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COMBINING DIFFERENT SUBSTANCES IN THE DANCE SCENE: ENHANCING PLEASURE, MANAGING RISK AND TIMING EFFECTS

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Introduction

The practice of combining multiple mind-altering substances, whether legal or illegal, has provoked calls of concern among drug researchers for over thirty years. Alarm about these practices is fueled by worries about the negative synergistic interactions these combinations can result in. Today the recreational practices of young people, particularly those who attend electronic music dance parties, are especially worrying (Byqvist, 1999; Hammersley, Ditton, Smith, & Short, 1999; Merchant & MacDonald, 1994; Riley, James, Gregory, Dingle, & Cadger, 2001). In fact it is generally accepted by drug researchers that a key characteristic of using dance drugs or club drugs is young people's experimentation with new and varied combinations of substances (Measham, Newcombe, & Parker, 1994; Parker, Aldridge, & Measham, 1998).

Yet, while scholarship on this topic is not new, the reasons why different substances are combined have been relatively unexplored. Given the worry that young people are increasingly combining different mind-altering substances, the aim of this paper is to analyze the different combinations used by a group of young people who attend raves, clubs and dance parties in the San Francisco Bay Area. In examining these combinations, our purpose is not merely to describe the different combinations used, but instead, by using extensive qualitative data, to explore the reasons why some combinations are chosen and others avoided. We examine both the thinking behind their drug-using practices and the range of procedures adopted by young people to enhance the pleasures achieved and to control the potential problems and minimize risks. In our analysis we categorize the different motivations that polydrug users cite for their differing drug-combining practices and we highlight the key role that temporal organization has in structuring their polydrug practices.

Clarifying the Meanings of Polydrug Use

Which drugs to include?

Research on polydrug use among young adults is not new, but ambiguities remain in the field over how to operationalize drug-combining and what kind of substance use should qualify as polydrug use. Early research into the drug consumption patterns of young adults found that "multiple drug use" (Cohen, 1981; Single, Kandel, & Faust, 1974; Simpson & Sells, 1974) was prevalent.¹ Studies were initially designed to evaluate heroin addiction but

as marijuana became increasingly identified as central to the drug problem, research on polydrug use gradually evolved to include non-opiate drugs (Sample, 1977; Douglass & Khavari, 1978). The significance of marijuana, alcohol, and tobacco in this research has been inconsistent. In the early polydrug research of the 1970s, there was concern about these substances both for their own mood-altering effects as well as because they were seen as contributory to heroin addiction (Johnston, 1975).² Yet, even when they were found to be used extensively, many researchers excluded these legal or “soft” drugs from their polydrug analyses, following the then policy of the National Institute of Drug Abuse (see, for example, Sample, 1977). Although today “soft” drugs are more often included than in the past, the focus is still primarily on investigating illicit drugs as opposed to the combining of legal and illegal substances.³ However as we will demonstrate, to fully understand polydrug use of those within the dance/rave/club scenes it is crucial to include not only “club drugs” within the analysis, but also marijuana, alcohol, and other ingested substances such as nutritional supplements which users consume to transform and manage their drug-using experiences.

Questions of Timing

In addition to contested definitional issues on which drugs to include, a lack of agreement on issues of timing also exists. As early as 1975, researchers sought to clarify and standardize a single definition. Writing in an early NIDA research monograph, Johnston (1975) sought to define the term “polydrug use” by delineating the different concepts then available and noting the conceptual and measurement problems that existed. Researchers since then have attempted, with little success, to reach consensus on the precise operational characteristics of the term. Schensul and colleagues highlighted some of the contested issues, noting that “the terms reflecting the combinations of drugs within different periods of time are confusing and inconsistent, involving problems in the definition of time period, number of drugs, and the interactive effects of the drugs” (Schensul, Convey, & Burkholder, 2005, p. 572).⁴ More specifically they identify timing as a key issue. In what time-frame do two or more substances have to be consumed in order to constitute polydrug use?

To answer this question many researchers have distinguished between consuming two or more drugs *concurrently* and consuming two or more drugs *simultaneously*. Whereas *concurrent* polydrug use is a “style of ingestion where different drugs are consumed on separate occasions” (Earleywine & Newcomb, 1997, p. 353; see also Collins, 1998), *simultaneous* polydrug use refers to “the use of two or more substances on the same occasion” (Ives & Ghelani, 2006, p. 226). This latter form of polydrug use has been viewed as particularly dangerous from a health perspective because of the potential negative consequences associated with the synergistic interaction of multiple drugs (Collins, Ellickson, & Bell, 1999). Simultaneous polydrug use is especially prevalent within the club drug scene and will be the particular focus of our analysis. As we will demonstrate, however, the concurrent versus simultaneous distinction in definitions does not clear up all potential ambiguities about questions of timing. Different patterns of timing *within* simultaneous polydrug use are also in need of delineation.

Issues of timing are key to understanding prevalent polydrug using practices at dance music events. Researchers have identified the existence of different stages or phases that occur during a night out (Malbon, 1999). For example, phase one is the experience in social

¹Many researchers in the U.S. suggest that the term “polydrug” became common parlance as a result of the Federal Government’s increasing concern with multiple drug use in the early 1970s. See Bourne, 1974.

