not help identify a substance (as with microgram-level doses sold on tabs) or if one has been well disguised as another (as with the practice of putting dental anaesthetic in ersatz cocaine because of its gum-numbing effect). Thus another 'responsible' behaviour is checking one's drugs before taking them. This is uncomplicated at events in Portugal, Spain, Austria, Canada and similar policy environments at which one can make use of a front-of-house checking service. In more punitive environments, more ingenuity is required. In the field I met a number of UK and US festivalgoers who said their preferred approach was to buy in advance from a trusted source and then test at home using simple reagent kits. However, as already discussed, search and confiscation policies at the gates of the event can negate these efforts. (The reagent kits can also lag behind the invention of NPS, making their results less reliable than those of a lab.) Realistically, with the exception of the Loop Foundation's recent forays into front-of-house testing at some UK events (Fisher 2016), there is only one option for drug checking within UK and US festivals: what sitter Gus laughingly called 'a good bioassay', that is, sampling

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them oneself. The Loop's campaign 'Crush, Dab, Wait' suggests taking a small amount, waiting long enough for any effects to emerge, and only then taking a full dose (The Loop Foundation 2015). While this is a definite improvement on dosing blind, with substances active at the microgram level like LSD and the NBOMes it can be difficult to separate out a fraction of the dose. Survey respondent Peregrine, as mentioned earlier, had 'nibbled' her tab of supposed LSD the previous night and found nothing amiss, but concluded during the trip that it was something else.

Risks arising from the need to conceal drug consumption

Being cautious with the amounts one uses is another frequently mentioned responsible drug use behaviour. One aspect of this is measuring each dose out carefully. Survey respondent Ariadne, who is a sitter herself, wrote in detail about the dosages of each substance she uses; she had recently been given ketamine via a friend's 'bullet' device so did not know the exact dose, but this made her feel uneasy and she intended to find out how much it delivered next time they were out together. It can also involve spacing the doses out in time, both over the course of a night and on a longer timescale; Sentient mentioned leaving 'a month or two' between occasions of MDMA use. In heavily policed environments, however, the factors making drug transactions hasty, furtive, and hard to control also apply to taking them. Anywhere outside of one's tent, attention will be divided between the substance itself and vigilance for law enforcement; amounts are hard to regulate; and the nature and quality of the substance is still hard to judge, in that it is generally unwise to spend long looking at it. As with drug deals, the practices which seem safer in the moment (like putting a finger in a bag and swallowing whatever sticks to it) are ones in which there is less control of the amount taken. Relatedly, some are more comfortable returning to camp in order to take drugs, but at Burning Man even the inside of one's tent may not be safe. For instance, rumours circulated about police patrols using heat-sensitive cameras, scanning through tent walls for sequences of three or more strokes of a cigarette lighter - supposedly a tell-tale sign of cannabis smoking. The police would also sometimes raid camps if they found drugs on the

person of a member of the camp after searching them in a public place. Together with the chaos and timelessness of the festival environment, this is another reason why noble intentions of being responsible often evaporate over the course of an evening. Haste and surreptitiousness can also lead to miscommunication. One incident I heard about occurred when a first-time cocaine user thought a wrap contained a dose measured out for her, when in fact it was her whole crew's supply for the night.

Policing and the control of set and setting

Section 4.3 showed how 'respecting' substances had become important to many of the survey respondents over their drug user careers. This is part of the responsible drug user identity for many. A key component of this respect is paying attention to set and setting (trying to make sure drug use happens in a positive mindset, and in an environment which feels conducive to good experiences). Sitter Shirley attributed her unbroken record of good drug experiences partly to being conscientious about set and setting: 'I always make sure I'm in a beautiful place, with people I can trust.'

However, as already suggested by the section on the role of interpersonal factors in crises, controlling set and setting is not as straightforward as some claim. For a start, chapter 4 has indicated that part of the appeal of festival spaces is their fluid, chaotic unpredictability. On top of this, policing and its associated risks are aspects of the setting which can strongly impact on mindset, but are decidedly outside the user's control. In more heavily policed festival spaces, drug users must engage in the internal balancing act of holding on to the recommended 'set' - which for many involves feeling safe, confident, and open to experience and flow - while maintaining constant vigilance about certain aspects of the setting. US festivalgoers warn each other about the tactics of undercover police (for instance, at Lightning in a Bottle they were said to accept gifts of drugs from participants, drop money in their laps, then call out to uniformed officers to arrest them for dealing) and brief each other about what to expect and how to react if they are searched.

Section 4.5 mentioned that a number of sitters believed heavy police presence was a common cause of paranoid crisis experiences, and that paranoia was much less of a problem at Boom because the police were not allowed in. My sitting experience, along with the survey, suggests that Boomers could and did get paranoid; it was, however, somewhat less common than elsewhere in the field. In addition - and this is a hunch which would need further research to substantiate it - Boomers' paranoia seemed more interpersonal and small-scale. They were more likely to be paranoid about, for example, what their friends thought of them than large-scale social phenomena like conspiracies - or legal fears. In contrast, a very common feature of paranoia at US and UK events was the belief that one had been accused of stealing and was about to be arrested, and/or have drugs found on one's person. (I did have one visitor at Boom who had had the 'accused of stealing' experience, and observed another case in which a young man was shouting about Harmony itself being a form of 'social control' - an issue I have addressed in chapter 5.)

Section 4.5 also gave several examples of worries about law enforcement contributing to or entirely precipitating a crisis. In addition, the presence of security guards often provokes bad reactions. Almost all the survey respondents who answered the question about attitudes to security represented them as scary, adversarial outsiders whose presence was threatening. This has far-reaching implications for the festival support infrastructure which will be looked at in the next section.

Searches and undercover policing discourage seeking help

In the survey, Firebird had an interesting take on the 'radical self-reliance' principle of Burning Man. She thought it included knowing the limits of your own capabilities and being prepared to ask for help before you ran into trouble (thus avoiding the creation of a bigger problem for others to deal with). As the previous section suggests, part of the repertoire of responsible drug use behaviours for many participants was making sure they were within a network of people they could trust and reach out to for help if required. But harsher policing decreases the potential size of this circle of trust. In some survey respondents' accounts of

small events under the police radar, the circle encompassed the whole festival, facilitating the informal care by strangers Leung (2010) talked about. Burning Man was the other end of the scale; due to the prevalence of undercover policing, the explicit social norm, passed along to all newcomers, was not to mention drugs in any way to any person one did not already know well. This has predictably stifling effects both on informal care and on the Haven's activities, especially the work of its roaming teams. In addition, some people in harsher policing environments worry about going to care spaces in case drugs are found on their person. (In the survey, Rocket wrote that he was concerned about this at Ozora festival in Hungary, a country which has recently toughened its legislation to the point where one can be prosecuted for being *suspected to have taken* drugs.) This is a very common fear about the medics, but in some policy environments it can also override the barrage of scene peer signalling that care spaces engage in. The next section will go into more depth about the effects of such fears on the fabric of formal and informal support at an event.

Planned sitting arrangements cannot be made

Festivalgoers could also attempt to be responsible by arranging for a 'safety net' in advance of their drug use. Throughout my shift on the first night of Secret Garden Party in 2015, people kept dropping in as they were passing to have a look around the Avalon space. Many would tell us they had taken note of where it was, with the strong but usually unspoken implication that this was in case they needed it later (one man did announce - half joking, whole in earnest - that he was going to 'fabricate a crisis' so he could come back the following night). It was evident to me that at least some of these people were engaging in the labour of responsible drug use, making a contingency plan in case things went wrong. Yet potential visitors cannot be explicit about these plans and sitters cannot make arrangements with would-be visitors, however much they might want to. While we were on shift that same night, Gus told me a man had asked him if he would 'initiate' the man's girlfriend the following evening - that is, sit with her while she took mushrooms for the first time. Gus felt conflicted. 'The best place to do that would be here, at Avalon, that's the best

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place I can think of,' he said; nonetheless he had had to turn the man down. It is a common request of sitters, and one they always have to refuse. Their reasons for refusal and the turbulent history behind them are examined in section 6.3.3.2.

Stigma, self-image and lapses of control

The discussion so far has focused on obstacles to responsible drug use behaviour which lie outside the user. It suggests a picture of festivalgoers generally confronting the risk of a crisis and attempting to make plans to avoid it, but being stymied by policy-related factors. Though this does happen it should not be overstated, for fear of portraying them simplistically as 'objective', rational neoliberal risk-managers, further reifying the assumptions of risk management critiqued by Douglas and Wildavsky (1982). There can be much more internal conflict involved. In particular, subtle effects related to stigma and self-image can make users unwilling to acknowledge the possibility of overdoing it or having a crisis in advance. This can both make it hard to plan ahead, and cause a powerful sense of failure and shame if a crisis does occur, making it harder to ask for help.

In the field I found few people who were prepared to say, while still relatively sober, that they were not always in control of their drug use. One Boom crew member confided in me that she had not taken LSD that night because she had a shift the following evening; although strictly speaking there was plenty of time for her to be on LSD for twelve hours, get enough sleep and wake up at the right time, she knew that once she started she would not be able to stop. 'It's just how I party,' she said, 'someone will give me another drop and I won't be able to say no… then I'll be dancing on tables…' But it seemed more usual to start taking drugs while making ritual utterances about taking it easy that night, and then treat the heavier use that often transpired as an accident.

A paper from the field of HIV prevention, a close neighbour of harm reduction, suggested a possible underlying dynamic for this. Race (2016) had noticed that the uptake of Truvada, a medication which confers temporary immunity to HIV, was surprisingly low in the gay community, even among those who went to parties where unprotected sex (often on

drugs) was common. He concluded that the act of acquiring the medication beforehand forced the partygoers to confront, while sober, that they intended to engage in the risky behaviour. Their desire to do so would then have to be acknowledged as part of their self-concept. However, if it was always treated as a 'slip-up', it was not thought to say anything about them as people. I suspected some scene members were similarly resistant to explicitly acknowledging their enjoyment of hedonistic and arguably excessive drug use. This might be related to the pressure to be an 'advert' for the scene, as survey respondent Bastian called it, but the performance of responsibility is directed at oneself as well as others. Section 4.3 discussed how, for some scene members, present losses of control seemed to undermine the validity of their past transformative or spiritual psychedelic experiences, and how this was influenced by neoliberal 'wellbeing' doctrines of self-optimisation. I suspect this underlies the difficulty of confronting potential losses of control head-on, and also to some extent the shame around asking for help when one loses control or responsibility behaviours fail.

The effects of decriminalisation

It is evident by now that most of these responsibility behaviours are easier to engage in within Portugal's decriminalised policy environment than at UK or US events. Above-board transactions, visual inspection, asking dealers questions and getting the substance checked are all easier. The sense of threat from roaming members of law enforcement is greatly reduced, as is the sense of risk associated with going to a care space or asking other festivalgoers for help. Yet decriminalisation of possession is not a panacea, and Boom is still awash in adulterants, some of them very dangerous. When many of the obstacles in the way of responsibility behaviours are removed, it serves to highlight dangers and risks in the system which persist however responsible one is. Granted, the individual can find out exactly what they have before they take it, and can rely on a good safety net, but too much focus on the role of individual responsibility behaviours distracts from the size of the adulterant problem and the geopolitical and economic systems enabling it to persist. Meanwhile, coming to a more permissive environment from a more punitive one may cause

problems for the people mentioned above for whom unrestrained drug use is a matter of stigma and shame and thus must always happen 'by accident', outside of full conscious awareness. Prohibitionist policy exacerbates stigma, but being in a more permissive policy environment does not make the psychological effects of stigma go away immediately. Rather, due to the easy availability of drugs, it can mean the 'accidents' that happen are more intense.

It would be rash to state on the basis of this discussion that all these policy effects *cause* more crises to happen in harsher policy environments, given that it is impossible to know how many crises were taking place; furthermore, Boom is infamous for being overwhelming, and Harmony was heavily used all week. What can be said with more certainty is that they diminish the impact of responsible drug use behaviours. Attempts to engage in these behaviours can only confer a certain amount of protection within the web of forces and pressures created by national and international drug laws, the perverse incentives of the drug market, and cultural attitudes to pleasure, agency, transgression and stigma. In short, crisis can strike even despite festivalgoers' best efforts. The overarching narrative in which crisis is linked to irresponsibility is so strong that many blame themselves anyway. Yet my impression on the basis of the fieldwork was that the combined effect of punitive policy enforcement was to bring about, even encourage, more irresponsible behaviours. Some possible implications of this are considered in the conclusion. Meanwhile, the next section considers the options for those who do want to access formal help, and investigates the effects of policy on access to support services in general, and to care spaces in particular.

6.3 Policy and fragmented support networks

Late on the last night of Alchemy 2014, a panicked man was running round and round the outer edge of the site - at one point falling into the marsh that adjoined it, scrambling out and continuing to run, now soaked and covered in pondweed. On his second circuit he was

being pursued by a couple of security guards, who caught up to him not far from the Avalon camp where I was on shift. After a brief struggle, in which he appeared to try to punch one of them, they held his arms by his sides and firmly but slowly pushed him to the ground, speaking to him softly - and, as far as I could tell, kindly - throughout. This security firm was staffed by longtime members of the free party scene, and these guards seemed to have an understanding of the kind of panic he was in. Anita hurried over to join them, sat on the ground next to the man and talked quietly with him for some time, until they collectively judged they could let him go. He then came with Anita to sit by the campfire, was given some dry clothes and a blanket, and stayed there for the next few hours recovering and talking with the team and other festivalgoers. The security guards also spent several hours at the campfire that night, chatting and joking with sitters and visitors alike.

Psyculture ideology attributes many social and political problems to a supposed titanic struggle between the forces of interconnectedness and separation. Though some of these theories are rather fanciful, in the field I watched this struggle play out in practical, tangible terms within festival support networks. The better connected a network is, the better it functions to reduce harm and increase safety; but while many support workers push for more cooperation, numerous policy-related pressures pull the network apart.

In theory, all parts of the festival support services network are in touch with each other, understand each other's capabilities, and have access to transport and radio links which enable them to refer cases between them based on what kind of help the visitor needs. The incident related above, which took place at a small, lightly policed festival which was prepared to champion Avalon, suggested how a well-integrated network could cooperate to resolve difficult cases. There was also close integration at Boom, though the relationship between teams was not always cordial. But at the other events the network could be broken up spatially, such that parts of it became physically inaccessible; informationally, impeding the transfer of information; interpersonally, through mutual mistrust; or all of the above.

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Characteristics of the policy environments underlie each of these three forms of fragmentation. I will examine each one in turn.

6.3.1 Spatial fragmentation

Visibility and positioning

It goes without saying that a care space's effectiveness, its ability to cooperate with the rest of the support network, and its ability to reach festivalgoers in difficulty, depend strongly on whether it is positioned somewhere accessible and obvious on the festival site. This applies to all parts of the support network. However, while medical, security and welfare facilities almost invariably have a central and visually obvious position, care space positioning and visibility varies widely in different policy environments. Harmony, endorsed by the Portuguese government, are at the centre of the Boom site on one of the main roads.

Some Harmony sitters complain about the noise levels from the nearby Alchemy Circle stage and speculate about moving to the quieter Sacred Fire area at the far end of the site. Observation at Burning Man (as well as the survey results - see section 6.4) suggested that central positioning was crucial and any benefit they gained from moving would not be worth it. With no ties to the organisers, each year the Haven's placement has depended on being hosted within a camp friendly to their values. The theme camps themselves have limited say in where they are placed by the city planners. Until 2013 the Haven was hosted by a large dance camp on the main street known as the Esplanade. In 2013 they had around 130 visitors over the course of the week. In 2014, the year I worked with the Haven, that camp did not attend Burning Man, so the Haven managers had had to make arrangements with another camp in a remote location with very little footfall. Haven visitor numbers for 2014 fell to just 55.

Change was afoot in 2015. In a development that surprised many, the Bureau of Land Management, who oversee policing at Burning Man, asked the organisers to support harm reduction provision at the event. As a result, sitter Amber told me, the Haven could expand

to two locations in prominent positions - one at each of the 'keyholes', busy public plazas on opposite sides of the city. Their numbers promptly recovered to around 2013 levels.

In the UK, organisers' fears of 'condoning drugs' often mean Avalon is positioned in out-of-the-way locations where their activities might escape notice. Gus told me they had been placed at the top of an 'epic hill' one year at Boomtown Fair. At SGP 2014 they were not only in the most remote corner of the site, diametrically opposite the medical and welfare tents, but also tucked away behind a fairground swing ride. I found out during the weekend that this was thanks to a supporter of Avalon on the festival's Health and Safety team who had put the care space in an unobtrusive position so it was likely to be missed by the 'council walkaround' and evade difficult questions *(fieldnotes, summer 2014)*. Unfortunately this meant that most festivalgoers missed it too, and the long distance also discouraged referrals between Avalon and the medics.

Lack of advertising and low awareness of care spaces

The previous discussion points to another important aspect of spatial integration: potential users of a service need to know how to get to the facility and be aware of its purpose. At Boom, Harmony are featured on all maps of the event, and what they do is explained in the Survival Guide distributed to all participants. This has not always been the case - sitter Flavia mentioned that one year they were not on the map because the organisers forgot - but advertising the space was not a politically sensitive matter. Harmony representatives also appeared on a panel about harm reduction at Liminal Village, along with CheckIn staff and the editors of the just-released Manual of Psychedelic Support (MOPS), to raise awareness of the care space's work (Boom TV 2014b).

In the UK, however, Avalon is not usually featured on maps or festival materials. On the way to SGP 2014 I was told that the festival website had briefly mentioned Avalon, but this was immediately taken down. Once again, lightly policed Alchemy was the exception among UK events; not only did they place Avalon right at the centre of the site, but they made signs directing festivalgoers there. (Anita and Shirley took issue with one of the signs

and asked for it to be taken down because it read 'Have a nice trip'. It conveyed an impression of Avalon as a place for purposeful trip *facilitation* which, even in the relatively safe atmosphere of Alchemy, they were not comfortable with. This was an example of attempts to manage the spread of the 'dark secret' discussed in depth below.)