²Johnston (1975) notes this as a component of the cultural debate surrounding the legalization of marijuana.

³One possible reason for this may be separation between research on alcohol and illicit drugs. See Hunt and Barker, 2001.

⁴The other definitions of polydrug use include effects (Cohen, 1981) and specific combinations (Leri, Bruneau and Stewart, 2003).

settings prior to arrival at the dance club or dance party, phase two is the dance event or party itself, and phase three is the “after-dance” period where users “come down” or “chill out” (Boys, Lenton, & Norcross, 1997). These phases have significant substance-use implications because different drugs and different combinations are used in each phase. For example, Boys, Lenton and Norcross (1997) discovered that whereas cannabis and amphetamines were the most common drugs used prior to a rave, ecstasy was the most common during the rave, and cannabis the most popular after the rave. Although many other researchers have similarly noted cannabis as a drug consumed during the “chilling out” or “coming down phase” (Ward & Fitch, 1998), others have discovered variations. For example, Forsyth (1996) discovered that the majority of his respondents, instead of taking cannabis used depressants, especially in the form of temazepam, at “chill out” parties. But what do these different phases, and the different drug combinations consumed within them, mean to the drug users themselves? What degree of control or autonomy do drug-users exert over the timing of their drug combinations within these scenes?

Agency and Meaning

While much of the debate within the drug field has focused on definitional issues and attempts to reach a consensus, little research has focused on the users themselves and the reasons they provide for combining two or more substances.⁵ Notions of agency have been largely ignored within the drug field and young users in particular have been portrayed as passive actors. Yet as some researchers have noted using drugs is about “doing” and what we need to know is how young people “go about doing drugs” (Mayock, 2005, p. 363). Unfortunately, only rarely in the literature are drug users depicted as “active and creative negotiators” (Ettorre & Miles, 2002, p. 173), consciously involved in negotiating their lives and using “modes of consumption as a means of making sense of a rapidly changing world” (Ettorre & Miles, 2002, p. 178). Because of this tendency to represent the user as passive, analyses of the reasons associated with combining two or more substances have also been neglected. In recent years however, some corrective to this tendency has been started. Qualitative researchers have begun to highlight the range of reasons provided by drug users as to why they use certain drug combinations and what it is that they hope to achieve in using particular drugs (Parker et al., 1998). Such discussions illustrate the extent to which drug users assess the risks and benefits of using drugs. As Williams and Parker (2001) have noted, “Young adult recreational drug users...have made reasoned choices about the role of psycho-active substances. They believe their self-regulated drug use to be functional and consistent with otherwise conforming, productive lifestyles” (2001, p. 411). While not wishing to over-emphasize the rational decision-making choices of young people (Mayock, 2005), such studies highlight the reflections and intentions of young people in using various drug combinations. It is in the spirit of furthering this nascent work that this current study is framed.

In attempting to correct some of these shortcomings and examine young drug users as active agents we will examine our respondents’ discussions of their drug using practices and the reasons they provide for consuming a range of substances. Going into this project we asked: Do polydrug users extensively plan the timing of their drug consumption and drug combining, or is their polydrug use largely impulsive or spontaneous? What we discover though, is that our respondents cannot be so neatly dichotomously categorized. We found simultaneously both explicit planning with the intention of maximizing benefits and minimizing risks and spontaneous, unplanned drug-combining, including sometimes within the same users. These two drug-using narratives are not necessarily contradictory but instead when combined suggest a more accurate and realistic account of how young people use

⁵Exceptions to this include Schensul et al. (2005) and Kelly (2007).

drugs. The temporal organization of these two styles of polydrug use, though, do differ in subtle but important ways as we will show.

Research Methods and Sample

Methods

The data used for this article come from a study on the San Francisco Bay Area electronic music dance scene and drug users. Data were collected through in-depth, face-to-face interviews, conducted at our offices, as well as in the homes of our respondents and in coffee shops. These interviews took place between February 2002 and August 2004 and were conducted by the project manager and five interviewers, all of whom were social science graduates. They were all extensively trained on using our interview schedule and on general qualitative-interview techniques. Quantitative data on drug use were collected at the beginning of interview using frequency and quantity measures that were based on the National Household Survey on Drug Abuse (NHSDA, now called the National Survey on Drug Use and Health) and Monitoring the Future (Johnston, O'Malley, & Bachman, 2001; SAMHSA, 2001). For the bulk of the interview, a semi-structured guide was used to collect open-ended qualitative data on the respondents' backgrounds and current lives, their histories of drug and alcohol use, and their involvement in the dance scene. While the interviewers followed a pre-determined set of questions and topic areas, the respondents were given the opportunity to raise issues of interest or concern as they came up during the interview process, and the interviewers were trained in probing for elaboration. The detailed interview guide and our respondents' desire to talk at length about their experiences and perspectives contributed to the lengthy nature of the interviews, which generally lasted between three and five hours. Respondents were given \$45 honoraria for their participation. The interviews were tape recorded and the semi-structured portion was transcribed and subject to standard techniques for qualitative thematic analysis, using the data-analysis software QSR NUDIST to chart themes and patterns in the interviews.