Meanwhile in the US, the RAVE Act severely constrains how the Haven can advertise. In 2014 their request to be included in the festival's Survival Guide was turned down, and their small entry in the Burning Man events booklet described them as 'psych support'. This phrase, also used on their banners and stickers, confers some plausible deniability but is somewhat confusing. According to one sitter in their 2014 closing meeting, some people assumed they were a psychological therapy service with no connection to psychedelics. In general, awareness of the Haven seemed very low, contributing to low usage figures. Things improved in 2015, as mentioned earlier; along with closer cooperation with the police and a more central position, they got a Survival Guide entry and mentions in the Burning Man blog and newsletter. Some sitters questioned the motives behind the police's sudden change of heart (see section 5.3).

Transport problems, policy and liability fears

The degree of spatial connection within a support network also depends on the transport capabilities of each of the organisations within it. Good integration requires them to be able to transport themselves and each other to sites of emergency, as well as transporting festivalgoers in difficulty through the system to wherever it is judged they need to be. However, transport capabilities are unevenly distributed, and access to them is modulated by policy effects.

Security staff usually have access to cars and/or golf carts, and are often authorised to drive through crew-only areas, enabling them to travel fast even when the entire public area is knee-deep in mud. Medical teams usually also have vehicles - sometimes even an ambulance - and access to crew-only roadways. Production crews have the use of assorted vehicles to, for example, deploy stewards to their posts or distribute firewood. But whether

or not PS/HR crews have any transport of their own, and the extent to which they can rely on other parts of the network who have it, varies widely by country.

In the UK, Avalon has no transportation capacity. Medical staff and security are theoretically supposed to use their vehicles to bring visitors to Avalon when referrals are made, and I did see this happen a few times at large UK events, but this depended on the medical staff in question knowing about the care space. Some Avalon staff would go on 'walkabout' while off duty, looking for people in crisis, but if they found someone they had a difficult time persuading anyone with transport to help (though this did happen occasionally). In general, it was up to potential visitors to find their own way to Avalon; a daunting task at the very muddy SGP 2015 in particular, where the care space was far from the other support services, across a series of slippery slopes and a body of water. Also, unlike the medical and welfare facilities, it was not connected to the network of backstage roadways. I realised the impact of this when I visited the welfare and medical facilities and observed staff constantly moving freely between each of those services and security HQ, and how this was enabling them to collaborate on difficult cases. (As may already be obvious, there are also significant disadvantages associated with appearing closely linked to security; this is discussed below.)

Unsurprisingly, Harmony was in a better position. Each team included a dedicated driver able to respond to calls from security, stewards or Harmony's mobile sister organisation, setting out to pick up would-be visitors in the care space's elderly Land Rover. Security transport systems were also well integrated with the care space, and I observed many visitors brought in by security guards or medics. Many still arrived on foot, alone or helped by their friends, but the proportion of visitors who did not have to arrive under their own power (and on their own initiative) was considerably larger than elsewhere.

The Haven at Burning Man 2014 was operating in a situation with about the same amount of resources. The Black Rock Rangers were well supplied with jeeps, the medics also had golf carts and cars, each Haven shift team had a roaming detachment, and the Haven had its own vehicle and driver (at least in theory). Yet local policy constraints (along with other

unidentified complications) meant the system did not work as it did in Portugal. Since their previous quarrel, to be discussed later in this chapter, the Rangers had stopped bringing Burners in psychedelic crisis to the Haven, and there was also no official referral procedure with the medics. I knew that in 2013 the Haven had had their own transport: a former ambulance customised as a comfortable 'mobile care space'. It roamed the city transporting would-be visitors to the Haven, and (Felix told me) visitors who were ready to leave could catch it to another PS/HR space on the far side of the city specialising in integration, aftercare and unlimited cups of tea. Amber called this transport link 'the psychedelic metro'. However, in 2014 they were unable to use it for some reason, though it was on site as an independent art car. When a staff member brought it up in the Haven's closing meeting, there was uneasy laughter and a change of subject; it was clearly a sore point.

The staff member was right to be concerned. Observation suggested, and the survey confirmed, that lack of transport capabilities is a very serious limiting factor for care spaces. In 2014 the vast majority of Haven visitors had to find their way there themselves, a major challenge given the great size of Black Rock City and the remote placement of the Haven. 'We've walked for hours,' claimed one group, who arrived on Burn Night clutching Haven stickers one of the Roamers had given them. Well aware of the problem, Brittany was negotiating with BMOrg to get the Haven a golf cart. In her interview, Amber said that in 2015 the request was granted - on condition that, due to liability problems, they refrained from transporting any intoxicated people in it.

6.3.2 Informational fragmentation

Mutual awareness, or lack thereof, among support services

Information should also flow freely through a well-integrated support network. To benefit from a range of services with different remits, they should be able to work out among themselves who is best placed to deal with a particular case; call on each other for help; and warn each other about relevant developments. An example of good information flow came,

once again, from Alchemy. Avalon got a radio call from a steward by one of the stages, where a man had collapsed. Taking one of the radios with us, Greg and I went to investigate. The steward briefed us and pointed out the fallen man; we tried and failed to wake him. The training had mentioned ways to ascertain whether someone was comatose or asleep, such as pinching their earlobes and observing the reaction, or lack thereof. When the earlobe test suggested this man was genuinely comatose, we radioed the medics and were told they were on their way. Two medics arrived about a minute later; also unable to rouse him, they decided to call the on-site ambulance which served as medical HQ. Just as the ambulance was reversing towards us, lights blinking, the man abruptly stood up. Swaying on his feet, he declared 'I don't want all this fuss. I don't want you doctors,' and ran off into the night.

I learned more from this incident than the limited usefulness of the earlobe technique. Even though that particular man turned out not to be in immediate danger, it was heartening how responsive and interconnected all the parts of the system were. This was, however, exceptional. At other UK events, due to the low profile of care spaces it was common for medics and stewards not to know about them at all, or for only a few to have been briefed. Alternatively, they might know it was there but not be sharing relevant information in either direction: there might be a theoretical agreement to refer cases to other services when appropriate, which for various reasons was rarely carried out.

At Burning Man, the silences around the Haven's presence are not just side-effects of lack of advertising, but deliberate and strategic. Other support staff must *perform* unawareness of the Haven whether or not they know about it. Since the breakdown of relations between the Haven's predecessor and the Rangers, the Rangers had been taking people in crisis to their own sanctuary space to be cared for by the Green Dots, Rangers who specialised in 'mental health issues' (not, as people were at pains to point out, explicitly related to psychedelics). This was also why there was no formal referral procedure between the medics and the Haven. Interestingly, some medics were resisting this. Brittany said in the 2014 closing meeting that she had been approached informally by several medical staff

who said they were keen to cooperate with the Haven. They said they were 'not sure how to do that in any kind of formal way,' but wanted to carry on the conversation.

The radio network and information flow

Information flows through the system primarily by means of radio. Every node in the support network, whether roaming or static, is supposed to have one. In theory, radio linked the care space to the whole festival site and everyone on it. Stewards could convey festivalgoers' queries to the appropriate people; medics could make referrals, or be summoned in medical situations; and security could intervene if a visitor became violent, or notify the care space about potential visitors they found on patrol. As such, it was important for at least one person on shift to be aware of, and able to respond to, radio communications traffic at all times, along with making sure handsets were charged and operating correctly. For instance, it was crucial to be able to get a rapid response from medics if a case suddenly escalated. In practice, however, information flowing via radio was often blocked or otherwise compromised, for reasons ranging from policy factors to lack of competence with the equipment.

At the Haven, radio communication was strangled by awareness of constant surveillance. 'All radio traffic is monitored by law enforcement or other outside agencies,' said the Haven training manual. This meant the channel was not just a festival-wide space, but had to be considered open to the general public: that is, decidedly an 'outside' space in the Goffman sense. 'We don't say anything on the radio that we wouldn't want to see on the front page after the burn,' the manual continued, and set out specific rules:

> Avoid saying any of the following on the radio: (…)
>
> DRUGS, PHARMACEUTICALS, PSYCHEDELICS, ENTHEOGENS
>
> By name or generically, "overdose," or "high." Again, do not try to diagnose; instead describe a guest as "altered," "disoriented," "unresponsive," or "unconscious," as appropriate. (severely, slightly use a 1-10 scale)
>
> FULL LEGAL NAMES OR IDENTIFYING INFORMATION

Information of Guests, real world names, camping areas, or any other personal information. *(Haven manual for sitters, 2014)*

This made good sense in the context of the surveillance, but put additional restrictions on the Haven's capabilities. In 2014, with no way to transport visitors to the care space, Roamers were sent out in search of people in difficulties, with instructions to 'sit for them in place' rather than bring them in. A Roamer sitting with a person in crisis in some far-flung part of Black Rock City would only be able to get support and advice from shift leaders and medical Haven staff via radio. Within care spaces, and especially within the Haven with its roster of seasoned psychedelic therapists, there was a constant flow of mentoring, expertise-sharing, and sharing of personal experiences (with a strong undercurrent of emotional support) between staff of different experience levels. For Roamers in the field, however, most of the content of such conversations was prohibited by the radio rules - complicating their task, making it harder for more experienced people at the care space to judge whether further intervention was needed, and diminishing Roamers' ability to learn on the job.

As it happens, however, this problem may not have arisen very much because of an even more pervasive communications problem affecting every interaction between strangers at Burning Man, rendering it unlikely that Roamers would find themselves 'sitting in place' at all. This will be looked at in section 6.3.3.1.

In the UK, poor resourcing could mean that care spaces - and indeed other parts of the support network - did not get radios at all. Another consequence of the sidelining of Avalon by some events was that they were low on the priority list for radio distribution. When Boomtown Fair doubled in size but did not acquire any more radios, Shirley told me, Avalon and some of the stewards lost out:

> So you had stewards on fields away from the main drag with no radio communication... We didn't have radios... the guy who was organising the field was actually lending us his radio, because he knew us, and he understood the importance of it, but obviously when he had jobs to do, he needed his radio. So it was a bit hit and miss... people look at the expense, but it's such a little expense to save somebody's life *(interview, Surplusfest 2014)*.

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Shirley's language is dramatic but not unjustified. Sometimes getting hold of a medic quickly is genuinely a matter of life and death (see section 6.6). In a pinch, sitters without radios may attempt to pass messages via better equipped security staff. However, section 6.3.3.1 will show that this can backfire dramatically.

When care spaces did get enough radios further issues became apparent. Avalon's minimal training did not give new volunteers much opportunity or encouragement to become comfortable with radio operation. Newcomers often seemed wary of using radios and confused about how they worked. In the worst cases, this delayed Avalon's response to referrals until a more confident radio user noticed what was happening and answered the call. This was one of several problems I had with Avalon's low-training approach. Some of their wariness, however, related not to the unfamiliarity of the technology but to the ambiguous nature of the 'space' that was the radio communications channel, where it was unclear what social scripts applied and one did not know who was listening. This topic will be revisited later.

Drug checking and response to adulterants in Portugal and the UK

The integrity of the information network has a powerful impact on festival safety. During observation I saw how the ability to pass information through the network quickly and easily could assist with harm reduction efforts, and conversely, how failures to pass information along could cause or exacerbate harm. This can be illustrated by contrasting how Boom and SGP dealt with adulterated substances at their events in 2014.

As I clocked off for the night at the end of Grace's case study, various other cases at Harmony were not resolving as expected. However, some of the sitters had been able to get samples of what the visitors had taken and send them up to the CheckIn lab, which had a fast-track service for Harmony samples delivering detailed results within half an hour. CheckIn discovered that many of these visitors had been sold substances from the DOx family - psychedelic amphetamines which could last up to 35 hours - as LSD. These often came on distinctive blue and yellow blotters, printed with fractal patterns. CheckIn also

distributed a detailed daily report summarising their findings, including information about the dose response curves of various substances (the relationship between how much is taken and the intensity of the effects; many of the 2C family, for example, have steep dose response curves which make it risky to judge doses 'by eye'). The reports also warned about dangerous adulterants like phenacetine, found in several cocaine samples and said to carry a risk of cardiac arrest.

While Harmony prepared themselves for more very long cases, CheckIn were posting alerts around the site about DOx being sold as LSD - mentioning the blue fractal blotters, but careful to specify the problem was not limited to these - as well as other warnings. For instance, NBOMes were also being sold as LSD. The warnings were pinned up in the central food plaza, the information office and many other locations. As well as getting the information out, the notices encouraged people to get their supplies checked and helped raise awareness of CheckIn.

At SGP in 2014 the situation was very different. At some point on Saturday night Mike had managed to get a sample of the substance in the SGP case study, which our team had guessed was pentedrone, sent to the police to be checked. To the best of my knowledge, no information came back; when I spoke to Mike about it months later he was still under the impression that it had been MDMA. The following evening I went to visit the welfare and medical tents, on the far side of the site by the main stage. Along with general observation, I hoped to talk to them about the mystery substance. The girl on reception duty at welfare, though an evident scene member, had not been briefed about Avalon and had not known we were there. She told me they had been busy the previous night, maybe 60 or 70 people, many with 'drug problems'. While we were talking something caught my eye:

> There's a clipboard with a filled-in visitor form on the table beside her, dated 4am that morning. The words 'sure his friends thought he'd been stealing' leap out at me. The young man in question 'came on to the unit paranoid and distressed… very emotional… when escorted back to the campsite, refused to believe his friends weren't angry and became non-responsive on the walk back.' I tell the girl on duty we had several cases very similar to this one, and she gives me a few more details. Once back at welfare he wanted to leave

immediately, but they got him to sit down in one of the sections. After sitting in silence for a while, he absconded when their backs were turned. 'Friends still looking for him,' the form finishes. I ask her what she thinks he took, and she says MDMA (the form actually says 'methodrone [sic], MDMA') *(fieldnotes, edited for clarity, SGP 2014)*.

After telling her what we suspected the drug was, I went next door to the medical tent. The overwhelmed-looking nurse on duty, wearing scrubs with the logo of a local medical centre, seemed rather wary when I told her about the project. She said it had been 'absolutely crazy' and that they had had a lot of people with drug problems due to a bad batch of MDMA which was unusually pure, causing people to overdose. I told her quickly about the cases we had had, their strangely uniform symptoms, and what we thought the drug was. She recognised the symptoms but did not seem to have registered all of what I had said. Yes, she said emphatically, that was it, the bad batch of MDMA: the police had briefed them about it. I had many further questions - for instance, whether she herself had seen any samples or just heard about them - but our conversation was cut short by a stream of people arriving in need of medical attention, and shortly afterwards I had to leave to go on shift. She too did not know about Avalon, and was sending drug-related cases to the welfare tent.

The plot thickened over the next few months. After the festival Robin sent a sample to Wedinos, a well-equipped postal back-of-house drug checking service in Wales. They wrote back that it was *alpha*-PVP, a recently synthesised cathinone. Robin had almost got it right: it was closely related to pentedrone. This drug - which gloried in the street names 'flakka' and 'gravel', at least in news reports, and was apparently a growing problem in Florida - already had a reputation for uncontrollable redosing, anxiety, delusions and even violence. The active dose was about a fifth of MDMA's, but the girls had been taking MDMA-sized amounts - giving them five times the dose every time. But on that Sunday at SGP, the medics and welfare staff I spoke to (in admittedly brief and hasty conversations) had not been told any of this. They recognised the symptoms I described, but were still under the impression these were caused by MDMA overdose, although reports of this kind of paranoid psychosis related to MDMA are 'few and far between' (Mental Health Daily 2015).

There are numerous places where the information flow might have failed. The police may not have tested the sample. Given the seriousness of the cases we had, the test should not fallen off the priority list; perhaps the details of the case did not reach them, or they did not take the information seriously (or indeed, the sample itself got lost). Perhaps they were simply under-resourced and overwhelmed, and did not manage to distribute checking results except for the single briefing about 'the bad batch'. They may have tested it but got incorrect results due to poor equipment or administrative error, concluding it *was* MDMA (though it would not have tested as MDMA using any testing method I know of). Perhaps the least worrying possibility is that the desk nurse *had* had an alert about it but was not sufficiently engaged in the conversation to realise it was relevant; but if the medics had been briefed I would have expected the information to be passed on to welfare staff, with whom they were cooperating closely, and my impression of the welfare staff member I spoke to was that she was both concerned about the issue and genuinely unaware of what the substance was. But wherever things went wrong, the implications for festivalgoers' health were worrying.

Several problems would arise from misdiagnosing people on *alpha*-PVP as MDMA overdoses. For a start, the different active dose amounts would lead to fivefold underestimation of the extent of the overdose. Further, the substances have different biological mechanisms of action (with MDMA primarily affecting serotonin levels, with a minor effect on dopamine, while it is thought that *alpha*-PVP is a dopamine and noradrenaline reuptake inhibitor). Approaches to treating overdoses of each one are therefore different, and applying the wrong one could be damaging. Stimulant psychosis can happen on high doses of MDMA, but this is relatively rare (Mental Health Daily 2015); rather, MDMA overdose is associated with a condition known as serotonin syndrome. They have some symptoms in common, like confusion and anxiety, but also large areas of non-overlap. Unlike stimulant psychosis, serotonin syndrome causes headaches, vomiting and diarrhoea, and IV hydration is recommended for it. For a person with stimulant psychosis, the insertion of an IV cannula would only exacerbate their panic and sense of persecution. The relevant medications are also largely non-overlapping. Benzodiazepines can help with

both, but stimulant psychosis responds best to antipsychotics like olanzapine (Shoptaw, Kao & Ling 2009), which have a range of serious side-effects. Serotonin syndrome, on the other hand, can be treated with cyproheptidine, a drug which blocks serotonin production (WebMD n.d). One would not want to be administered either of these powerful medications in error, and giving a serotonin blocker to a patient whose problem is actually an excess of dopamine and noradrenaline seems particularly likely to cause harm. It is crucial to distinguish such 'drug problems' from each other, but the same overgeneralisation problem I had found in the literature about drugs (driven by anxieties about betraying too much knowledge) seemed to be happening here, with an immediate human cost.

Things changed dramatically at SGP in this regard over the next couple of years. In 2015 the police arrived with a much more explicit harm reduction policy and a mass spectrometer for drug checking, operated by a specialist police officer. They gave Avalon an extensive list of liaison contacts, visited the space each afternoon, were frank about their progressive views on drug policy (such as their expression of the relationship between drug confiscation and harm in section 6.2), and daily emailed all the major players in the support network with alerts based on their checking results. Anything resembling front-of-house checking was still highly contentious, however. Robin had planned to do simple reagent-based checking at Avalon, had been corresponding with one of the SGP team about it for several months, and arrived on site thinking it had been approved by all relevant staff. In fact, several key festival staff members only found out about it - much to their dismay - at the production meeting on the Thursday morning of the event. When I arrived on site that afternoon, the dust was just settling on a dramatic row between the police, festival production, welfare and Avalon; as Greg told me, "…we're not the most popular charity on site right now." There was an additional chilling effect on radio communications through the early part of the event as Avalon staff involved in the row with the head of production were wary of asking for anything over the radio channel he used, possibly provoking another outburst. Still, relations with the police were cordial for the rest of the event. Though I did not attend in 2016, SGP's harm reduction approach made a further leap forward with The

Loop providing front-of-house checking facilities (Fisher 2016). Yet this is almost unique at UK events and depends upon Cambridgeshire police force's decision to use their powers of discretion in support of harm reduction efforts. Most UK police forces' approaches to drugs still preclude this kind of project. The information network at SGP in 2016 and 2017 - which was to be its final edition - was much less fractured than it had been in 2014, but I suspect the situation I observed there remains the norm at other large, high-profile events.

6.3.3 Interpersonal fragmentation

Mutual suspicion, fear and dislike between parts of the support network, and between each of them and the festivalgoers, underlies and exacerbates many of the practical forms of fragmentation discussed above. However well-run and resourced a service is, it will not be able to do its job well if its representatives are mistrusted or feared by festivalgoers or other staff.

There are two main themes to these interpersonal problems. Parts of the network may be mistrusted because they are seen as overly official or professional; this is more likely to be a problem for security staff and medics, but is not limited to them. Conversely, the issue for PS/HR spaces is more likely to be that other staff do not see them as professional *enough,* usually due to leaks of the 'dark secret' of drug use. Both these sets of problems are worse under harsher policy conditions.

6.3.3.1 The impact of perceived 'officialdom'

Fear of security, in both sitters and potential visitors

Requests for opinions on the different parts of the festival support network provoke widely disparate and often very strong reactions in festivalgoers, both those who answered my survey and people I talked to in the field. These reactions range from approval and enthusiasm through mistrust to outright terror and hostility. Interactions with these various agencies in a vulnerable state of mind can thus impact powerfully on the course of a crisis experience.

I asked survey respondents whether they would consider seeking help from each of the below groups or services in a crisis (with the options of 'yes', 'no', or 'depends'), and invited them to explain their answers. 'Other festivalgoers' (unspecified), though not a type of formalised help, was included for comparison purposes.
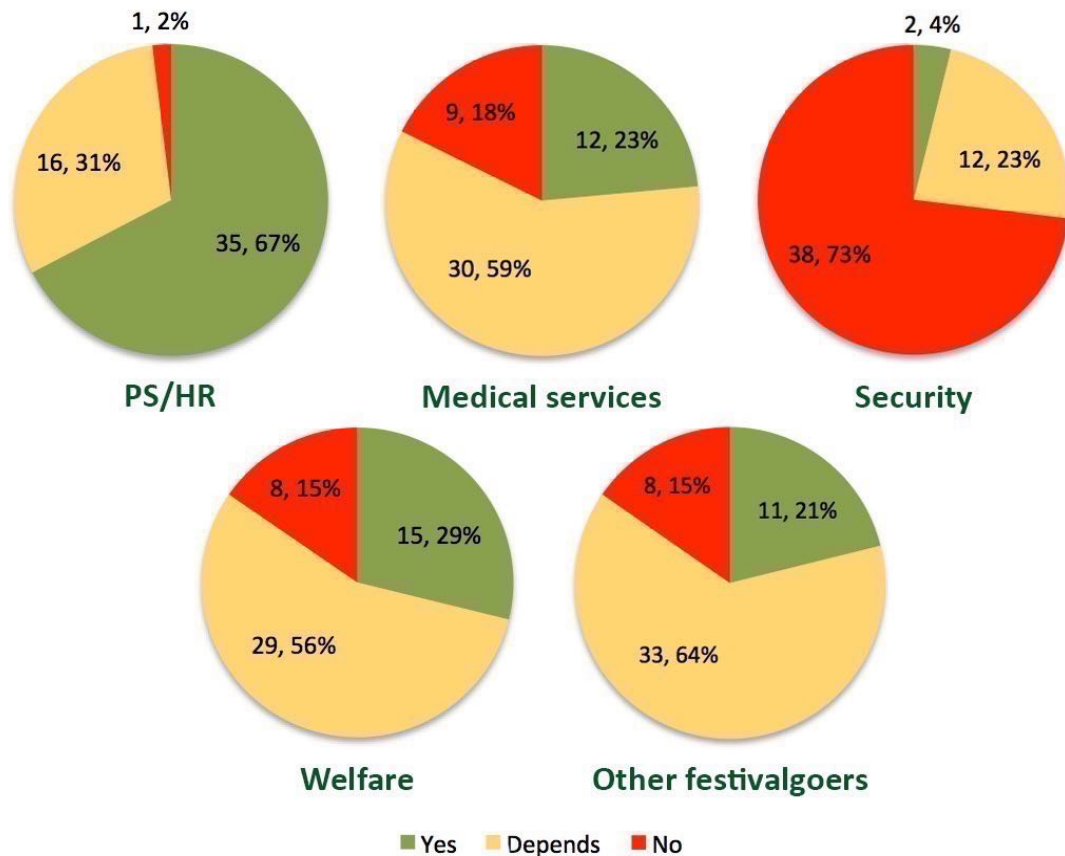
Figure 6.1: Survey respondents' answers to whether they would go to each of the above possible sources of help in a crisis.

When these results and the reasons behind them are considered for each service individually, they show tendencies for respondents to have a generally positive attitude to PS/HR services; to be more ambivalent about the medics and welfare; and to be strongly averse to the idea of seeking help from security staff. This is fairly unsurprising in light of prior discussions, but the situation is complicated by the fact that people usually interact with more than one of these agencies over the course of a difficult experience. They may

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need the help of one in order to access another - for instance, if security are the only ones with working radios or transport. Further, negative attitudes to one part of the network spreads, infecting the parts it cooperates most closely and visibly with; a good deal of the uncertainty around medics is linked to their close association with security and police.

At many events, the security team are feared and disliked by more or less everyone else. They are seen as non-enculturated outsiders with very different values. Among sitters, Sanna saw them as overly concerned with 'ego', dominance and status, and thus likely to misinterpret the behaviour of festivalgoers who are 'freaking out' as aggressive or challenging. Olavi remarked on the same tendency but linked it to a lack of understanding. His care space team had the proactive approach of attempting to win them over with food. "They love salty snacks," he explained. Many others prefer to avoid them. In the survey these themes of egotism, ignorance and an adversarial stance - especially towards drug users - were also strong. Delirium expressed the perceived hostility succinctly: "They'd take your drugs, kick you out, and then sell your drugs on" - an example of the commonly held opinion that security staff were corrupt. (Sitter Johan told me this was a serious problem at Boom 2010, where security guards stole from tents, dealt drugs while evicting other dealers, and threatened some of the organisers with a gun when they complained.) As with Firebird's worries about the police in section 4.5, some respondents thought engaging with security risked bringing harm to their companions. Amanita wrote she would not ask them for help "because then I put my whole camp at risk for a raid". In practice, a good deal of what they do is beneficial. When I worked at Glade 2011 with Green Stewards, who shared a radio channel with security, I was able to listen in on a night-long, concerted campaign to catch a thief who had been filling his tent with stolen phones and laptops, culminating in a chase through the woods. Yet they are generally viewed as enforcers of drug policy first and foremost. In this regard they are sometimes conflated with the police. In the survey, Fieldmouse wrote, "I'd feel threatened, like they were cops and would imprison me maybe." Interestingly, others cited the privatised nature of security firms as a factor in their hostility and incompetence. "Rent-a-cops are not known for their sensitivity," wrote Moebius, while

King of Cups commented, "Like a G4S security guard is going to know what to do with someone tripping balls." Dante said he would actually trust the police he had encountered at US event Electric Forest more than a private security firm because the police were more likely to have the public interest at heart. Yet, much like police forces' varying use of discretion, some private firms lean towards leniency. Alchemy's security team were mostly longtime scene members (with a few scene-friendly exceptions) and supporters of festival values.

Most of the 'depends' answers about security came from Burners, who specified that the Black Rock Rangers were different. Rangers are long-term members of Burner culture, so their authority is seen as much more legitimate than that of 'outsider' security firms. High Plains Drifter said that at Burning Man he would know the Rangers were 'a safe resource', but would not trust security anywhere else. In the field, the Rangers I met - from grizzled veterans to a rookie going through induction after 15 years coming to the event - did seem to have the community's welfare at heart. However, as a later section will show, over the years problems related to the RAVE Act have driven a thick wedge of mutual distrust between them and the Haven.

Johan's anecdote above shows that at Boom, decriminalisation has not solved the problem of security. Although Boom changed security firms after 2010, they are still perceived as 'the bad guys' by many sitters: clueless, thuggish, corrupt and in need of enculturation. However, my impression was that in Portugal sitters felt less threatened by them. There was less of a sense that security staff had the might of drug policy and the unqualified approval of the authorities behind them, or that they had the power to raid or shut down the PS/HR project (which the security team threatened to do to Avalon at Surplusfest, for instance). Genoveva's furious stand on the radio about the security guard who had rugby-tackled a visitor (mentioned above) showed she felt entitled to complain about them and able to disagree with their practices without bringing down a reprisal; she knew the festival managers would back her up. In so far as they were seen as the enemy, the fight seemed more evenly matched; and in practice, in 2014 they cooperated closely and

more or less cordially. A large number of Harmony visitors arrived by means of security transport.

As this suggests, fear of security exacerbates several of the forms of spatial and informational fragmentation described above. Although they often have the most robust transport capabilities on site, in the UK and non-Burn events in the US many are so afraid of them that asking them for a lift is out of the question. Survey respondent Desdemona wrote that while making her way to Avalon, she was afraid to even make eye contact with security guards for fear they would try to restrain her. ("I've worked in security. They are bastards," she added.) Of course this ambient fear also makes it more likely that being picked up by security will trigger a serious crisis, or - as happened to Ana-Suromai - exacerbate one which is already happening.

The same applies to information. UK security teams are guaranteed access to a radio network even if no one else does, and may thus be de facto information gatekeepers at events which are short on infrastructure. Yet both festivalgoers and PS/HR workers are wary of what they might do with this information and unwilling to entrust it to them. Shirley told me that at Boomtown Fair, she and Mike were called to attend to a man who had collapsed in one of the dance tents. Shirley realised he was having an epileptic fit and needed medical attention, but neither she nor anyone in the vicinity had a radio. After some urgent searching, the nearest person found with a radio was a security guard, who said he would notify the medics. Instead a security detail arrived. They cleared the tent and restrained and searched the man having the fit, which they said was clearly drug-induced. He did not receive any medical care.

To make matters worse, in the UK fear of security staff is serious enough that mistrust spreads to anyone who is seen to work with them. This often includes the medics.

Medics are contaminated by association with security

Chapter 5 mentioned that one reason the peer factor was such an advantage for PS/HR spaces was that it caused them to be perceived as safer and more approachable than medical

facilities. Throughout the dataset and in the field I encountered numerous people who seemed very wary of asking medics for help in a drug-related crisis. Yet this wariness was also a problem within the support network, with many sitters not trusting the medics either, especially in the UK.

Some of the fears were specific to the medics themselves and have already been discussed in chapter 5: that they would be judgmental of drug users, and that medicalised spaces were profoundly inhospitable to people on psychedelics (numerous participants of all kinds used roughly the same phrase to express this, some variation on "it's all strip lights and high-viz and… aargh!"). More relevant to this discussion was fear of legal jeopardy. Ruby wrote of the medics, "Officialdom… scary clinical surroundings, poss of police or security etc etc." The medics were the authorities, expected to fraternise with security staff. Going to a medical facility entailed the risk of having drugs found on one's person or being apprehended on suspicion of drug involvement while in the throes of a terrifying crisis experience. Even one of the laid-back paramedics at Sunrise described typical festival medics as 'rear admirals' - this referred to their elaborate uniforms, but also alluded to military authority.

This fear of medics had the strongest impact on the integrity of support networks in the UK, where it was shared by many PS/HR workers. Avalon sitters would sometimes talk about what they did as a way of saving festivalgoers in crisis from the traumatic experience of going to the medics - sometimes, as in Anita's anecdote about the 'schizophrenic' boy at Boomtown in chapter 5, literally springing them from the medical facility. This was such a common theme that I became concerned it could make UK sitters dangerously slow to call for a medic if a case escalated (though in the one medical emergency incident I have UK-based data about, this was not where the obstruction was; see section 6.6).

At Harmony, PS/HR itself is more medicalised in line with government policy; several medical staff are on duty at all times. I did observe some mistrust of medics among Harmony sitters - but, much like their attitudes to security personnel, their complaints were more specific than UK sitters' generalised anxieties and came from more of a position of strength, with sitters feeling able to do something about their grievances. Johan described

problems with a psychiatrist at a past Boom who had been assigned to them by higher-ups in the government but was not in tune with Harmony's values. They thought his treatment of visitors was dehumanising - for instance, pinching them roughly to check for dehydration "like it was a cow". They called an urgent staff meeting in which they agreed to oust him, despite his ties to their superiors, and in 2014 had a psychiatrist who was much more scene-friendly.

In theoretical terms, as chapter 5 suggested, both sitters and festivalgoers essentially perceive the medics as wielders of biopower, and implicitly agree with Race (2008) that peer-based services are more resistant to exerting it - though section 5.3.1.3 showed that the situation is not that clear-cut, and biopower can express itself in insidious ways within care spaces. I also observed that some medical teams (such as Hardcore Medical, dance event specialists who serve some UK festivals) were attempting to push back against this perception by demonstrating scene allegiance with visual signifiers of 'subcultural substance' or long-term commitment (Hodkinson 2004), such as gauged (stretched) ear-piercings, along with detailed knowledge about drugs.

Medical professional sitters' concerns about the psy-complex

At Harmony, I discovered an undercurrent of dissent against the medicalised approach they themselves were using. Several sitters had qualms about the increasingly medical atmosphere of the space, and how it had changed since it was fenced for auditing purposes. They also talked about concerns that PS/HR and psychedelic use in general could be entirely taken over by the medical profession, with some linking the changes in Harmony explicitly to this process. They voiced worries about psychedelics being commodified as medicines, their administration being restricted to therapeutic contexts, and medical discourses erasing spiritual or recreational ones.

Aware of the debate about the future of psychedelic support and therapy - between those who wanted such a full medicalisation (like Sessa & Fischer (2015)) and those who feared psychedelic support would be subsumed by the psy-complex (like Davis (2013)) - I

was not surprised that this issue came up in the field. However, the way it manifested there had two surprising aspects. Firstly, I had been expecting to encounter a faction of medical professional sitters who were rational materialists, closer to the mainstream, and keen anticipators of full medicalisation, at loggerheads with more countercultural 'party people' who viewed psychedelics in spiritual terms. In fact, the medical professional sitters were more likely than others to mention spiritual motivations for sitting, and more likely to be worried about the consequences of full medicalisation. In interviews, many took pains to point out that recreational psychedelic use could also be valuable and even therapeutic in its own right (Bob, for instance, stressed the importance of the communal aspects of recreational use, which would be lost under full medicalisation). They were doing purposeful discursive labour with the aim of keeping recreational use and spirituality within the discourse of psychedelics even as they pushed for their acceptance as prescription medicines. It was clear that they would not let the psy-complex subsume psychedelic therapy without a fight.

However, if what is currently happening in the field of medical cannabis is anything to go by - with commercial producers taking over the conversation while the activists who drove US legal reforms are increasingly ignored - it seems likely that in a post-legalisation landscape, once the behemoths of state and business interests got involved, the therapists' efforts to shape and direct the conversation around psychedelics would be in vain. This would be unfortunate; if taken seriously, the axioms, practices and interpersonal dynamics of psychedelic support as I observed them could act as useful correctives to the individualising tendencies - and arguably, flawed understandings of the self - currently dominating mainstream psychology. Section 7.4.2 will examine this further.

Secondly, concerns about full medicalisation came up much more often at Harmony than at Avalon or the Haven, despite the latter's strong contingent of would-be psychedelic therapists. I wondered whether this was a reaction to Harmony's close links with the Portuguese government. Perhaps, rightly or wrongly, it was harder for sitters in the UK or the US to imagine their movement becoming part of the establishment.

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Visitors' fear of sitters, especially in the US

Despite their broadcasting of peer status, care spaces are not immune to the taint of 'officialdom' - especially at Burning Man, where it was bound up with constant vigilance for undercover police. Veteran Burners made sure to warn first-timers about these police officers, said to be young, ambitious and unscrupulous; prepared to use entrapment and intimidation; sometimes suspiciously clean, but crucially not always so easy to spot; and likely to show up anywhere. Newcomers were advised never to talk to any strangers about drugs for any reason.