Respondents were recruited using several different methods, including advertisements, referrals from respondents, and through contacts of the project staff. Respondents were recruited using several different methods. The largest number (38%) contacted the project staff as a result of either seeing flyers placed in local record or music stores or from announcements posted on websites. Referrals from respondents already interviewed accounted for 31 per cent. Ten per cent came from contacts of the program staff and finally 12 per cent were recruited from raves or club events. Each potential respondent was screened and included if they had used at least one of the six National Institute on Drug Abuse (NIDA) defined club drugs (ecstasy, LSD, methamphetamine, GHB, ketamine, Rohypnol)⁶ and were involved in the electronic music dance scene in the San Francisco Bay Area. Involvement in the scene was defined as attending dance events such as clubs, raves, and warehouse parties. As this was primarily an exploratory study, we were interested in interviewing people with a wide range of experiences with club drugs, including both new and experienced users, as well as those who had used in the past but were not currently using.

Sample Characteristics

Of the 300 respondents interviewed, 46.3% were women and 53.7% were men. The sample was fairly young, with a median age of 20, and the majority of the respondents (71.7%) were between the ages of 18 and 24. Exactly half of the respondents reported Caucasian as their primary ethnic group, while 23.3% reported Asian American, 11.3% reported Latino, 6.0%

⁶A small sample of non-club drug users were also interviewed.

reported African American, and 3.3% reported another ethnic group (Pacific Islander, Native American, or Iranian). Six percent identified solely as “mixed.” The vast majority of the respondents (86.7%) were born in the U.S. (65.7% in California).

Overall the sample was well-educated, and 55% of our respondents were attending some form of educational institution at the time of the interview. Just under 62% of the sample had graduated high school or received an equivalency degree, while 21.4% had received a college or other post-secondary degree. Forty percent of the sample had either received a four-year degree or were currently attending a four-year university. Only 13 respondents had not finished high school and were not currently pursuing a diploma or degree.

Sixty percent of the sample were employed at the time of the interview, mostly in white-collar business or clerical jobs, education or non-profit fields, or in retail and service. Just over 38% of the respondents were unemployed, however, about a third of those respondents were choosing not to work primarily because they were full-time students. Only five respondents had children (one child each) and one respondent was pregnant.

Drug Use

Though the goal of the project was to interview club drug users who attend clubs, raves and other dance events, we also interviewed a small sub-sample (22 out of the 300) of dance event attendees who had never used club drugs. In our advertisements we noted that drug use was a focus of the study, and consequently the vast majority of people who contacted us had used club drugs at some point in their lives. We cannot know precisely to what extent the nature of our recruitment dictated the fact that most people who responded had used club drugs, but it clearly played an important role.

Given the aim of the study, it is therefore not surprising that almost the entire sample had tried marijuana (97%) and ecstasy (92%). The lifetime prevalence for these drugs (the number of respondents who reported trying them at least once) equals, or nearly equals, that of alcohol. Around three fourths of the sample were past-month users of beer and liquor, and just over seventy percent were past-month users of marijuana. Almost 80.0% had used ecstasy in the last year, and about a third of the sample reported using it in the last month. Mushrooms was the only other drug that more than three fourths of the sample had tried, although more than half of the sample had tried methamphetamine, cocaine, and LSD.

Although slightly less than forty percent of the current marijuana users (27.7% of the sample) were daily or almost daily users, the vast majority of respondents were limited in their use of other drugs. Almost all of the past month users of these drugs reported using on only one or two occasions in that period, which suggests a picture of primarily occasional or “weekend,” rather than frequent use. The exceptions to this were marijuana and methamphetamine, for which respondents reported a wider range in the number of days they used those drugs in the previous month. This is not to say that some respondents had not experienced periods of heavy use, but for many of these respondents periods of heavy use were of short or moderate duration after which they either stopped or significantly reduced their consumption.

The median age at first use was in the 15–20 range for these drugs, although the ages ranged from the pre-teen years to the late 20s and 30s for some of our respondents. Whereas 15 appears to be the age of initiation for alcohol and marijuana, 17 to 18 was the median age for trying ecstasy, methamphetamine, LSD, mushrooms, and cocaine. Our respondents tended to begin experimenting with GHB and ketamine slightly later.

Regarding concurrent polydrug use, 77% of our respondents admitted using two or more different substances, which included at least one illicit drug, concurrently during the last month, and 92% admitted using two or more substances concurrently over the past year. Although no comparable statistical data on simultaneous polydrug use was collected, we were able to gain some information on the extent to which different illicit and licit substances were used on the same occasion by analyzing the qualitative data. In the open-ended questions we asked our respondents: “Have you ever used drugs in combination with each other or with cigarettes and alcohol?” and in analyzing the answers discovered that 94% of the respondents reported having combined two or more different substances and a further 30% reported having used three or more substances on any one occasion. The most commonly cited combinations, not surprisingly given the drug-using data described above, were: marijuana and ecstasy (59%), and alcohol and marijuana (45%). Other combinations cited included ecstasy and alcohol (28%), ecstasy and acid (28%) and ecstasy and tobacco (28%). Similar to other researchers (Measham, Aldridge, & Parker, 2001; Parker et al., 1998) we found that a substantial percentage of our respondents combined a range of different substances on the same occasion.