At the Haven, the Roamers in particular are hobbled by this social norm. Sitter Felix said that throughout the six hours of his Roaming shift no one he spoke to had been prepared to admit they had taken anything, though he had given out large quantities of Haven stickers (and some people did show up at the Haven later, sticker in hand). Brittany and Bob confirmed this was a major difficulty, while I found the pervasive lack of trust also extended into the care space. The implications for triage processes are obvious, especially since it was also nearly impossible to persuade visitors to show us samples of what they had taken. In the UK this was much less of an issue - although some of the paranoid group at SGP in 2014 were worried that Avalon workers would hand them over to the police, we were able to reassure them quickly - and in Portugal it was not a factor at all. At Harmony, people's incomplete disclosures of what they had taken seemed more related to the stigma on particular substances than to legal fears.

'Officialdom' is, however, not the only factor which can break off and isolate parts of the support network. Relationships between care spaces and the rest of the system can also deteriorate because the spaces are seen as not official or professional enough.

6.3.3.2 The impact of the 'dark secret'

Boundary work by care space managers

The previous chapter detailed the many advantages of identifying oneself as a scene peer and drug user within the 'backstage' and 'frontstage' regions of PS/HR practice. In the 'outside' region, the drug user identity has a very different impact. It must be managed carefully and played down in some interactions (with true 'outsiders'), while simultaneously broadcast as clearly as possible towards others (visitors and potential visitors). This balancing act is a particularly tricky part of the 'performance' that is PS/HR work.

In the 'outside' area the peer identity becomes what Goffman (1959) called a 'dark secret': one it can be dangerous to reveal. What constitutes the outside depends on the event in question. At small events staffed by psyculture-friendly personnel, PS/HR workers can perform the identity of 'festival person' openly not only to visitors but throughout the festival (though obviously care must still be taken around police and security staff). The whole event can take on the character of 'frontstage'. At larger events in more punitive jurisdictions, the outside – that is, the domain of non-members of the care space's 'audience' who are unsympathetic to or simply not engaged with their goals – presses closely upon the care space's boundaries and may even enter it (as when police patrols occasionally come inside the Haven at Burning Man). Besides, festival spaces are often rather porous and permeable, and the boundaries between them may not be tangible, but rather a matter of tacit agreement or the turning of a blind eye. Working out where the boundary is at any given moment is a weighty matter, due to the dramatic contrast in what peer status signifies on either side of the line, but often very hard to do.

Avalon and the Haven attempt to contain the 'dark secret' by drawing a bright, solid line between any current drug use activities by sitters and the operation of the care space. In Avalon training meetings, managers cautioned us strongly against engaging in visible drug-taking, acquiring drugs (whether bought or gifted), or sharing them with others, in the vicinity of the care space. Rumours about dealing and drug-taking in or near the space had

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caused a dramatic breakdown of the relationship between Avalon and festival organisers at a number of events in the past, and they wished to avoid this happening again. Despite these efforts, several sitters crossed the line during my fieldwork. Faced with sitters arriving at work under the influence, or evidently out of control of their drug use off duty, the managers - who were highly averse to wielding authority or indeed judging anyone for their drug use - seemed angry but intensely uncomfortable.

However, the most dramatic failure to contain the 'dark secret' that I heard about was one which had played out at the Haven's predecessor years before the project began. What they were attempting to do, and how the Burning Man organisation and the Rangers reacted, forms a story which neatly encapsulates many themes of the thesis.

The forbidden practice of intentional sitting

Arrangements in advance between sitters and would-be visitors, with the visitor expressing their intention to have a psychedelic experience with which they think support would be helpful and making a plan to do this with a sitter at the care space, are considered a serious breach of the boundary which can gravely endanger the care space's existence. This was why Gus turned down the request for 'initiation' in section 6.2. This kind of prearranged, facilitated session is, in theory, the Haven's raison d'être. It is what they are training therapists to do, and what they are campaigning to be allowed to do professionally. Yet in practice it is emphatically off limits for them. Talking to Bob during fieldwork, I discovered that it was just such an intentional sitting incident that had triggered the collapse of the relationship between the Haven's predecessor project, BMOrg and the Rangers in the years following the RAVE Act. Prior to this, the Rangers had been working closely with and indeed overlapped considerably with the PS/HR team, who also had the support of BMOrg, a working relationship with the medics, and a care space near Ranger headquarters called the Sanctuary. Then, as Bob tells it:

> I made a tactical mistake. I thought that I could get away with something… I don't know how I got caught, but part of the reason that we're doing this, as I said, is for training of therapists, and so one of our volunteers… he was having problems with his girlfriend. And so wanted to

do couples therapy. And so I thought, well, you know, we might as well just use the sanctuary space for that… it's set up for that, we didn't have another location for it, and I thought it would look like anything else. So somehow or other, Black Swans [a nickname for the Rangers] found out that we were doing this intentional therapy... this is this move away from harm reduction to something where - you're talking about harm reduction, you're, other people are doing the drugs on their own and then they come in. So this was a kind of a different story, yeah. So then they freaked out, like, this is this big liability issue… even though it worked well and there was no problems, it just, um, it made them feel that there could be problems. *(interview, Burning Man, 2014)*

After discovering this, the Rangers distanced themselves from them and gradually 'forced out', in Bob's words, Rangers who also did PS/HR work. Several years passed before some of those who had worked at the Sanctuary were able to regroup, launching the Haven project in the early 2010s. No longer tied into the festival infrastructure, they worked out the current system of being hosted by theme camps and acquired their own care space structure with the help of a hugely successful crowdfunding campaign. Their relations with the Rangers are still strained today.

This is a key tension within festival PS/HR. Many other sitters share Gus and Bob's frustration that at each event the teams apply their collective expertise to carefully create an environment for the facilitation of safe and beneficial psychedelic experiences, but cannot invite people to use it deliberately. In the extract above, Bob talks about the difference between the harm reduction approach and the 'different story' implied by intentional therapy, which lies much more in the realm of psychedelic support. Within the framework of harm reduction, visitors arrive because they have suffered some mishap resulting from drug consumption that happened elsewhere, out of sight of the care workers, and was done in a way associated (rightly or wrongly) with chaos and irresponsibility. The role of the care space can only begin when the experience becomes too unpleasant for the user to handle, at which point sitters can intervene and attempt to alleviate the unpleasantness and minimise the overall harm. Devotees of psychedelic support would prefer spaces to be available for fully supported sessions kicked off by drug consumption which is above-board - and ideally involves measured and checked substances, rather than the hasty, furtive and unpredictable

act festival drug-taking usually is. Yet this is beyond the realms of possibility in the US and the UK.

The unacceptability of such intentional sitting practices serves to further highlight how effects of policy can undermine the responsibility behaviours drug users are enjoined to engage in, while increasing the harm they are supposed to be able to avoid by engaging in these behaviours. In this case the complex of policy, harm reduction practice, and the strained relationships between event organisers and local authorities places out of bounds a relatively considered, cautious and lower-risk form of drug use to which quite a few festivalgoers would like access. There is a further implication to this. Visits to a care space must always look like an accident. Any advance planning that does happen - scoping out the space beforehand, checking whether it feels safe and welcoming, perhaps making a connection with some of the sitters - must go unmentioned, or only alluded to jokingly. Over the long term, as such stories of intentional, cautious drug use are filtered out while stories of accident and unwanted crisis are amplified, the link between presumed irresponsibility and 'difficult experiences' is gradually strengthened, contributing to the stigmatisation and victim-blaming of those who have one.

In Portugal, it seems as though things should be less problematic for Harmony. And indeed, I was told, they used to allow intentional psychedelic sessions within the social area of the compound, undertaken in what one participant called a 'sacramental' manner. This *was* stopped for policy reasons, but not the usual ones: it was to facilitate the quantitative research project they were doing in an attempt to demonstrate the efficacy of their intervention to the government (in turn providing further evidence to the world at large that decriminalisation was working). To monitor visitors better, the compound was fenced, the check-in process was formalised and funnelled through the reception area, and the social space was no longer provided; only sitters and checked-in visitors could come inside. This auditing project, very much in keeping with the neoliberal strand of harm reduction, was in some sitters' opinion highly detrimental to the psychedelic support side of the work. Steve thought it had made sitting more difficult because of the higher concentration of people

having visible and audible crises ("ill crazy people", as Grace put it), no longer diluted by the sociable and relaxed, or by those having straightforwardly positive psychedelic experiences. As suggested elsewhere, it is highly debatable whether the resulting data is worth it.

Radio channels as ambiguous spaces

Management of the 'dark secret', and keeping it within the bounds of the care space where it does no damage, is complicated by the porous nature of many festival spaces. Sound travels freely; authority figures show up without warning; and if one lets one's guard down, 'outside' spaces are easily mistaken for safer 'frontstage' or 'backstage' ones. One example of an often ambiguous space with which many are not sure how to engage is the radio communications system. As section 6.3.2 mentioned, there is no ambiguity for Haven workers, who are acutely aware that all radio conversations happen 'outside' and that they must limit what they say carefully. Things are less clear-cut in the UK. Some Avalon workers address the ambiguity by treating the radio channels as entirely 'outside', and feeling called upon to be the public face of Avalon when using them. After handling a referral from the medics one night at SGP I was talking to fellow sitter Kerry by the campfire, and it emerged we each had a 'radio persona' we would put on to dispel the stage-fright of radio use:

> It's not everyday me, it's a sort of gruff no-nonsense trucker, 'ten-four, over', or maybe someone from air traffic control. Kerry agrees heartily. She describes hers as a sort of imperious posh girl. 'This is insupportable! The dancers need their rah-rah skirts and they're due on stage in five minutes!' ...We riff on that for a while, each contributing bits to the imaginary scenario, increasingly helpless with laughter *(fieldnotes, SGP 2014)*

Kitty too had a clipped, assertive 'radio voice'. In each of our radio personas we were donning some notion of professionalism or power as if from a dressing-up box - the voice from the control tower, the upper-class theatre director, the office manager. This mode of self-presentation was very different from the expansive, softly-spoken persona we each used as sitters, causing (at least for me) a sense of sudden disjuncture when using the radio on shift.

Other sitters, however, treated the radio channel as frontstage, or even backstage, which was another way the dark secret could leak out. At SGP 2015, my shift leader Francis arrived under the influence at the beginning of one 2am-8am shift. Immediately after starting work, before anyone had realised the full extent of this, I answered a radio call from welfare and security. A security guard had found a young woman unconscious in one of the dance tents and wanted us to pick her up. Over the next few minutes, as we headed across the site to find her, it became clear from Francis's ebullient radio manner and his leisurely, meandering pace that he was decidedly intoxicated. When we found the young woman, Francis's interpersonal skills as a sitter were still very much in evidence. His handling of the delicate situation between the young woman (who we suspected had jumped the fence, but was in no state to be thrown out) and the security guards who had found her was adroit and sensitive, and he soothed her effectively on the way back to Avalon. But anything involving professional self-presentation, timeliness or efficiency was beyond him, and his radio manner continued to make this very obvious (presumably also to whoever had the other Harmony radio). By the time we had brought her back to Avalon and made her comfortable, our welfare and security contacts were sounding impatient. Although several similar cases were discussed over the radio that night, they were dealt with by some combination of welfare, security and medics and we were not called on again. This was the kind of situation that the managers of Avalon, who know its credibility is already precarious, seek to avoid; and indeed, there had been similar problems with Francis some years previously due to rumours that he was selling drugs near the care space. In light of this, the Avalon managers' reaction to this incident was revealing. This case study will be continued in section 6.5.

Credibility problems

While I would not blame it all on this particular incident (for one thing, the row over Robin's drug checking plan probably also had an impact), Avalon did have a credibility problem at that event. Even though they had a much more central, visible position in 2015 than 2014 (the year of the disco swing ride), things often seemed quiet, and it gradually

became apparent that this was partly because few referrals were being made from welfare or the medics. Instead, the daily police reports implied that people in serious drug-related crisis were being restrained and sent to hospital, or kept at the medical or welfare tents. When one of these reports came in, Anita was incensed. These cases, she said, fit comfortably within Avalon's remit and skill set, but they were only being sent non-serious cases. She was setting out to take the welfare manager to task about it when a radio call came in from welfare asking for Avalon's assistance; somewhat mollified, she went to deal with the case and the confrontation did not take place. Nonetheless, when I visited the welfare tent at that event they appeared focused on working with the medics and security (who were both next door) and were keeping case management within those three organisations, with Avalon (still some distance away) not really on their radar.

At Boom, Harmony does not have many issues with credibility; they are vouched for by the organiser, other support services, and even government ministers, and some of the staff being 'party people' seems not to be a very weighty matter. In contrast, as previously discussed, the credibility of the Haven's predecessor in the eyes of the Rangers and BMOrg had been destroyed by their 'tactical mistake' of intentional sitting. Credibility is not simplistically related to local policy severity, however; other factors are involved. Section 6.5 will consider how Avalon dealt with - or failed to deal with - leakages of the 'dark secret', and problematic behaviour by sitters, as part of a web of discursive pressures which force everyone involved into extreme positions and sometimes cause them to undermine their own struggle for legitimacy.

6.4 Obstacles to accessing PS/HR when desired

How does fragmentation in the support network affect festivalgoers' access to help? Earlier in this chapter we heard some support workers' attempts to explain the 'dark figure' mentioned at the end of chapter 5 - that is, my impression that only a small proportion of people undergoing drug-related crises got help. However, due to the aforementioned

problems getting feedback from visitors about PS/HR services, it was unclear how well the support workers' theories reflected festivalgoers' experience. It was clear from fieldwork and parts of the survey that PS/HR were viewed positively in theory (as shown in figure 6.1), so why was usage so low in practice?

I asked survey respondents who had not visited a care space, but knew there was one on site, for any reasons why they or their friends had not sought it out. As discussed, a substantial proportion of the respondents preferred to be looked after by their friends in the first instance, though some of these said they would have sought out a care space if their friends had not been available or had not successfully averted the crisis. However, a smaller but significant group of respondents said they would have liked to go to a care space but were unable to do so. This section considers the nature of the obstacles they mentioned. In short, the very intensity of their experience prevented them from accessing help. This manifested in three ways.

Cognitive blocks

For some, the obstacle was cognitive in nature. They were so overwhelmed that they were unable to conceptualise the sequence of actions that would be required to make the journey to the space. Respondents in states of extreme derealisation, intensely confused about the very nature of reality, said they found the idea of getting themselves to the care space inconceivable. While in the 'looping' phase of his crisis, Moebius believed himself to have no free will and to be predestined to sit exactly where he was forever. All Firebird's attention was devoted to her attempt to recover the concept of 'I', while Dante was concentrating on his 'trip mantra', a sequence of calming self-talk; he left practical concerns up to his friend J. Intense psychedelic crisis rendered respondents temporarily incapable of decision-making, planning and willed action of all sorts. In this state, changing the course of the evening to strike out to a care space in a possibly unknown location is a great deal to expect of potential visitors. In light of this, Lone Rider's statement that he did not deserve help because he was

still "in touch with reality" is poignant, given that those out of touch with reality often could not access the help they supposedly deserved either.

Rather than deciding to go to the care space themselves, visitors in deep states like these were often brought by their friends (like King of Cups) or by other festival staff. At Boom, and at some smaller UK events, this was often a representative of security. This is a powerful way in which the policy environment can affect the course of crises. Where security are viewed positively, as they were (relatively) at Boom, they can act to make the whole transport network more efficient and to make it possible for non-mobile visitors to access help without unduly upsetting them. Where security guards are feared, they have the opposite effect; this way of getting to a care space is at best not an option and at worst can cause the crisis to spiral out of control, as it did for Ana-Suromai when she was unceremoniously forced into a security golf cart.

Physical and logistical blocks

Others' mobility problems were more straightforwardly physical. They understood what it would involve to get to the care space, but were unable to do it. Ariadne was a care space worker herself and had no doubt that she would receive appropriate help if she could get to the Haven, but she was immobilised by debilitating stomach cramps which lasted throughout the experience, and unable to leave camp. For others, walking was seriously impaired by disorientation and unusual body sensations. One participant wrote that he would not have been able to find the care space because "I could not even find my hand in front of my face". Whether mobility issues are due to an unusual experience of the body which makes it difficult to operate, or to pain and other forms of malaise, traversing the festival site can be very challenging in a deeply altered state. This is exacerbated when the care space is in a distant location (perhaps due to visibility and secrecy issues) or difficult to find due to lack of advertising and awareness, both spatial fragmentation factors discussed in section 6.3.1. (In contrast, central placement and good signposting can be very helpful.

Nightingale wrote approvingly of how easy it was for her and her friends to find the Sanctuary at Shambhala in Canada.)

Emotional blocks: fear and anxiety

The previous two sets of obstacles especially demonstrate the impact of spatial and informational fragmentation on the network, although they are also affected by interpersonal factors like lack of trust. The final category of obstacles, emotional ones, highlight the effects of interpersonal fragmentation. In the survey, perhaps the most commonly described feature of a crisis was fear and anxiety, so it is unsurprising that survey respondents were often afraid of travelling to and engaging with the care space.

For some of these, what they feared most about the process was admitting to their friends that they were struggling and needed to seek help. Sometimes this was bound up with shame at not successfully 'handling one's drugs', and sometimes with a sense of responsibility for others' mental states and unwillingness to 'bring them down'. On the first night of Nevermore's crisis, she considered going to Harmony but decided against it because she wanted to try to "make it fun". Bringing the flow of the group's night to a halt in order to go to a care space felt impossible for her. On the second day, exacerbated by sleep deprivation, paranoia set in; though making it fun was a lost cause by then, she had become afraid of dealing with the strangers at the care space.

This points to another theme of the fear - finding the space itself intimidating. Several others, like Firebird, mentioned they would have been uncomfortable with strangers during their crisis. Relatedly, taking the leap of physically entering the space can be daunting for visitors. Several respondents said they would be more likely to use the care space if they had prior knowledge of what it was like inside (indeed, on my first shift at SGP in 2015 numerous passers-by called in to scope it out in advance in case they needed it later in the weekend); while Anita told me about a visitor who said she had had to walk past the space four times to gather the courage to go in. This underscores the importance of low thresholds at care spaces, as discussed above from the point of view of the carers. Finally, in harsher

policy environments fears could be related to concerns about legal jeopardy. Despite sitters' previously documented efforts to present themselves as unthreatening peers, a few respondents still saw them as the authorities. Rocket worried that he and his friend would be searched and thrown out of the festival, since they both had some marijuana on their person. Sentient was put off by the idea of "official sorts in fluoro tabards"; another participant was concerned that the space would "feel like a hospital". As well as discouraging people from going, fears like these contributed to the reticence some visitors displayed on arrival - discussed above as a complicating factor in triage.

Sitters' perceptions of the problems compared to those of survey respondents

Care space workers are keen to find explanations for low service usage, especially in the US, and are aware of many of the issues above. What they may be less aware of is the issues' relative seriousness. In interviews and team discussions, such as the Haven closing meeting in 2014, their suggested explanations for low usage emphasised lack of awareness and information (for instance about location) foremost, followed by reasons related to personal responsibility beliefs and shame about asking for help. Avalon and the Haven are attempting to offset these by lowering thresholds, providing low commitment entrance areas, and seeking to destigmatise the use of the services. However, only a few workers mentioned transport and mobility factors. For instance, Flavia thought Harmony ought to have more roaming teams on site to make contact with those who could not find their way there. Yet the survey suggests that transport and mobility problems are the most common impediments to uptake of PS/HR care in those who want it.

This may go some way towards explaining the dramatic usage differential between the fieldwork countries. As we have seen, one of the most powerful effects of punitive drug policies is to fragment the festival support network, making it less integrated, less cooperative, and less mutually trusting. Another is to give rise to mistrust of support staff by festivalgoers, more so the more closely related to security and police the support staff in question seem to be. In practice this means that the staff with greatest access to transport,

the physical training to assist less mobile visitors, and the most reliable radio networks are trusted least, and their attempts to transport less mobile visitors to care spaces are likely to be met with fear and resistance. These findings underscore the point made in section 6.3.1 about the importance of making more transportation available to PS/HR projects and finding ways to overcome the liability issues around it. Another strategy for reaching the less mobile might be to build up the role and the numbers of roaming staff, who could even be called out to 'sit in place' and back up a visitor's friends within their own camp (especially given how many survey respondents mentioned that familiar surroundings or people had helped their recovery). Yet the low-trust environments of Burning Man and the larger UK festivals would make this very difficult to implement under current policy conditions.

6.5 Problems within the care space: when discourse battles impede care

Given how difficult it can be to get to a care space, it is unfortunate that once a visitor arrives their problems are not necessarily over. The previous two sections largely considered direct and indirect effects of policy on the three-way relationship between the PS/HR space, other parts of the support network, and festivalgoers in crisis. In these relationships, explicit ideological conflicts can often be observed in which PS/HR values face off against dominant cultural values of prohibition, abstinence, and the stigmatisation of drug users. This adversarial stance leads some to talk of the care space as a largely harmonious haven of psyculture values, uniformly opposed to the 'outside'. Yet the ideological conflicts reach inside the care space and affect sitters in implicit as well as explicit ways, related to the struggle against prohibition but also - often masked by the more explicit and dramatic battle going on 'outside' - to friction between the harm reduction and psychedelic support approaches within the space itself.

This section considers how the highly charged discursive climate around drug use, psychedelic culture, and care spaces can interfere with sitters' work, particularly their ability

to assess cases effectively and to connect with visitors. The tensions between the PS and HR approaches; the resulting politicisation of visitors' lived experiences which can obscure the specifics of their case; the perceived precarity of the PS/HR movement, the festivals, and psyculture as a whole; and overreactions to the perceived incursions of neoliberal productivity culture into festival space, can all work against effective sitting.

Chapter 2 began to peer into the discursive fog of war around drug use by noting that many of the terms and category systems we use to talk about it are saturated with moral value judgments while also being frustratingly imprecise. This enables two forms of respectability signalling - that one disapproves of it, and also that one is largely ignorant of it - while severely diminishing the specific meaning the terms can convey. (To borrow a model from the theory of interviewing, as described in section 3.2.2, one might say the language is all topic and no resource.) In this climate, statements about drugs tend to be perceived as political acts first and foremost, such that the question of whether they are accurate seems almost irrelevant. Policy reform advocates, supporters of psychedelic research and other anti-prohibition campaigners find themselves reacting against (but ultimately still using, and arguably even reinforcing) prohibitionist framings of the issue - for instance, treating 'drugs' as a single uniform category. The issue becomes so polarised that offering any nuance feels like completely conceding to the other side. Thus we have the 'beautiful experiences' discourse set up against narratives of psychedelics as terrifying and dangerous; and claims that the substances are intrinsically harmful being countered by claims that they are completely harm*less*. None of these extremes of opinion are much use within PS/HR spaces, where sitter-activists must deal not with political abstractions but individual visitors in all their messy variety. As Race (2016) says of a similar bitterly polarised battle taking place in the field of HIV prevention:

> the significance of ordinary practices seems to depend on what team the critic assigns them to in a dialectical joust between reproductive hegemony and resistance (Race 2016, p. 2).

The 'dialectical joust' - in this case, between prohibitionists and psychedelic advocates - is to be found everywhere within psychedelic activism and care space practice. When each visitor's experience is viewed as highly politicised, it can obscure the specifics of their case. However, not all PS/HR workers react to the battle by charging in with lances levelled and allegiance openly displayed. Others engage in strategic obfuscations, and still others feel pressured to concede territory or promise too much in order to justify their existence. All of these tactics can impact badly on the care of visitors.

How discourse allegiances interfere with case assessment

As earlier sections have discussed, sitters need to decide whether an arriving visitor is having a non-harmful, facilitation-worthy 'journey' experience, an unpleasant psychological crisis with no 'journey' elements, or a more medical problem related to an overdose or to harmful adulterants (or some mixture of these). Each one calls for a different approach, and a good care space team should have both the repertoires of psychedelic support and of harm reduction at their disposal and be able to draw on them freely. However, in the highly charged discursive climate, people are often fiercely loyal to one approach or the other and may apply it too broadly. This can be bad news for visitors. Over-applying medicalised harm reduction approaches can lead to the pathologisation of cases which are unproblematic, and in the worst case to unnecessary medical interventions when all that may be needed is a good listener or a quiet space to lie down. Harmony sitter Eamonn told me about a pilot project at a recent Irish festival whose approach to harm reduction was medicalised and pathologising in the extreme. They sent anyone they judged to be having a 'drug overdose' - which seemed to mean being incapacitated on any drug other than alcohol - to hospital, while those thought to be drunk (some of whom, Eamonn realised, were actually on large amounts of ketamine) were brought into their facility to sleep it off. This approach hospitalised many who did not need medical attention. On the other hand, the over-application of the psychedelic support approach by advocates of the 'beautiful experiences' discourse can mean labelling experiences which have no internal logic or benefit for the

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visitor as worthwhile 'journeys'. This can mean unnecessary suffering for the visitor who has to 'ride it out' rather than, for example, being administered a tranquilliser; and confusion for sitters, whose expectations that the trip will have a predictable arc of catharsis and breakthrough can be confounded by polydrug use or unfamiliar NPS. In the worst cases, it might mean being dangerously slow to notice when someone needs an emergency medical intervention.

Buying into dominant irresponsibility narratives

When sitters, managers and PS/HR advocates write and talk about PS/HR, especially to 'outsiders' but also in training materials, the uneasy coexistence of the two approaches can give rise to a different kind of confusion. Because harm reduction is somewhat more politically respectable than psychedelic support - and much more so than benefit maximisation - a common discursive strategy is to conflate the approaches, usually by describing psychedelic support as harm reduction. Since the two approaches differ on several of their key points, the attempt to represent them as one unified approach results in frequent self-contradiction - for instance, it is common to see psychedelic crises being represented simultaneously as regrettable mishaps to be avoided if at all possible, and as sacrilised rites of passage leading to growth. Some sitters also think it causes an inaccurate, politically performative focus on the harm of substances which are not in actuality very harmful. But perhaps the most surprising result of this discursive strategy, remarked upon in the literature review, is that PS/HR commentators occasionally borrow from the language of the neoliberal UK-model state harm reduction policies critiqued by O'Malley (2002) and Hunt and Stevens (2004), among others, for dehumanising and othering drug users. They link crises to irresponsibility, bad choices, unpreparedness, 'lack of ego strength' (Oak et al. 2015), immaturity, and even stupidity (as Steve put it, 'there will always be stupid people doing stupid things'). These views do not sit well with the principles of psychedelic support, nor even with the peer-based Dutch model of harm reduction. What motivates psychedelic support advocates to engage in this kind of victim-blaming?

Arguably, a focus on blame is a natural outgrowth of a focus on harm and risk. In the practice of risk management, which has been shown to have influenced the harm reduction approach (see section 2.3), it is important to know the source of a risk and whose fault it might be in order to attempt to manage it away. Thus the blame for crises must be laid somewhere. Psychedelic support advocates want to push back against dominant cultural narratives in which the substances themselves are to blame (on the basis that they are intrinsically and inevitably harmful). However, many seem to think there is only one other place where the blame can be laid. If one wishes to avoid attributing crises to biological determinism (crises result from an intrinsic property of the substances taken), one has no choice but to attribute them to personal agency (some aspect of the person's choices as to how they used the drugs, or their personality).

This view reveals some underlying assumptions of current neoliberal culture. The Birmingham School debates of the 70s (Willis 1975, Pearson and Twohig 1976) also featured two forces which shaped drug experiences, but these were biology and social systems. Over the following decades - despite the efforts of academics like Rhodes (2002, 2009) - the social disappeared almost completely as an explanation for drug use and its effects, supplanted by ideas of agency and free choice. In a cultural climate determined to 'transfer all responsibility for wellbeing back to the individual' (Harvey 2005, p. 76), if it is not the substance's fault, it must be the user's.

Not all sitters fall foul of this. For instance, Ken, Shirley and Layla all mentioned the impact of social factors, from structures of authority and control to the actions of festival organisers. But for those who do, strong investment in 'responsible drug use' as an aspect of identity and an effective shield against bad experiences can lead to the just world fallacy - in this case, the notion that crises only happen to irresponsible people, and the related assumption that people arriving at the care space must have behaved irresponsibly because they were now having a crisis. This recalls Lyng's research (1990) where skydivers who had accidents were retroactively judged as never having had 'the right stuff'. Chapter 4 has shown

that survey respondents did this in relation to their own crisis stories, concluding that whatever they did must have been irresponsible because it went wrong.

This is bad for visitors, and indeed for the wider cause of drug policy reform, in several ways. It encourages 'liberal othering' (Young 2007) of visitors by sitters - an ostensibly concerned form of othering which nonetheless masks their individuality - and may serve as the thin end of a wedge widening the divide between workers and service users, undermining festivalgoers' perceptions of sitters as nonjudgmental peers and diminishing one of PS/HR's most important advantages over mainstream drug treatment projects. More broadly, it buys into and strengthens the very cultural narratives of irresponsible drug use the advocates are attempting to dispute. Further, the focus on biology and agency masks the effects of systemic and policy factors, to which it would be advantageous for the activists to draw more attention.

Countercultural shambolism

Another example of highly polarised positions relates to the exercise of authority and management within care spaces. The discussion of the restraint or detention of visitors in chapter 5 showed that it occurs more often at Harmony, while Avalon seem highly ambivalent about it and the Haven actively oppose it (at least in writing). I wondered whether this had something to do with the fact that in UK and US festival spaces, most authority (with the exception of the Rangers) is not seen as legitimate. Alongside this there was the powerful aversion to most forms of formality and efficiency in the care spaces, apart from keeping the shift pattern running smoothly. This relates back to festivalgoers' wish to 'unburden' themselves of the subjectivities of 'modern urban life', as discussed in the literature review. Festival spaces act as bubbles of a different set of rules, in which drug use is acceptable, flow replaces 'clock time', and assertions of authority are manifestations of unhealthy ego. Yet enacting this to the full can put the PS/HR movement at a serious disadvantage in terms of achieving their goals, while also undermining their care of visitors.

A way this manifested related to the actions care space managers took, or failed to take, when a sitter broke the 'dark secret' boundary and turned up for a shift evidently impaired by being on drugs. It happened on two occasions while I was on duty at Avalon (I did not observe it elsewhere). This was a serious problem from the managers' point of view because it could directly endanger the care space's existence, and indeed similar incidents had been very damaging to Avalon's relationship with events in the past. Yet managers' actions were surprisingly mild given their strong feelings about the issue. In both cases, the sitter in question was told off and then their activities were diverted or contained, but they were not dismissed from duty or explicitly forbidden to do anything.

When new volunteer Emily arrived under the influence on Saturday night at Alchemy, she was given a dressing-down by Anita and then told to stay at the campfire, which meant she would not be sitting with anyone in the bell or army tents or doing anything that involved taking responsibility. The other case was the one described in section 6.3.3.2 involving shift leader Francis and the problematic radio communication. On our return to the space with the visitor we had picked up, Francis began building the campfire precariously high in a way which looked like it might endanger the visitors sitting around it, while Kitty - the other team member - and I stepped aside and discussed what to do. While she went to fetch Shirley and Mike, who were that evening's 'floaters' - senior staff who were on call to provide extra support if required - I tried to draw him away from the fire. Mike arrived and took Francis aside for a talking-to which I was unable to overhear, and afterwards he was sent off to make tea and do other 'backstage'-related tasks and errands rather than interact with visitors.

As discussed elsewhere, on the whole sitters were very conscientious about showing up on shift competent to do the work, especially given the general chaos of the festival environments. It was evident that Francis' and Emily's failures to do so were anomalous. More worryingly, there did not seem to be much of a failsafe procedure in place for managers to implement in the event that this happened. Mike's reprimand to Francis did not seem very serious, and he went on working through the weekend. It was known that Francis had

crossed the line before, with serious consequences for their relationship with the event in question. Yet in both his case and Emily's there was a sense of uncomfortably routing around an embarrassing problem rather than directly confronting it. I found myself speculating that telling someone to rein in their drug use or ordering them off the premises seemed, to the managers, like a betrayal of tolerant, drug-friendly counterculture values in the very space where they were attempting to enact them.

A useful concept here might be Lauren Berlant's idea of 'cruel optimism' (2011), which occurs 'when something you desire is actually an obstacle to your flourishing'. In what she calls a 'relation of cruel optimism', a person holds cherished hopes and ideals which are damaging because they directly obstruct that person's ability to make them a reality (for example, one might destroy one's health through overwork in pursuit of an imagined 'good life' of wellbeing and stability). It seemed that some PS/HR workers felt that in order to be true to their values and their hopes for a psychedelic future, they had to reject all practices related to efficiency, organisation and hierarchy, all of which were irretrievably tainted by social control and illegitimate authority. Conveniently for mainstream culture, this damaged their credibility with outsiders and hindered their ability to move towards the cultural transformations they wanted by rendering them unable to access any forms of power or influence.

Yet we must look beyond the negative consequences for them to consider the potential impact on the welfare of visitors. As I demonstrate next, the nature of the festival drugs milieu and the wide variety of substances and drug-induced states to be found within it mean that PS/HR workers, especially shift leaders, cannot afford to be cognitively impaired on duty.

6.6 When the worst happens: medical emergencies in care spaces

It is crucial that care space workers have their wits about them. PS/HR promotional materials stress that most drug-related crises (themselves a very small minority in the wider

context of unproblematic festival drug use) resolve without long-term harm or need for medical intervention. Observation, the survey, and the five years of Avalon records backed this up. Yet a few cases do involve medical emergencies and the possibility of serious harm. Care spaces need to be prepared for these, and to either have medical staff on hand or to be in a position to get a very rapid response from them if things escalate. Even in very well-resourced and staffed situations, however, safety for all cannot be guaranteed - but despite this, in context of the discourse of risk management coupled with the stigma on drug use, some care space managers feel pressured to offer guarantees they cannot reasonably fulfil.

Perhaps the most dangerous type of drug combination to be found on the festival scene involves several depressants taken together - for instance, some combination of alcohol, benzodiazepines and opiates (usually painkillers). This can cause loss of consciousness, respiratory failure or cardiac arrest. Disturbingly, for non-medical professionals the early stages of such cases are difficult to distinguish from someone who has simply passed out due to drinking. At Alchemy, unconscious visitors were usually brought to Avalon by the medics, who would assess them before leaving them with us. However, when medics are not available, sitters have the weighty responsibility of determining what kind of situation an unconscious visitor is in. All the factors which complicate triage come into play especially strongly here. During one of our shifts at SGP 2015, Kitty gave me a detailed account of a case she and Francis had had at that year's Surplusfest. A man nodded off at the main festival campfire and his friends brought him in, saying he was drunk. Soon after, another friend came by to check on him and mentioned in passing that he had also had 'three or four Valium'. Francis asked, 'Fives or twenties?' - Valium comes in 5mg and 20mg tablets - but the friend did not know. This was concerning, especially if they had been 'twenties', so Kitty and Francis had begun watching the visitor's breathing and regularly checking his pulse. Meanwhile, Kitty tried to get hold of the paramedics to examine him. She said she had some trouble persuading them because they were 'about to go off site'. While they were waiting another of the visitor's friends called in and said he had *also* had oxycodone, a strong opiate painkiller. This information - which

meant the case involved three stacked depressants - immediately raised it to the status of an unambiguous medical emergency. Kitty informed the medics and they expedited the case, arriving shortly afterwards - just as the man went into cardiac arrest. She recalled how they pulled the shrine aside from the centre of the bell tent to clear space to defibrillate him, before taking him to their ambulance to get him stabilised. 'He was in a coma for about 15 hours,' she said.