While these data provide a rough picture of the extent to which our respondents regularly combined different substances, we need to emphasize certain limitations concerning the precise accuracy of the qualitative data. First, a significant number of respondents seemed somewhat unsure how much combining they actually did at any one time. For instance, some would describe a laundry list of substances they consumed in the course of a night, but when asked specifically about what combinations of drugs they do, they would report that they “don’t really combine drugs.” The idea of drug-combining, for these respondents, has a narrower, more specific meaning than simply using multiple substances within a given evening. Second, respondents seemed to assume that when asked the question about combining drugs the interviewer wanted to know if they had consumed two or more different drugs at the very same moment. In other words if they took one drug at the beginning of a night out and then another at the end of the night to help them “to come down” they did not recognize this as a case of combining drugs. Finally, some of our respondents when asked about combining drugs only admitted to polydrug use if the effects of both drugs had been felt.

Given the difficulties that researchers themselves have had in defining precisely what qualifies as drug-combining or polydrug use, it is perhaps unsurprising that respondents display a similar ambivalence and lack of consensus as to what polydrug use might mean. While these caveats require that we interpret the precise numbers connected to their drug-combinations with extreme caution, they should not simply be interpreted as weaknesses in the data. Instead they highlight the importance of examining the reasons that young users give for combining drugs, how they interpret their consumption of multiple substances, and how these subtleties could be missed by quantitative surveys that offer no room for these ambiguities. With this in mind, we now turn to consider in more detail the dominant themes that emerge from the respondents’ discussions of their drug consumption and drug combinations.

COMBINING ILLICIT DRUGS TO PRODUCE BENEFICIAL EFFECTS

The extent to which our respondents deliberately combined different substances in order to gain certain effects was a prominent theme within the data. In fact, the respondents provided lucid and detailed accounts of the reasons and motivations for their polydrug preferences - accounts which belie the notion of these young people as merely passive users swept up by forces and pressures external to them. While the interview data also highlighted variations in individual preferences and perceptions of the pleasures to be gained and the risks to be

encountered, overall our respondents expressed the desire to achieve a particular desired effect. In fact one of the primary reasons for combining different substances was simply that they enjoyed the resulting effects. "I love candy flipping [acid and ecstasy].... That's a lotta fun. Love acid and nitrous. Love acid, pot, and nitrous. Love ecstasy and pot.... Yeah, I definitely combine drugs" (015). That they use and combine drugs for fun and pleasure may seem obvious, but it is a point that is generally overlooked in much of the epidemiology literature (See Hunt & Evans, 2008 - In press).

While respondents knew that each individual substance taken had the potential to provide pleasure, they also knew that consuming any substance involved risks. These potential effects, especially those that were negative, could then be modified if different substances were combined. Adding one substance was seen as ameliorating the effects of another. These respondents actively sought information to aid them choosing the right combinations. New club drug users either sought information from peers, or went to websites to learn about which drugs to combine. They also, as Measham and colleagues have noted, "learn from their experimentation" (2001, p. 100). As users became more experienced they increasingly relied on their own experiences to guide them. "I'm a big fan of combinations. Once I...was experienced enough with each one to know what they did, they're kinda like building blocks now" (028). In fact when describing how they came to combine specific drugs, respondents noted the extent to which their current drug-combining practices were based on previous experiments and that their current knowledge was based on a process of discovery. As one thirty-year-old female respondent noted:

Well, back then when I used it [GHB] frequently... we were all about getting as high as we possibly could... We'd mix like speed with GHB. We did a lot of drugs mixing. We figured out which drugs were the best to use with which, which ones cancelled out...you know, certain drugs' effects, and stuff like that. We found that doing speed and doing ecstasy was a great combo. Or doing GHB and doing speed was a great combo. (025)

This language of experimentation, knowledge-building, and discovery is found throughout our interviews. They highlight the way that users mix planned drug-combinations with more impulsive, experimental drug combining. The particular results of respondents' trial and error processes varied however and many of our respondents expressed opposite views as to which drug combinations would result in the most pleasurable effects. However respondents overall were consistent in identifying three major types of beneficial effects that encouraged them to combine different substances: extension, enhancement, and reduction.

Extension

One motivation for drug-combination was to use one substance to extend or prolong the effects of a different substance already consumed so that the drug high would not dissipate before they wished it to. In such cases, substances such as marijuana or GHB were used "to bring back up" (076) the experience of being high. This effect is well described in the following quote where the respondent describes how taking GHB, while coming down from an ecstasy high, allowed him to continue its effects:

(I) And what about your experiences with GHB?