In situations like these, two things are vital. Firstly, the care workers on shift must be able to recognise immediately that the situation has escalated, or (like Veronica's) is potentially medically serious at the outset. Secondly, if there are no medical staff at the care space itself they must at least be able to get an extremely rapid response from paramedics. For this they need to be close at hand, and the situation must be communicated effectively over the radio but also taken seriously by the medics who receive the call - which Kitty's account suggested did not happen immediately. In light of the earlier discussions of radio ineptitude, and Francis's radio ineptitude in particular, it would be easy to suspect that Kitty, Francis, or both were the weak links in the communications chain. But Kitty was a remarkably adept, confident radio communicator throughout our work together, and furthermore her delivery of the account - which had the character of venting rather than that of a 'press release' - did not suggest to me that she would have held back anything unflattering about Francis. It is possible that the medics genuinely did not grasp the seriousness of the situation at first despite Kitty's best efforts, which is concerning.

In his interview at Boom, Harmony team leader Johan told me about another such near-miss. The previous night a visitor had stopped breathing. '[W]e called the paramedics and they were here in, you know, one minute, and things were solved immediately,' he said. (At Boom that year the medical tent was about 100m from Harmony and the medics were equipped with fast all-terrain carts.) Johan's visitor was fortunate in that the team noticed what had happened right away, but most 'sleeping it off' visitors are checked periodically rather than constantly observed, especially at busy times.

Although the festival drugs milieu is much less risky than it is often portrayed and non-problematic drug use is the norm, there are serious implications for PS/HR spaces in the fact that these life-threatening situations do happen, combined with them happening so infrequently that most carers are not expecting them. Just as harm reduction theory and practice were shaped by the risks and characteristics of heroin, so psychedelic support advocates can err on the side of treating all drugs as though they were psychedelics and other relatively benign substances. This may mean they are blindsided by encounters in festival spaces with drugs or drug combinations which *are* seriously harmful.

While urging care spaces to be vigilant about such risks, it is important to balance this with acknowledgement that many of the factors involved are outside care spaces' control. In a system fragmented by policy and mistrust, where adulterated substances can be distributed unchecked, a huge variety of substances with unpredictable interactions are available, responsible behaviours are stymied at every turn, and there is no way of reliably knowing everything a visitor might have in their system, it is not in the power of care workers or even medics to make festival drug use *completely* safe. As Eamonn put it, 'we can't play God'. Yet the care spaces are operating within understandings of risk and its management which leave no room for errors. As previously discussed, notions of how much risk is acceptable in any given activity are influenced by cultural concepts of pollution and stigma (Douglas & Wildavsky 1982). Some risk to health is considered unproblematic in the course of a non-stigmatised activity, but when it comes to drug use there is no acceptable level of risk larger than zero. In this context, representatives of care spaces sometimes feel that only a complete nullification of drug-related risk will suffice to justify their existence. They may feel pressured into making overambitious promises - for instance, that they can single-handedly prevent psychedelic emergencies, or that their sitters' strategies 'guarantee the establishment of trust' (Carvalho et al 2014). But such promises, seemingly a reaction to these impossible standards, open them up to blame - which may sometimes be deserved, but is unlikely to be proportional - when things go wrong. In fact, on the whole most of the weight of blame belongs elsewhere, and in practice PS/HR spaces find themselves largely

occupied attempting to contain the ongoing damage of prohibition rather than helping their visitors achieve beneficial experiences and progressing towards the reforms and legalised therapies they desire.

Chapter 7: Conclusion

7.1 Introduction

Perhaps unsurprisingly, the process of researching a scene saturated with the mythos of the 'journey' and of self-transformation turned out to be transformative in itself. Going 'in at the deep end', as many new sitters do, I learned coping strategies on the fly while juggling dual identities - peer caregiver and researcher - which sometimes seemed profoundly incompatible. I emerged from fieldwork having lost some of my idealism, and initially some of my enthusiasm for festivals, which I had to recover gradually; Rossing and Scott's frank, perceptive paper on the 'spoiling effects of researching something you love' (2016) was a tonic in this regard. Yet I had also gained a great deal. Alongside the caregiving skills and self-knowledge that came from 'apprenticeship' as a sitter, I had arrived at an understanding of the complex web of forces - from the systemic to the intimate - which are in play when sitters, visitors, and other helpers encounter each other. The project has three questions at its core, and the next section summarises how these were answered.

7.2 The research questions revisited

What is the cultural significance of transformational festivals and the drug use that takes place there? Why and how do festivalgoers take drugs in these spaces, and what can an examination of these practices contribute to current understandings of 'recreational' drug use?

The transformational scene and its drug use practices are a reaction to the atomised nature of what scene commentary calls 'modern urban life'. The scene is absorbing some of the

runoff from the disappearance of sites of semi-sanctioned deviance and communal gathering in the city. Its central value is connection and community; relatedly, the most commonly given reason for drug use at events is the desire to feel more connected with others and the world. Characteristic features of drug use in the scene include an emphasis on psychedelics, a tendency to value and research their favoured substances, self-perception as deviant or even countercultural rather than normal, and often the intention to do it 'responsibly' and be good 'adverts' for their scene.

Examination of this setting and its distinctive practices led to the following conclusions:

- At the events feelings of connection, relational self-expression, and immersion in a fluid, spontaneous subjectivity are experienced by many as a welcome break from the everyday micro-governance and productivity practices and sense of isolated individualism described by theorists of neoliberal governance such as Rose, Barry and Osborne (1996). The drugs used at festivals can help facilitate all of these states of being; but interestingly, drug-related crises at festivals often invert the ideal of connectedness and reassert social atomisation by causing people to feel isolated, afraid, ashamed, out of touch with reality, or guilty and due to be punished.

- On the basis of this data, 'recreational drug use' is not a useful category; because it lumps together a myriad different motivations and use practices, analyses resting on it (for instance, the tendency to compare 'therapeutic' to 'recreational' use) are likely to produce misleading results.

- With regard to the normalisation debate, this research depicts a subset of party drug users who generally do not see their own practices as normal. Rather, many festival scene loyalists perceive engaging in and talking about drug use as political and/or radical acts (this understanding of politics can be an implicit, 'everyday' one as described by Riley, Morey and Griffin (2010), but also, for some, explicit involvement in processes of policy reform).

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- The data tentatively suggests that contrary to 'gateway drug' theories, people in transformational culture move from more harmful to less harmful drugs over time.

- The identity of 'responsible drug user' is valued by many festival scene members, while 'irresponsible' use is often stigmatised. Many believe - apparently erroneously - that responsible drug use practices offer reliable protection against bad experiences.

- Relatedly, when a drug experience goes wrong people tend to blame themselves, rather than others or broader systemic factors. This is due partly to cultural ideas of neoliberal agency, which suggest that the situation lies more within the user's control than it actually does, and partly due to an overstated causal connection between irresponsibility and crisis (which can be seen as resulting from these ideas). Scene members seem to have internalised the rhetoric of the neoliberal state harm reduction projects of the 1990s and 2000s, in which drug-related crises are strongly causally connected to 'bad choices' by the user. This impacts on how (and whether) they seek and/or accept help.

How do psychedelic support/harm reduction services attempt to solve the problem of the drug-related crisis in festival spaces? How does their shared identity as scene members and/or drug users inform their values and their working practices?

PS/HR developed within psyculture as an attempt to address the problem of the drug-related crisis - that is, that it is perceived as somewhat risky to take psychedelics and their fellow-traveller substances, an act they think of as sacred, transformative and political, in one of the few remaining locations suitable for taking them communally. Their strategies are influenced by both the psychedelic support and harm reduction approaches to care, though this may not be explicitly recognised. After the crucial initial phase of each case, in which trust must be established with visitors while attempting to assess their situation, they aim to facilitate the resolution of 'journey'-type crises through techniques such as non-directive listening, movement and psychodrama; ameliorate physical and psychological harm, liaising with

medics if necessary; where relevant, provide backup for informal care by visitors' friends; and distribute what they see as accurate, honest drug information.

The scene peer identity, which often (but not always) implies experience with drugs, underpins the practice of PS/HR in numerous ways.

- It affects attitudes to service visitors, who are described as equals of their sitters and worthy of respect (although this ideal is not always upheld).

- Sitters can apply experience-based knowledge to assess cases on arrival, whereas non-scene medical staff often have limited understanding of drugs and their effects.

- Peer status is used to establish trust with visitors. Conveying safety is a crucial factor in resolving drug-related crises, and many festivalgoers do not trust medical staff or anyone else connected with 'the authorities', whereas care spaces broadcast their scene affiliation via decor, sitters' clothing and other signals in order to indicate that the space will be welcoming and take set and setting factors into account.

- Furthermore, expressing accurate understanding of a visitor's drug experience renders care more effective by strengthening the sitter's connection with the visitor and making them appear more empathic and competent. Conversely, other support staff (such as medics) who are thought to lack this kind of understanding are also perceived as less empathic and less competent.

- The drug information they distribute is more likely to be seen as credible by visitors than information from official sources.

- Some sitters' PS/HR work is an expression of their advocacy for psychedelic use in opposition to dominant anti-drugs cultural attitudes, but others have qualms about the polarised nature of this discursive battle and its effects on caregiving.

- Another negative impact of the scene peer identity can be problems with credibility - often associated with evidence of current drug use - which undermine sitters' working relationship with festival organisers and other support staff.

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The PS/HR solution seemed to be effective for those who made use of it, with the great majority of care space cases apparently resolving without issues. However, for a variety of reasons, detailed feedback was hard to come by; furthermore, it was clear that many who might have benefited from the help of a care space were unable to access one. The final research question sought explanations for this.

How do drug policy environments and other systemic forces affect the help psychedelic support services offer, festivalgoers' ability to access this help, and the effectiveness of the help as perceived by festivalgoers who do access it?

Law enforcement efforts at festivals have the stated remit of making the events safer. On the contrary, punitive drug policy environments lead to more risky drug use (as Aitken et al. (2002) and Cooper et al. (2005) found), then impede the efforts of those seeking to help users in crisis - and not only PS/HR workers, but also other support services. Harsher policy environments may ultimately generate more cases for PS/HR spaces by privileging more incautious drug buying and consumption, precluding front-of-house drug checking, and undermining informal support networks.

Festivalgoers' ability to access help

- Harsher policy environments also make it more difficult for PS/HR spaces to reach potential visitors, and indeed also impede the work of other festival support staff, by causing support networks to be spatially, informationally and interpersonally fragmented. More permissive policy environments show tighter integration between all the support services.

- The impact of a fragmented support network is underscored by an examination of the reasons survey respondents did not get help from a care space when desired. Mobility issues emerge as the most important factor, suggesting the importance of transport to the care space.

The help the spaces are able to offer

- Most PS/HR spaces are forbidden to offer a service which is fundamental to their value system and to their hopes for a post-prohibition world: the intentional psychedelic session with a pre-arranged sitter. In the harsher policy environments the only acceptable use of a care space is that which appears to have happened by accident.

- Policy (sometimes modulated by police discretion) also dictates whether or not the spaces have access to drug checking services, which can dramatically boost their ability to create effective care strategies and reduce harm. In the absence of such services, case assessment often comes down to guesswork.

The effectiveness of the help

- The highly politicised atmosphere within care spaces themselves, where dominant prohibitionist narratives are met with passionate advocacy, can interfere with caregiving in various subtle ways. Polarised, exclusive allegiances to one approach, whether PS or HR, can obscure the specifics of visitors' cases, leading to ill-fitting care strategies. Sitters might find themselves denigrating the 'wrong' types of drug users in order to defend the substances. Finally, in a situation where no authority seems legitimate, care space managers may not feel entitled to take action against incompetent sitters.

A few of the implications of the findings for policy and theory are given a more sustained discussion in the next sections.

7.3 Implications for policy

Crises are not a deterrent

The survey respondents' reports of their behaviour in the aftermath of their crisis had some interesting implications. Sam and Sandy, a couple in their sixties whom I interviewed

informally at Sunrise about their views of PS/HR, offered the opinion that the authorities were not motivated to reduce drug harms - the 'consequences' Theresa May was quoted as saying drug users had to take, in response to The Loop's efforts to provide drug checking in UK clubs (Carnegy 2013) - because such harms were perceived as a deterrent to drug use:

> Sam says he's got a theory… the Catholic Church in the 1920s tried to suppress cures for 'VD' because there had to be a punishment for licentious behaviour. 'Or contraception,' Sandy adds. 'There couldn't be contraception because it would encourage them.' They wonder whether this is similar, why this sort of care is so often not provided – there's no interest in providing a good safety net because there has to be a punishment for licence *(fieldnotes, Sunrise 2014)*

But the survey results suggest that this deterrent, like many others, is not working. Judging by this data, crisis experiences at events rarely result in abstinence. Only two of the 54 respondents (Seeker and Nevermore) said they had completely stopped taking drugs as a result of their crisis, while two others were now abstinent for unrelated reasons (in Mother Nature's case, because she was pregnant). Rather, people changed their drug use approach in the direction of more cautious practices and drugs with lower apparent harm levels. Crises did have a kind of deterrent effect, but presumably not the sort that advocates of 'taking the consequences' have in mind. For those who strive to increase levels of abstinence, if these results are found to hold true more generally, the suppression of harm reduction services will be shown to be a highly ineffective - not to mention damaging - way of furthering their aims.

Drug checking is necessary but not sufficient

At Boom in 2014, the queue at CheckIn appeared to get longer each day. I would speculate that a festival environment where checking is freely available gradually becomes less comfortable and profitable for dealers in adulterated drugs. Blue and yellow fractal blotters, for example, would have become harder to shift after the warnings were disseminated. Festivalgoers who have proof that their drugs are adulterated can warn their friends about particular dealers, or perhaps even confront them. By comparison, UK and US festivals without front-of-house testing provide safer environments for dealers in adulterated and/or

dangerous substances, who can continue doing business throughout the event with no possibility of being called to account. For politicians, condemnation of front-of-house checking provision often goes hand in hand with a 'tough on crime' approach. Yet this research suggests that preventing these services from operating at festivals is actually criminogenic. A policy which nominally opposes crime instead creates more comfortable conditions for crime and its related harm to flourish.

However, official and word-of-mouth warnings can only go so far. In the course of its duties CheckIn has also revealed the extent of the adulterant problem (as shown by Figure 4.4). In light of their findings, backed up by those of similar projects like Energy Control, DanceSafe and the Bunk Police, it is a sobering thought that only a small proportion of Boomers get their substances checked before using them. In the world of PS/HR, Portugal is often portrayed as a kind of promised land of drug reform, and conversations stress the freedoms and possibilities that exist there - for carers, for instance, being able to operate entirely above board and not be perceived as dangerous by festivalgoers, along with the rich and accurate data CheckIn provides; and for ordinary festivalgoers, less paranoia about police and security, the possibility of drug checking, and being able to do drug transactions more safely. Yet the decriminalisation of possession has only solved some problems. As long as the pressures and perverse incentives which lead to dealers selling dangerous produce are still in force just one step up the supply chain, efforts to reduce harm will remain an uphill struggle.

The preservation of convenient irresponsibility

In the cultural imagination, stereotypes of drug users as irresponsible, unreliable and chaotic abound. At their worst these can amount to a totalising identity, undermining everything a user says or does. Yet section 6.2 showed that at events in the more punitive policy environments there are many obstacles in the way of any given drug user behaving contrary to these stereotypes. Along with making 'responsible' drug use behaviours difficult to engage in, the policy environments also make it harder for the festival scene to manifest larger-scale

responsibility by providing an effective peer-driven 'safety net' - whether by blocking PS/HR projects from attending events at all, isolating them from potential visitors and the rest of the support network, impeding their work directly or indirectly (for instance, the effects of undercover policing practices on the Haven), or preventing drug checking service provision. This is just one of many examples of a kind of two-pronged cultural attack whereby a particular group is stereotyped in damaging ways while being blocked from acting in ways that do not fit the stereotype (for instance, the stereotyping of women or ethnic minorities as unintelligent while preventing their access to education).

Whose interests does it serve to keep particular groups of people labelled as irresponsible? According to Race (2005), the figure of the drug user serves an important function in the ideology of neoliberal governance, which is driven by economic imperatives to encourage as much consumption and pleasure as possible, but nonetheless must maintain an appearance of moral authority. It attempts to do this by keeping a few selected pleasures beyond the pale and punishing those who engage in them. This would give the system of governance an incentive to attempt to restrict drug users to 'irresponsible' behaviours. If it became obvious (or perhaps *more* obvious than it already is) that large numbers of people were crossing the line between 'decent' and 'indecent' pleasures and returning without having done or incurred harm, or even appearing to have taken much risk, the placement of the line might come into question and with it the supposed moral authority of the government concerned. Arguably this is happening already, and prohibitionist governments are engaging in desperate - yet fierce and damaging - rearguard action (as suggested by Erickson and Hathaway (2010)). This suggests an alternative perspective on the discussion of crisis and deterrence above. Perhaps the point of 'taking the consequences' is not learning one's lesson but being visibly punished as an example to others, and the irresponsibility stereotype makes the punishment easier to justify.

There are implications for drug policy reformers here. Various reform campaigns have highlighted cases of drug harm where the person involved seems neither irresponsible nor blameworthy. The *Anyone's Child* campaign by Transform Drug Policy Foundation

initially focused on a teenage girl who researched MDMA before trying it, but died as a result of misinformation and the unexpected strength of the dose (Slater 2015). While this is a good direction for the discourse to shift in, it is important to widen the focus beyond the question of whether a user acted responsibly or not. Transform are explicit that they see policy as the problem and took the campaign to UNGASS 2016, where representatives of many countries displayed pictures of people they had lost to the drug war (Rolles 2016). But other 'poster child'-based approaches - and, in a different way, campaigns to promote therapeutic use of psychedelics by distinguishing it from, and condemning, 'recreational' use - can amount to attempts to prove that *some* drug users are responsible (or innocent, or both) in the hope they will be allowed inside the charmed circle of respectability. This approach leaves other drug users as stigmatised as ever, further reifies the way the issue is framed, and entrenches more deeply the neoliberal tendency to focus on individual behaviours and attitudes as the prime causal factors behind a person's life circumstances while ignoring the larger social forces which have more impact. This tendency is so pervasive that countering it is difficult, but policy reformers would be well advised to keep trying.

7.4 Implications for social and psychological theory

7.4.1 Implications for sociology: the PS/HR movement as reluctant neo-tribe

An additional form of fragmentation, alongside those discussed in chapter 6, affects PS/HR services and the tentative networks of expertise and case-based knowledge they are attempting to build. The fact that PS/HR services currently only exist at events, within the temporary communities they create, combined with the ban on deliberate psychedelic sessions in care spaces, means that the care they would like to provide is broken up across time as well as space. Because it cannot be planned in advance or followed up afterwards it consists mostly of the short-term firefighting that is acute crisis care, rather than purposeful caring relationships. As some sitters mentioned, this makes it hard to share expertise, collect

feedback, and learn from experience (one of the problems the Manual of Psychedelic Support (MOPS) (Oak et al. 2015) was intended to address). I got the impression during observation that many in PS/HR would like their services to have more continuity and stability, but that this is rendered difficult or impossible by various political and financial constraints.

In chapter 2 transformational festival culture as a whole was discussed in relation to theories of subcultures and neo-tribes, not fitting either theory well. If we consider what kind of group the PS/HR movement in particular may be, a different picture emerges. In many ways it looks a lot more like a classic subculture than does the scene as a whole: a more explicitly shared and specific value system, and more coherent and explicit politics; having come together to solve a problem; strong loyalties; and even a certain uniformity of dress and style. Yet subcultural theory depicts the groups it examines as having some continuity over time, and the factors above mean that for the PS/HR movement this continuity is constantly interrupted. On the other hand, neo-tribes are said to come together briefly to share affective experiences and feelings of temporary sovereignty before dispersing again. Maffesoli (1996) presents this as a strength of neo-tribes, not only enabling their members to playfully pick-and-mix identities but offering opportunities for a kind of resistance whose fluidity makes it hard to suppress effectively. When it first appeared, many scholars suggested that neo-tribal theory was a better fit for the behaviour, aims and values of that generation of young people than subcultural theory, and that this way of conducting their social lives was actively preferred and chosen. Yet in terms of its ideals the PS/HR movement aspires to something more like 'subcultural substance' (Hodkinson 2004) and the kind of long-term cohesion implied in the psyculture use of the word 'tribe'. But in practice it must operate as a reluctant neo-tribe, scattering and losing its continuity at the end of each event in spite of itself.

7.4.2 Implications for psychology: psychedelic support and the social self

The Haven's therapists-in-waiting, and many other sitters besides, would like to see psychedelic support develop into a fully-fledged therapeutic modality. Section 6.3.3.1 raised

some sitters' concerns about whether it would then be absorbed seamlessly into existing paradigms of psychology and therapy. However, some felt it had the potential to alter these paradigms. There are indeed certain fundamentals of psychedelic support which would not sit well with ideas currently dominating the field of psychology, and which - given favourable conditions - could shift the discourse. The most striking of these concerns views of the self and its relationship to others.

Given that sociology and psychology seem in some ways to be neighbouring disciplines, there is a surprising gulf between their understandings of selfhood. In sociology, 'self' and 'identity' are distinct concepts - respectively, the sense of an 'I' with a life narrative (Tsekeris 2015), and the complex of roles and group affiliations we each display. Both, however, are currently understood not as fixed entities but as fluid, relational and contingent. It is a truism to say that identities are defined relative to others, but scholars of sociolinguistics have also observed that the memories which make up the life narrative of a 'self' are often constructed collaboratively and are therefore subject to interpersonal and social power dynamics (Harré & Moghaddam 2011). Furthermore, actor-network theorists understand selves not as discrete, disembodied entities, but as hybrid assemblages of minds, bodies, and all the devices, substances and other everyday objects we use. Selves in ANT are somewhat diffuse, extending outwards as clouds of information and matter, and intricately entangled with the wider networks to which we belong (Brown 2006). The body plays a crucial role, with many theorists foregrounding embodiment as central to the experience of selfhood; both moment-by-moment experience and life narratives are felt and expressed in and through the body (as with the dancers studied by Buckland (2002) and Duffy et al. (2011)).

Mainstream psychology, meanwhile, is replete with models of the self which are much more static, self-contained and disembodied. In experimental cognitive psychology, for instance, the 'Big Five' or 'OCEAN' model of personality has been popular since the mid-80s (Carroll (2002) gives a précis of its history). It conceptualises personality as quantifiable in terms of five traits: Openness, Conscientiousness, Extraversion, Agreeableness and

Neuroticism. These are said to be biologically determined ('learning and experience play little if any part' (Srivastava n.d.)), consistent across different situations (and presumably with different people), and more or less stable across a person's lifetime, although trait scores may sometimes be changed through 'hard work and effort' (Morin 2016). Thus, recalling the sitters' explanations for psychedelic crises discussed in chapter 6, personality is thought to arise from the interaction of biology and personal agency, with social explanations not on the radar. (Curiously, given their emphasis on biology as a causal factor, such trait-based models are also often rather disembodied.) Similarly, 'positive psychologists' portray one's levels of happiness as primarily a function of innate disposition and 'voluntary efforts', with life circumstances having little or no effect (Ehrenreich 2009). Efforts to increase one's happiness are portrayed as 'separate from the world of material and economic relationships' (Greco & Stenner 2013, p. 8), focused on attitude change rather than external changes - an idea which is also a cornerstone of the wellbeing and self-help industry. Greco and Stenner go on to consider how these ideas have been mobilised by neoliberal policymakers. Portraying the self and its level of contentment as largely insulated from the rest of the world lends legitimacy to the atomising, isolating tendencies of neoliberalism while exonerating policymakers from responsibility for the happiness of those they govern. Therapist Brouillette (2016) was troubled by the political implications of such ideas for his patients, seeing them as bracketing out the patients' increasingly pressing social and economic concerns. When they focus on the fixed, discrete aspects of selfhood and ignore the ways in which a self is dynamic, relational, diffuse and porous, therapists are more likely to engage in the process described by Rose (1998) wherein supposedly apolitical therapy becomes a vehicle for ideology.

Yet, when doing psychedelic support, the fluid sociological self seems a much more intuitively valid model of visitors' experience than the fixed selves of mainstream psychology. A seasoned sitter, like those who contributed case studies to the MOPS (Oak et al. 2015), will have gained their experience within a setting that (as Chapter 4 described) conceptualises self-expression as something which is unleashed within a friendly collective,

and stifled when a person is isolated; in which the dissolving and reforming of ego boundaries is unremarkable and commonplace; and in which people wear a variety of outward selves and inner subjectivities, mediated by different substances, companions, spaces and forms of expression, and capable of transforming over time. The work sitters do is intended to facilitate such dissolutions and reformings of the sense of self and render them as smooth as possible (as I tried to do with Grace). As trainer Rebecca told us at the Haven, and as I observed on shift (see section 5.3.2.1), it often foregrounds and works with visitors' embodied experience, whether as a means of communication or a way of engaging with and reframing past trauma. Its links with transpersonal psychology also enable it to accommodate crises which are fundamentally about the visitor's relationship to and entanglement with a greater whole, be it cultural, ecological, ancestral or spiritual. In this last regard, sitters, sociological theorists of self and identity, and critical therapists like Brouillette are converging on similar ideas from different directions. Perhaps, in an ideal world, a legitimised field of psychedelic therapy could play a part in re-situating therapists and their clients within a social and political web.

There are, however, many complications in the way of such a situation. The political difficulties facing activists who attempt to make use of the psy-complex as a stepping-stone to the legitimisation of such therapies have already been explored in section 6.3.3.1; but there are also aspects of psyculture itself which might subsume and defuse any such formulation of socially radical psychedelic therapy long before it could reach that point. Certain strands of New Age thought, influential within psyculture and the festival scene, recast even the most connective experiences as fundamentally individualised and inward-looking. Steve encapsulated this way of thinking when he asserted to me that "you can never change the world, you can only change yourself". It holds that the proper focus of one's energies is work on the self; that all is already right with the world - if only on some cosmic level - so no change to the status quo is really required; and in so far as social change *is* relevant, it can be enacted through intentions, 'vibrations' and a positive attitude rather than direct engagement with the messy realities of others and their social problems. A full

exploration of this intersection of New Age philosophy, psychedelia and neoliberal politics is beyond the scope of this work - but for now, suffice it to say that this outlook often serves to neatly disarm many of the potentially socially radical aspects of unitive and other transformative experiences at the integration stage, as people attempt to make sense of their experience with a sitter like Steve or by reading about it afterwards. If the theory and practice of psychedelic therapy are to stand a chance of reintegrating the isolated 'psychology self' with its social milieu, they require therapists who do not think in these terms and do not impose this all-too-ordinary framework on their clients' extraordinary experiences.

7.5 Future directions

As sites of semi-sanctioned deviance and collective effervescence dwindle in number, the practices which take place in them prove enduringly resilient. Rather than declining, they tend to be displaced. One implication of this is that drug crisis care at events is likely to remain important and worthy of further study, but it also raises the tantalising question of whether PS/HR can escape from the enclosed worlds of festivals (and the privileged sector of society who are able to attend them; the research also uncovered issues regarding the relationships between social class, how various drugs are perceived, and the differential application of stigma which seem ripe for analysis but were beyond the scope of the project) and apply what they do in the community, or pass on techniques which other support services can use. This was part of the purpose of the MOPS (Oak et al. 2015); one of its editors told me she had become unsure that festivals were a healthy environment for psychedelic use at all, and wanted to make PS techniques available for small groups to use at home. Another possible escape route leads online; the TripSit project offers psychedelic support 24/7 via IRC, but this area has the potential for much further expansion and popularisation. Such online projects would also be a very interesting topic for further research.

In the meantime, one of the other outputs of this project is a document aimed at PS/HR spaces (available to download from http://www.triphazardsbook.com from December 2018). It summarises the findings which are likely to be most interesting to PS/HR workers and managers, and offers suggestions based on these findings - for instance, to prioritise transport capabilities and cooperation with visitors' friends, firm up training processes, boost their role as information providers to take advantage of their unusual levels of credibility in this regard, and continue embracing and foregrounding (with some caveats) their peer-based nature. In this way I hope to give something back to a community which made me welcome with warmth, patience and enthusiasm, and which I hope will continue to flourish.

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Appendix A: Glossary

Note: Terms which have their own glossary entry are underlined within definitions of other terms.

Art car: The primary form of transport (besides bicycles) within Black Rock City: extravagantly customised cars, trucks, buses and other vehicles, often hosting sound systems and mobile parties.

Back-of-house (of a drug checking service): Tests drug samples in an officially police-approved space separate from recreational venues, and either does not give immediate feedback to users or only gives feedback in summary form. Samples may be received by post from users, who are sent a report (this is the procedure used by Welsh service Wedinos), or collected at a venue (by police confiscation, from amnesty boxes, or from the venue's sewerage system, as in the Loop Foundation's work at The Warehouse Project club in Manchester), producing a summary report of drugs found to be in use. Samples cannot be handed to representatives of a back-of-house service by members of the public due to drug possession laws. See also *front-of-house*.

Black Rock City (BRC): The temporary community in Nevada's Black Rock Desert where Burning Man takes place.

BLM: The Bureau of Land Management, the federal police department responsible for policing Burning Man (because the Black Rock Desert is a National Conservation Area (NCA)).

BMIR: Burning Man Information Radio, the official radio station of Black Rock City. It broadcasts online and on FM radio.

BMOrg (sometimes 'the Org', or 'the Borg' to its detractors): The Burning Man Organisation, the organisers of the yearly event.

Boomer: One who goes to Boom Festival.

Boom Land, the: <u>Boomers</u>' affectionate term for the site of Boom Festival at Idanha-a-Nova in rural Portugal.

Bunk: US scene term for adulterated drugs. (Hence the name of <u>drug checking</u> service The Bunk Police.)

Burner: One who goes to Burning Man and/or its regional offshoot events. More likely to be claimed as a year-round identity and seen as implying support for the festival's principles than other descriptors like '<u>Boomer</u>' (Boom Festival) and '<u>Gardener</u>' (Secret Garden Party).

Check!n (or CheckIn): The government-endorsed, <u>front-of-house</u> <u>drug checking</u> lab by the main dancefloor at Boom, widely envied for their thin-film chromatography capabilities.

'Classic psychedelics': a group of psychedelic substances which share intensity of effect, a relatively long history of human use, and a strong cultural and spiritual mythos. For the purposes of this thesis this includes LSD, psilocybin (mushrooms), DMT (including its more easily smokeable form changa, although this was invented more recently), and the DMT and MAOI brew ayahuasca (although this last is almost unknown within the festivals themselves, some PS/HR workers are devotees of it).

Dance Temple: The main dancefloor at Boom, focusing on <u>psytrance</u>. Usually lavishly decorated, in 2014 it had an especially ambitious design based on Gaudi's Sagrada Familia cathedral in Barcelona. It is also the location of Boom's <u>drug checking</u> facility.

Drug checking: The practice of chemically testing small samples of drugs and reporting on their contents, whether directly to users or after the fact as a summary. American peer policy campaigners the Drug Policy Alliance suggest that this term be used to distinguish it from 'drug testing', which generally implies biological tests to find out whether someone has used

drugs (conducted by, for example, workplaces and prisons) (Jones 2015), and I have used it here for this reason. See also *back-of-house, front-of-house*.

Front-of-house (of <u>drug checking</u>): Dealing directly with drug users on the festival site or other venue and providing them with prompt, individual feedback on the contents of their samples. See also *back-of-house*.

Green Dots: The Burning Man <u>Rangers</u>' psychological division, trained to deal with <u>Burners</u> having mental health problems (which tacitly includes drug-related problems). One Green Dot told me, 'Most <u>Rangers</u> deal with problems between people - we deal with problems within people.' The Green Dots operate a 'Sanctuary' space where they take <u>Burners</u> they encounter having psychedelic crises, although due to the schism between the <u>Rangers</u> and the Haven's predecessor organisation in the early 2000s, most of the Green Dots with expertise in psychedelic support have left.

Harm reduction: An approach to the care of drug users based not on prosecution or encouraging abstinence but on the reduction of 'risk behaviours' such as needle sharing. It began as a peer support and advocacy movement for heroin users in the Netherlands (peer-based harm reduction is known as the 'Dutch model') but in many places is now state-run and based on the doctor-patient relationship (the 'UK model').

Liminal Village: The lecture space at Boom Festival, which offers talks and panel discussions about drugs, politics, environmentalism, spirituality, health, and the history and future of festival culture throughout the event. Since 2014 Liminal Village has been housed in a permanent adobe structure in the hope of <u>the Boom Land</u> becoming a long-term intentional community.

MAPS: The Multidisciplinary Association for Psychedelic Studies, an activist group seeking to legitimise and facilitate research into the therapeutic applications of psychedelics, MDMA and marijuana. It was founded in the wake of the banning of MDMA in the US in the mid-80s.

MOPS (Manual of Psychedelic Support): Published in 2015, this 400-page document is a compendium of the field experience of PS/HR workers worldwide. It can be downloaded free at psychsitter.com.

Plant medicine: a term used here to describe plant psychedelics such as ayahuasca and ibogaine, which are the focus of spiritual and ceremonial practices and believed to have healing properties, and the culture and mythos surrounding them. This culture intersects to some extent with the transformational festival scene, though some plant medicine proponents think psychedelic use at festivals is inappropriate.

PS/HR: Psychedelic support/harm reduction. A term used for the purposes of this thesis to encompass two sometimes conflicting sets of discourses and aims underlying the work of festival care spaces. See also *harm reduction, psychedelic support*.

Psychedelic support: An approach to the care of drug users based on the idea that psychedelic experiences (and experiences on some other drugs) can be psychologically beneficial if support, comfort and safety are provided. The experiences are not seen as intrinsically harmful; rather, they are psychological 'processes' which can resolve well if allowed to run their course.

Psychonaut: One who enjoys experimenting with a wide variety of substances and documenting their effects for others, often taking a 'scientific' approach to their experiments (for instance, taking careful note of dosage and timings). Coined in the 1970s, the term was brought into the scholarship of drug use by Newcombe (1999) who described the psychonaut as 'a scientific explorer of inner space'.

Psytrance: Psychedelic trance, one of the dominant musical styles on the transformational scene. Characterised by a fast, driving beat, complex percussive effects designed to create 3D soundscapes when played on surround sound systems, and spoken samples which often relate to drug use and altered states, psytrance is used by many DJs to bring about non-ordinary experiences such as ego death in dancers on psychedelics.

Rangers: Burning Man's community security force, made up of longtime <u>Burners</u> and viewed (on the whole) as legitimate authority by the community, unlike the security personnel at most events. See also ***Green Dots***.

RAVE Act (2003): Short for 'Reducing America's Vulnerability to Ecstasy', this US legislation put forward by Joe Biden made event organisers liable for any drug use they are aware of at their events. The law interprets <u>harm reduction</u> efforts - which can range from <u>drug checking</u> and care space provision to providing free water - as de facto admissions by organisers that drug use is taking place.

SGP: Secret Garden Party festival, held each July in Cambridgeshire, UK until 2017. Its lead organiser, Fred Fellowes, was known as 'The Head Gardener'.

Appendix B: Project information sheet/consent form

This information sheet was used with all interview participants (whether given as a hard copy, given to them to read as a PDF on my iPad - which they could sign on screen if they wished - or emailed to them in advance of a Skype interview). It was also shared with other field participants where relevant, at the time or by email afterwards. As chapter 3 discusses, however, my approach changed early on to one of spoken/recorded consent and the role of this document as an information sheet came to the fore.