(R) I did it one time. And I was actually coming down off ecstasy, and it was a rave after party in Oakland. And I was totally coming down, like I ended up going to this party. It ended at 2, and then I went to this after party. And I was totally coming down off a hit of E, and I ended up doing 1 shot of G, and it totally just made me fully come back up, and I felt really...I just totally felt like I came back up on the E. (163)

In cases such as this, respondents use one drug to extend the effects of another. In other cases, combining drugs is done with the intention of enhancing or transforming the experience.

Enhancement

Certain drugs were used to intensify the effects of others, particularly ecstasy, a point noted by researchers (Forsyth, 1996; Hammersley et al., 1999; Solowij, Hall, & Lee, 1992). Marijuana was frequently cited for its ability to enhance an existing drug experience. For example, according to a young male, combining marijuana and mushrooms had the effect of making the experience more intense. “When you’re peaking you smoke a bowl and you peak a little harder... Definitely marijuana just intensifies any drug. Whatever it is, it all intensifies the situation. And... you know, I would say with every drug I usually always put weed in with it” (160). Other drug combinations were believed to intensify not merely the ecstasy experience, but transform the experience completely. Hallucinogens were believed to enhance the ecstasy high by adding “visuals” (164). The use of nitrous oxide while experiencing the effects of ecstasy was described as intensely pleasurable:

Taking a hit of nitrous while you’re rolling... Nitrous is so intense anyway.... It lasts for about a minute instead of 30 seconds. But it feels like... That’s the thing is when you’re taking nitrous, it feels like an eternity. And then all of a sudden you’re back to your real life and it’s only been like 30 seconds. You know, that’s... it’s just really weird. And then... so but it lasts longer, and it’s more intense because you’re already on another drug, and it’s just... all of the senses going at you the same time. It’s just like... Whoa. That’s the only way I can explain it, it’s just an overall feeling of... Whoa. Damn. (104)

In this quote the respondent describes a sense of both increased intensity and increased duration, suggesting that the desire to enhance and extend the experiences of the drugs may often overlap. Mushrooms were also viewed as working well with ecstasy:

Shrooms and ecstasy ... it’s almost like... going.... but for 5 minutes you could be rolling, and then 5 minutes you could be shrooming. You know, it’s kind of an on and off like... pulses of each one and stuff. So... it’s pretty interesting. But for the most part, the general feeling there is neither rolling or shrooming.... it’s almost like normalizing, where it’s just like a euphoric state... cuz they’re high, they’re under the influence, but it doesn’t feel like they’re being affected by anything. (156)

The experience described by this respondent is particularly noteworthy because the result of combining these two substances produces an effect that is distinct from that of either mushrooms or ecstasy used independently. The pleasure experienced is over and beyond the possible effects of either drug alone and allows the user to reach a “euphoric” state, which is intriguingly described as being “normalized.” In such cases, the transformation of the drug-experience affected by combining is not simply quantitative (longer-lasting in duration, or a higher-degree of a particular effect) but qualitative as well - it is a categorically different experience, in which the whole is greater than simply the sum of the parts.

Reduction

Combining different substances also had the potential of lessening or reducing the negative effects of certain drugs. For example, stimulants such as cocaine and amphetamines were described as reducing alcohol intoxication and were used by respondents to achieve a sense of sobriety. As the following respondent noted, taking cocaine while drunk made him feel sober:

You get drunk and it's nice and it's fun...I come down off of alcohol, it's really weird, I get like so depressed after I drink.... Like I feel terrible after I drink. Um, not so much a hangover.... I just feel awful.... So, like, if coke was....near me, I'd probably beat someone down for some coke. And like.... and then it really.... then it like makes you less, um, confused, I guess. And then you're like thinking straight. It sobers you up a little bit. You know, it makes you feel nice and you can have a nice conversation and go to sleep. You know like no worries, you know. (020)

Another combination which had this effect was to combine marijuana and ecstasy, which according to one respondent helped to "take the edge off" the effects of ecstasy:

What a lot of people hate about E is the speediness from it. Even if it's supposedly pure or whatever, there's still something about it that just.... it's what makes your teeth grind and makes you all jittery, and uncomfortable basically. And the weed definitely takes the edge off, like so much, and it helps with the nausea and it helps with all the negatives effects, to make it.... the whole thing like pretty pleasurable or as pleasurable as possible. (095)

Using one drug to reduce the negative effects of another was also important to counteract the unpleasant effects of coming down from a "high." One respondent, for example, describes the benefits of marijuana when coming down from speed:

(I) What about your comedown? What's that like?

(R) Often...like a speed comedown. Like depressing. Or...like...well, that's like just a plain comedown. But if there's weed around, then really the comedown's not that bad, it's like you're high (laughs). You know, it's like a good transition. (156)

The use of marijuana for this purpose has been noted by other researchers (Forsyth, 1996; McDermott, 1993; Riley et al., 2001), in fact Sterk and colleagues discovered that more than 50% of their sample used marijuana "as their preferred drug...to come down from ecstasy" (Sterk, Theall, & Elifson, 2006, p. 213).

It is in the often elaborate plans of multiple drug consumption designed to ameliorate the negative effects of other drugs that we particularly see the active planning that goes into the structuring of the evening and their drug-taking more generally, issues we will examine in greater detail shortly.