Information Sheet and Consent Form

Peer Harm Reduction Initiatives at Festivals

dr281@kent.ac.uk / druane@gmail.com

My name is Deirdre Ruane. I'm a PhD student at the University of Kent. I'm studying peer harm reduction at music festivals – 'sanctuary' or welfare spaces run by people within the festival scene, where people can go if they're having a difficult time on drugs and need some help, advice or a place to recover. In these interviews I'm talking to volunteer harm reduction workers about how they got involved and the experiences they have had while doing the work. I'm also interviewing people who have used these services about the experiences they have had there.

Thank you very much for offering to contribute to the project. This sheet is to give you more information about what to expect and how your data will be used. If you'd like to know anything else, give me some feedback or just keep up with how the project's going, you can contact me via the form at www.festivalheadspaceproject.com or email dee@festivalheadspaceproject.com.

Your interview

The interviews tend to last from 45 minutes to an hour, but it's flexible – you can say as much or as little as you want. We'll start with a chance for you to tell me about yourself and go on to some follow-up questions.

I'll be recording the interview using call recording software (if we're talking on Skype) or audio recording software (if we're meeting in person).

I know sensitive and personal things are likely to come up, and if you'd like to carry on chatting about them after the interview I'm more than happy to. Please feel free to tell me if anything we're discussing makes you feel uncomfortable.

What happens next

I take your privacy very seriously and would like you to feel comfortable about taking part. So here's a full explanation of how I will use your information:

❖ Your contribution will be anonymous unless you explicitly say it's OK for me to use your name. You can choose a pseudonym for yourself if you like.

❖ The interviews are being recorded so I can type them up. The audio files will be kept securely and not used in any other way. If other transcriptionists work on the files, they will be doing so under non-disclosure agreements.

❖ We can pause or stop the interview at any time if you feel uncomfortable for any reason.

❖ You can choose to withdraw your contribution from the study at any point – just get in touch with me and I'll take it out.

❖ Brief quotes from the interviews may be used in the dissertation and other papers or presentations that come from it. There won't be any identifying details in the quotes. If you'd prefer, I won't use direct quotes from your interview.

❖ **How the interviews will be used:** The project will be written up as a PhD thesis, and some of my findings may be published as papers in academic journals or discussed at conferences. It's possible that I may donate some of my data to an archive for other researchers to use, but if this happens, it will be thoroughly anonymised first.

❖ My research procedures have been checked and approved by the research ethics board of the University of Kent to ensure everyone involved is being treated with respect and their information kept safe.

If you're comfortable with going ahead on these terms, please sign below for my records (we will include verbal consent within the recording if this is a Skype interview).

And finally, if you know anyone else who has worked for or used a harm reduction service and might like to contribute too, please do put them in touch with me.

Thank you again!

Interviewer   *Participant*

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Date

Appendix C: Interview schedule

Interview schedule for harm reduction volunteers

Interview date and code: [   ]

Audio file name: [   ]

Participant pseudonym: [   ]

Participant age: [   ]   Gender: [   ]   Ethnicity: [   ]

Length of interview: [   ]

Section 1: Narrative

[SQUIN – Single Question Inducing Narrative (Wengraf, 2001)]

To start off, I'd like you to tell me how you got involved in harm reduction work. You can start wherever you like and talk for as long as you like – I'll listen first, I won't interrupt, though I might take a few notes.

Prompts to elicit more story in a non-directive way:

Can you tell me any more about [X]?

What happened after [X]?

Was there a specific incident that made you want to do HR?

[If they don't mention it themselves]

Were you involved in festival culture before?

Did you ever use a HR service yourself?

Section 2: Semi-structured, follow-up questions

About the service and their work

If not addressed in the narrative:

Can you give me a brief description of what your group does?

Tell me about your space/workplace. (Prompts: What kind of structure is it, what sort of atmosphere do you want it to have, how do you try to achieve this, and so on…)

How do people come to you? (By themselves, or brought by friends, or are people referred by medical services?)

What techniques do you use when you're working with someone?

What is your relationship with the on-site medics and security like? Is this different at different festivals?

Do the problems people are having differ between festivals? How about the substances being used?

(If this has not already been covered) Tell me a memorable incident from your HR work.
[Prompt: Why was that interesting? Why do you think that one sticks out in your mind?]

What would you like to happen in festival harm reduction in the future?

What do you think would improve it most?

Do you think any of the techniques you use could work outside of the festival setting?

[For those who have volunteered in more than one country] How does working in country X compare to working in country Y/Z?

Optional theory questions

There's a group of free party researchers who said some people in the party scene are reluctant to do the kind of work you're doing here, or intervene in others' drug use at all, because they see it as a form of social control. What do you think about that?

Do you think festival culture has basic values or principles? [If yes:] What do you think they are?

Appendix D: Survey recruitment and publicity materials

Survey flyer

This A6 flyer was distributed to people met in the field and other interested parties, and included as an image link in the survey stimulus tweets.

Have you ever had a drug-related experience that was (at least partly) difficult, challenging or painful, while at a festival?

Would you like to tell the story of your experience and help psychedelic research?

I'm a longtime festivalgoer and a doctoral student at the University of Kent. My thesis is about psychedelic support projects, drug policy and harm reduction. I'm collecting stories of difficult drug-related experiences at festivals: what the experiences are like, and what kind of help and support people get, or what happens when they deal with it by themselves.

Please fill in my anonymous survey (I don't even collect IP addresses!) at:

festivalheadspaceproject.com

Or get in touch:
dee@festivalheadspaceproject.com

Survey recruitment text (Facebook, Reddit, forums and mailing lists)

"Have you ever had a drug-related experience that was (at least partly) difficult, challenging or painful, while at a festival? Would you like to tell the story of your experience and help psychedelic research?

I'm a longtime festivalgoer and a PhD student at the University of Kent. My thesis is about psychedelic support projects, drug policy and harm reduction. I'm collecting stories of difficult drug-related experiences at festivals, on psychedelics or other recreational drugs - what the experiences are like and what kind of help and support people get, or what happens when they deal with it themselves.

If you have a story like that, please fill in my anonymous survey at http://www.festivalheadspaceproject.com/survey/surveystart.php (unlike many online survey tools, I don't collect any identifying data, not even IP addresses). And please share this post, especially if you know anyone else who might be interested.

If you've got any concerns or would like to know more about the project, send me a message or email dee@festivalheadspaceproject.com.

Thank you!

Deirdre Ruane"

Survey recruitment tweets

Version 1, 31 July 2015: "Ever had a hard time on drugs at a festival? Pls do my anon survey on the help people get & how they help themselves" (survey link)

Version 2, 14 Sep 2015: "Had a difficult drug experience at a festival? How did you cope/get help? Anon survey" (image link to flyer, displayed below tweet) (survey link)

Version 3, 14 Dec 2015: "Had a 'bad trip' (or partly bad) at a festival? How did you cope? Anon survey closing Friday" (image link to flyer, as above) (survey link)

Due to the inclusion of the flyer, Versions 2 and 3 provided interested parties with considerably more information up-front. Perhaps as a result, they were shared more widely than version 1.

Appendix E: Online survey

The survey landing page was a welcome screen with instructions.

Survey: Coping with difficult drug experiences at festivals

Research blog
Contact me

Introduction

About me, the survey, and your privacy

This survey is about difficult drug experiences at music festivals and how people deal with them - whether they handle it alone or seek out help, and if they do, what kind of help they receive.

My name is Deirdre Ruane. I'm a longtime festivalgoer who's been on the dance music scene since 2001, and I've volunteered at festivals in the UK, the US and Portugal. Now I'm doing a PhD at the University of Kent about drugs and support services at festivals.

I'd like you to choose one particular experience you had, and fill the survey in about that. It can be any drug-related experience you had which occurred at a festival, some of which was difficult, painful or challenging for you (it does not have to have been unpleasant all the way through).

After some questions about your involvement with drugs and festivals, the survey asks you to tell the story of the experience you want to talk about, how it developed up to the point where you realised you were in difficulty, whether or not you got any help (from a psychedelic support crew, or somewhere else), what happened next, and how you look back on the experience now.

It will probably take you between 30 minutes and an hour to do the survey, but you may want to set aside some time to write as much as you like. I really appreciate long, detailed answers - the longer the better. There are either 33 or 27 questions depending on the path you take through the survey. You might find it useful to take some time to think about which experience you want to write about, and come back to start the survey later.

The survey involves questions about a difficult or painful experience you have had. If anything in it brings up painful memories or is upsetting in any way, please do feel free to stop filling it in - don't force yourself to continue. There'll be an opportunity to give feedback on the survey at the end.

I take your privacy very seriously. All your responses will be kept strictly confidential and you won't be asked for any details that might identify you. The survey also does not store any other identifying information, such as IP addresses. If you decide later that you feel uncomfortable with what you wrote and would like to withdraw it from the survey, no problem - get in touch, tell me some details to help me identify your data, and I'll delete it.

If you've got any questions, please go here to ask.

If you're happy to proceed under these conditions, please click the button below to confirm and start filling in the survey. Thank you!

I am happy to proceed

Part 1 of the survey asked about respondents' backgrounds and drug use histories.

Survey: Coping with difficult drug experiences at festivals

Part 1: Tell us a bit about yourself

A few details about you. This is all the information we need.

1. How old are you?

2. What is your gender?

3. What ethnicity do you consider yourself?

4. What's your current country of residence?

Festivals and you

5. Which festivals have you been to?

6. Which (if any) did you enjoy most, and why?

7. Which (if any) did you enjoy least, and why?

8. Tell me more about your involvement with festivals.

Some things you could talk about include: how important a part of your life are they? Have you been to many or just a few? How long have you been going to them? Do you think of yourself as part of a festival scene?

Drug use

9. Approximately how often do you take drugs?
- ○ More than once a week
- ○ Every few weeks
- ○ Every few months
- ○ About once a year
- ○ I don't take drugs any more
- ○ None of these describe me (please explain why in the text box below)

Other:

10. Which drugs have you taken most frequently?

11. What was the first drug you took, and how old were you then?

12. Please tell me a bit about your relationship with drugs.

Things you could talk about here include: why you use or have used them, where and in what situations you usually take/took them (eg with friends, alone, at home, in nightclubs...), what your drug use means to you (or meant in the past), how experienced with them you consider yourself, whether your drug preferences have changed over time, and anything else you'd like to say.

Thank you! Click to continue to page 2.

Page 1 of 4

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Part 2 focused on the respondent's crisis experience.

Survey: Coping with difficult drug experiences at festivals

Research blog
Contact me

Part 2: The experience

In this section I'd like you to recall one particular difficult experience you had at a festival.

13. Which event did it take place at?

14. What country was it in?

15. What year was it?

16. What had you taken, and about how much?

17. Please tell the story of the experience, up to the point where you realised things had become difficult or unpleasant.

Some things you could talk about include: What about it was unpleasant for you? Where were you and what was happening around you? Who were you with, or were you alone? You could talk about thoughts, feelings, perceptions, how your body felt, and anything else you remember. Do you think there were any reasons why you might have had a difficult experience on this occasion, and if so, what were they?

Help, support and coping strategies

18. Some festivals have a space run by people from festival culture, where you can get help with a difficult drug experience (it could be called harm reduction or psychedelic support - eg Kosmicare, Safer Festival, Zendo Project, Welfare Enough). Did you know if there was a place like this at the festival you were at?

○ I knew there was one
○ I knew there wasn't one
○ I don't know if there was one or not
○ I had heard there was one, but didn't know where it was
○ I found out about it during my experience (for example, if a steward brought you there)
○ None of these apply to me (I'll explain why in the text box below)

Other:

[ ]

19. Did you visit this kind of care space during your experience?

*Answering this question is required, as it determines which questions are asked next *

○ Yes
○ No, but I think it would have helped
○ No, and I don't think it would have helped
○ Maybe - I don't remember for sure

On the next page I'll ask about different ways you might have got help or helped yourself.

Submit page 2

Page 2 of 4

Part 3 had two different forms, based on the respondent's answer to question 19. Those who answered yes (that is, who did visit a care space) proceeded along optional path 1, while the others followed optional path 2, both shown below.

Optional path 1: for respondents who visited a care space

Survey: Coping with difficult drug experiences at festivals

Research blog
Contact me

Part 3: Visiting a care space

This section applies to people who went to a psychedelic support/harm reduction care space during their experience.

20. What was the name of the space?

Getting there

21. If you can remember, tell me a bit about why you (or the people with you) decided it might help to go there.

You could talk about how you felt about the care space, whether it was your choice to go there or someone else's, what you thought might happen there, any hopes or worries you had, and anything else you think is relevant.

22. How did you arrive? (check all that apply)
- By myself
- With friends
- Brought by medics
- Brought by security
- Brought by stewards
- Brought by care space volunteers
- Other - I'll describe below

Other (how you got there)

23. Was it easy or difficult to find the care space?

24. How did you know it was on site? (check all that apply)
- ☐ Had noticed it earlier
- ☐ It was in the festival brochure/map
- ☐ Heard about it from friends
- ☐ Knew about it from involvement in festival scene
- ☐ I didn't - I was brought in by support staff
- ☐ I didn't - I came across it by accident
- ☐ Other - I'll describe below

Other (how you knew about it)

What happened when you got there

25. Please tell me about what happened when you arrived at the care space.

You could talk about: what you were experiencing when you arrived (thoughts, feelings, perceptions...), how the space looked and felt to you, meeting the helpers/sitters (for example, did you connect with them? did you trust them?), whether they made you comfortable, anything they tried to do to help, whether you felt safe in the care space or not, and anything else you think is relevant.

26. What kind of help did the support workers offer you, if any? Check all that apply.
- ☐ Talking and listening
- ☐ Practical/comfort-related help such as blankets
- ☐ Food and drink, eg tea
- ☐ Information about your experience
- ☐ Creative therapy (art, music, etc)
- ☐ A calm/quiet/private recovery space
- ☐ Dance or movement therapy
- ☐ No one tried to help me
- ☐ Other, please describe

Other (any other kind of help you were given)

27. Did anything they did help you with your difficult experience? If so, what was it?

28. Did anything they did make things worse? If so, what?

29. Please tell me about the rest of your experience, from when you arrived at the care space to when it ended.

Things you could talk about: thoughts, feelings, perceptions and how your body felt; whether it changed or stayed the same after you went to the care space; whether you think the care space made a difference; how long you stayed for; how you felt when you were leaving; and what happened after that.

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│                                     │
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30. Besides the care space workers, did anyone else help, or make things worse?

This could include friends, partners, strangers, medics/first aid, welfare, security, the police, stewards, or anyone else.

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┌─────────────────────────────────────┐
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│                                     │
│                                     │
│                                     │
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<div style="text-align:center">**Submit page 3**</div>

Page 3 of 4. Nearly done.

Optional path 2: for respondents who did not visit a care space

Survey: Coping with difficult drug experiences at festivals

Part 3: Coping strategies

This section is about things you may have tried and help you may have got from others.

31. If there was a psychedelic support space on site but you or the people with you decided not to go there, can you explain what put you off (if you can remember)?

32. Did you try anything to help you deal with your difficult experience? Did they work, or make things worse, or not make a difference?

This could be things like trying to calm your mind, going somewhere else, different music, finding more people or being by yourself, taking more drugs or drinking alcohol, eating, sleeping, and other things like this.

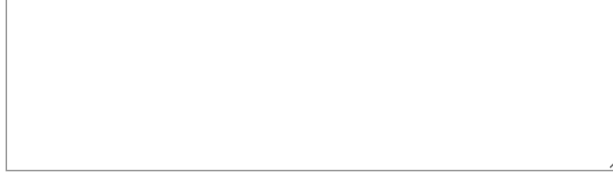**33. Did any of these people try to help you? Check all that apply.**
☐ Friends
☐ Partner
☐ Strangers
☐ Medics/first aid
☐ Welfare
☐ Security guards
☐ Stewards
☐ Someone else (please state below)
☐ Nobody helped me

Others

34. How did that go? Did they make things better, worse, or neither?

35. Please tell me about the rest of your experience.

Things you could talk about: thoughts, feelings, perceptions and how your body felt; whether it changed or stayed the same after that; where you spent the time; anything else you think is significant about it; and how you felt afterwards.

[text input box]

Submit page 3

Page 3 of 4

The two paths reconverged in part 4.

Survey: Coping with difficult drug experiences at festivals

Part 4: Afterwards

This section is about how the experience affected you afterwards and in the long term.

36. How do you feel about your experience now?

For example - is the way you think about it now different from how it felt immediately afterwards? Do you still think about it now? Did it change you or the way you see the world at all - and was that change for better or worse? And did it change anything about your relationship to drugs?

37. In general, would you go to any of these types of people if you were having a difficult drug experience at a festival? Please choose yes/no/depends, and explain your thinking if you wish.

Psychedelic support/harm reduction workers

○ Yes ○ Depends ○ No | Why/why not?

Medics/first aid

○ Yes ○ Depends ○ No | Why/why not?

Festival security

○ Yes ○ Depends ○ No | Why/why not?

Welfare crew

○ Yes ○ Depends ○ No | Why/why not?

Other festivalgoers

○ Yes ○ Depends ○ No | Why/why not?

Is there anything else you'd like to say related to the survey?

This could be anything about your story which you'd like to talk about but which didn't fit anywhere else.

Optional (NOT part of the survey!): Looking for interviewees

This last part is completely optional and there is no obligation whatsoever to fill it in.

I'm looking for people who are willing to tell me more about their experiences in person, whether face-to-face or on Skype. It would be a quite relaxed, in-depth interview and could take half an hour to an hour.

Like the survey, it will all be kept confidential and your privacy will be protected, and it would be a massive help to my research.

If you might be up for this, please leave your email address or some other way to contact you in the box below. I promise never to use it for anything other than getting in touch with you about the interview.

(Or if you'd rather not connect an address with your answers, you can always get in touch via the contact form.)

Contact details

Submit page 4

Page 4 of 4. That's it!

Survey: Coping with difficult drug experiences at festivals

Thank you!

I really appreciate you taking the time to do this. Thanks so much for participating.

If you have any questions or comments, you can contact me here.