CONSUMING NON-ILLICIT SUBSTANCES

In addition to combining different illicit substances to produce beneficial effects, respondents also described a series of non-illicit substances that they consumed as precautionary steps. These included drinking water and orange juice, eating carbohydrates and taking herbal supplements and energy pills, such as 5HTP, glucosamine, and "Bumble Bee/Yellow Jacket" pills (094) to ensure that the risks associated with drug taking were minimized. In fact descriptions of polydrug use invariably contained a discussion of food and supplement use typically taken both prior to the event as well as during the coming-down or after phase. For example, many respondents described using food and food supplements as a type of "pre-loading" (065) prior to ingesting drugs (see also Kelly, 2007). The effects of these substances (e.g. having a full stomach) were believed to prepare the body for the physical hardship of drug use, thereby mitigating the possibility of adverse physical reactions, such as stomach upsets. Some respondents spoke of highly developed, almost ritualistic consumption patterns, that they involved themselves in:

So the day before, start out with a high protein diet and the 5-HTP...The protein helps the 5-HTP do its job, and vitamin B5 (B12) helps too. And the day of...what

I've noticed in myself is...I have a really strong stomach, but if I'm gonna have stomach problems and be nauseous from E, it's gonna be because I ate wrong during the day...So on the day that I eat, I tend to eat low volume high carbohydrates. Carbohydrates for energy. The day after, I go with the orange juice...Donuts are about the only thing I can make myself eat after rolling. Orange juice obviously for vitamin C and stuff. The donuts also have pretty good carbohydrates in them, and they'll help me have something in my stomach for when I take a crap load of vitamins and other antioxidants the next day. Then, once I've got an appetite back, high proteins again. (028)

Again we see intensive active planning on the part of our respondents. They also spoke at great lengths of the potentially negative effects of certain drugs and especially ecstasy on their brains and evinced great familiarity with research on the drugs they used.⁷ Many of our respondents referred to the reported effects of ecstasy on serotonin levels. To combat this they consumed a series of supplements:

(R) I started taking 5HTP...

(I) Do you think that helps?

(R) Yeah. Yeah, definitely. Because it makes it not such a fast...come on? And not such a hard come down.

(I) So you don't come up as fast, but you also don't come down as hard?

(R) Yeah. Cuz of the...It balances out the serotonin.

(I) So when do you take that? You take it every day?

(R) Oh, no. I'll take it...Like when I'm doing E, I'll take it once before, once during...couple times after.

(I) A couple times...Like within the same day? Or a day before?

(R) No, it's all within the same day. It's all within the same experience. Like just before I do it, just before I drop, I'll take 5HTP and then maybe, if I remember, I'll take one like while I'm rolling, but probably won't (laughs). And then towards the end I'll take like one, and then when I'm actually coming down, I'll take another one. It helps. It mellows me out. It helps. (004)

The meanings that using these licit substances have for the respondents - to reduce negative effects from their drug consumption - are not wholly different from the meaning that other illicit drug use has, such as in the case of marijuana, often used to aid in coming down. This shows the importance of considering illicit substances as part of a wide range of ingested substances consumed by young people in the context of polydrug use, rather than to artificially separate these out in predetermined, socially constructed and narrow categories of what should count as polydrug use.

COMBINATIONS TO BE AVOIDED

Just as respondents had clear ideas about which substances to combine in order to obtain certain desired effects, their narratives also contained discussions about which combinations should be avoided. While not all respondents agreed on which combinations should be avoided, certain substances were mentioned more often. Of these, alcohol was the most commonly cited substance. Sixteen percent of respondents specifically noted that they would not combine alcohol with club drugs, and of these over 60% said they would never

⁷For a further discussion on the risks of using drugs see Hunt, Evans and Kares, 2007.

combine it with ecstasy. Two different types of narratives existed. The first dealt with potential *physical* dangers of combining alcohol and ecstasy, the second concerned issues of *social* proscription. Many of these respondents believed that combining alcohol with ecstasy was very dangerous, as can be seen from the following quote: “Ecstasy and alcohol is bad. Very, very bad. It dehydrates you, and it’s a sedative with a upper...So it’s not a good combination. It’s actually really dangerous too” (023). This suggests that a relatively strong taboo existed that prevented respondents from using alcohol with ecstasy. However, other respondents argued against this combination not because of the potential physical dangers but because they viewed it as socially inappropriate. Many respondents explained that drinking alcohol and getting drunk was inappropriate behavior especially at raves.

As researchers on the dance scene have noted a code of behavior existed in which alcohol was avoided and the events were generally free of “beer monsters” (see Hesmondhalgh, 1998 and Measham, Parker, & Aldridge, 1998). In the same way, many of our respondents expressed the belief that alcohol was out of place at a rave:

Liquor is not...that important at the rave scene. People don’t normally drink. I guess it’s the way I feel about it and a lotta my friends feel about liquor. Some people don’t know how to control it, and they’re just very...in an anger state. And the rave scene.... it’s not a place where people get mad and angry. It’s usually more of...a happier place where you just feel...you’re there and you’re enjoying yourself, no matter what the situation is. So it’s more.... E related. (034)

Nevertheless in spite of these views about alcohol, it was clear that alcohol was not universally shunned. Factors influencing whether or not alcohol should be combined with ecstasy were often related more to the social context than to the substance. While ecstasy could be viewed as the quintessential substance of the rave, alcohol was more the defining substance in clubs: “Alcohol tends to play a big part...You know at clubs they get a little more wild, they get a little more, whatever, they kind of like let go of themselves a little more” (044).

In addition to the potential of inappropriate disruptive behavior brought on by combining alcohol and drugs, respondents noted three other reasons for not combining certain substances. First, some respondents believed that combining particular substances did not merely have the potential of reducing the effects of individual drugs; they believed that certain combinations could negate the pleasurable effects completely. Such a possibility would defeat the purpose of taking the original drug, an eventuality well articulated by the following respondent who was clearly disappointed by the effects of combining ecstasy and methamphetamine:

[L]ike...the first time I did ecstasy it was the pure stuff. It was weird because I ended up...it was really stupid, I ended up doing a line of meth that night too. Like right after I’d done it. From what I hear, it cancels anything...if you’re having a bad trip or anything, you can bust a line of meth or coke and it’ll sober you out. So...I don’t know, I was feeling it, but...I wasn’t sure if it was also like the meth too, cuz it was a little bit of both mixed together, but...the meth canceled a lot of the trip out. And I was disappointed. (160)

Here, drug combining is not presented as dangerous or inappropriate, but rather as counterproductive.

Second, a few respondents described themselves as purists in that they believed that combining different drugs took away from enjoying the pleasures afforded by a single drug. As one respondent noted:

I am the type of person that likes to keep...I like to keep my drugs separate.... I just like pure experiences.... I don't really like to mix anything, that's why I like to do nitrous.... while I'm sober, cuz it's a pure experience of doing nitrous.... I don't wanna hippie flip [ecstasy and mushrooms] or candy flip [ecstasy and acid].... because...I really don't wanna that much.... So why would I wanna intensify my trip, you know. That's all. (104)

While he enjoys many different drugs, it is important to him that he keeps their use separate. To combine drugs does not enhance the experience for him, but instead detracts from it. Finally, some respondents expressed very pragmatic reasons for not combining different substances, specifically that combining two substances would have no noticeable or obvious effect:

(R) I don't think you can get drunk. I really don't. No matter how much you drink, you can't get drunk [when using ecstasy] ...I did drink like once with it. But like... I drank like 2 beers and I was like, "What am I doing? I'm on ecstasy. (Laughs.) I don't need to be drinking." And like it didn't do anything really. And everyone that I've talked to that does says like they don't...And like if...on speed, like...you can't.

(I) Drink?

(R) You can drink, but you're not gonna get drunk. (105)

Having learned about the various drugs from their friends or from other sources of information, our respondents provided an often elaborate account of why they combined certain substances and why they refrained from mixing others. Their narratives also illustrate the extent to which the social context, whether it be a club or a rave, may also influence their use of certain combinations. This suggests that their decisions are based not solely on pharmacological effects. However there exists another dimension which also plays a role in their decision-making and that is the dimension of time. In the final section we will show how time, whether in terms of the parameters of the night out or the timed effects of different substances, influences the reasons why they chose certain combinations and not others.

THE IMPORTANCE OF TIMING

A significant time dimension theme runs through our respondents' descriptions of combining different substances. In fact much of their polydrug narratives were constructed around notions of time.⁸ We found two different types of temporal organization in these drug using narratives. The first was structured, planned, and organized by the external constraints of the dance event. The second was more flexible, unplanned and organized by the user's extent of intoxication.

Structured Time

In the first type we find a linear, chronological and fixed notion of time which centered around using drugs to fit with the timing of the dance event itself and the night out. As a number of researchers have noted, dance events occur mainly at week-ends which is viewed as a highly symbolic period where individuals can experience "a cathartic release from the working week" (Measham, 2004a, p. 321. See also Hayward, 2002). The week-end is a "time-out from weekday pressures" (Measham, 2004b, p. 210) in which the pursuit of hedonism takes place within a controlled manner. As Malbon (1999) has noted dance activities typically revolve around set beginnings and endings as venues are increasingly

⁸For a further discussion of notions of time see Munn, 1992.

governed by strict licensing restrictions which dictate the duration of the event. Given such time restrictions, using drugs to enhance the experience must take place within specified time boundaries. Although respondents consumed substances both before and after, the majority of their discussions on polydrug use revolved around dovetailing their drug use with the timing of the night out. This suggests an interesting paradox between the attempts to achieve a sense of timelessness or time-out (MacAndrew & Edgerton, 1969) through ingesting drugs and the necessity of accomplishing this experience within pre-determined time-constraints.

Thus while the desired effects of polydrug use may vary, our respondents generally discussed their polydrug experiences within a linear notion of time fitted to the time restrictions of the night:

(R) I prefer to have two or three [drugs] throughout the night, depending on what period of the night I'm in. You know, for instance I always like to smoke a bowl at the end of the night. If I'm doing cocaine, I don't do it at the beginning of the night if I'm going to run out. Cocaine always leaves you wanting more, so I make sure that I have enough to last for whatever the last period of the night is...I'd have some coke, for probably later in the evening. I wouldn't do it in the beginning, cuz I wouldn't wanna run outta coke and have that kinda coke headache. You know, even though sometimes the E overpowers it. I love to have a little bit of GHB. That always spices things up. It would probably be just those three.

(I) How would you spread it out?

(R) Let's say we get there like 11 o'clock, take my tab of E, start feeling it around midnight. Around like 1:30, 2 o'clock, I might do some GHB. If that came on like strong, if the mixture was strong...cuz I probably took another tab with that capful of GHB, I might do a little bit of cocaine just to like...it just kinda sharpens your senses up a little bit. I wouldn't do a lotta cocaine on those drugs, because...the cocaine will kind of overpower 'em.... But that would be later in the night, probably around 3. And then I would definitely stop doing cocaine around... probably around 5, cuz if I don't go to bed by...7 o'clock, then I'm up for the day. It's like my clock resets. So 7's kinda my cut-off time, I gotta get in bed and be able to sleep. And if I've had cocaine within the last hour, hour-and-a-half, I won't be able to fall asleep. (028)

Here we see a series of decisions made about which drugs to use in which combinations and sequences that are synchronized in order not only to gain a certain type of intoxication but also to ensure that the effects fit with the predetermined time parameters of the evening.

If an event was scheduled to last longer than usual, respondents would make sure to consume drugs, such as methamphetamines, that enabled them to keep active for the entire time. For example, one male respondent described combining ecstasy with methamphetamine in order to meet the demands of an all-night rave:

E and crystal, Mmm. When I decided I wanted to do E and it was somewhat early in the night, and I was gonna be at a rave that's gonna last for a long time. And I knew that I wanted to roll, but I wanted to be not rolling the whole time; but I wanted to be alert. So I used a combination of the two. (118)

In these narratives, polydrug use is carefully planned and timed to fit the external parameters of the event and the timing of drug combinations could be decided ahead of time.

Flexible Time

The second notion of time apparent within the narratives was more flexible, influenced less by the time limits of the dance event, and governed instead by the effects of the respondent's state of intoxication.⁹ In order to ensure the maximum effect of mixing two substances, according to our respondents, the user had to time the ingestion of the second on the basis of the effects of the first. Respondents believed that certain substances and certain combinations were inherently time-sensitive and that synchronizing the timing of when to consume specific drugs was an essential factor in maximizing the pleasure and managing any potential risks. As one respondent noted, if you are experiencing an ecstasy high and if "you take it [marijuana] at the beginning when you first start rolling, it'll make you roll more" [if however], "you take it like...later; it'll make you go to sleep" (77). Thus different outcomes could be attained by consuming the second substance at different stages of the initial drug trajectory.

In order to control the effects, respondents applied a combination of timed use techniques. As we have seen, many respondents consumed additional substances in order to prolong or "maintain" the high. Similarly, the respondents reported taking individual substances at different times in order to avoid negative interactions that might arise from combining different substances. The precise timing of the drug sequence could not be predetermined, as it depended on the evolving effects of the evening. For example, the following respondent reported on how he spaced out his consumption of LSD, ecstasy, marijuana and nitrous oxide:

If I was going to combine, I'd start with acid. Then take ecstasy, then smoke pot, then do nitrous..... I'd usually wait till I felt like I was solidly at the peak of my acid before taking the ecstasy, so that I know where I'm gonna get to. Cuz you can never be sure how strong something is. And then wait for the comedown off the E to smoke. And then wait till you're high to do the nitrous. That's as combined as I would make an evening. (015)

In her comment about the inability to fully predict the effects of a drug in advance, because of the varying intensity of effect, this respondent highlights the degree to which the planning and timing must remain flexible to accommodate varying physical responses.

SPONTANEITY STILL OPERATES: STRUCTURED FLEXIBILITY

The dominant narrative that emerges from our interviews is that of the rational and calculating user controlling his or her drug use by first preparing for the event by taking a series of ameliorating substances, such as carbohydrates and orange juice. While at the event, he or she consumes specific illicit and licit substances at different periods throughout the night-out to attain an exciting and pleasurable evening. Finally towards the end of the night, and as the intoxication diminishes, the respondent consumes other substances to ensure a pleasant transition back to everyday life. This is a picture of rational and controlled drug use where the individual drug user is an active agent engaged in a cost-benefit analysis in which he or she assesses the risks and measures them against the benefits (Coffield & Gofton, 1994; Mayock, 2005). However as Measham has noted, it is important to "reintroduce emotionality to a conceptualisation of agency in contemporary consumption" (2004b, p. 209), a point evident in our own data where in addition to a picture of controlled drug use, there also exists a cross-cutting and alternative narrative which described a more spontaneous and unplanned use. Such discussions of spontaneous drug use are more difficult to trace in the data, partly because respondents are typically much more specific about their

⁹For a detailed discussion of the stages of the ecstasy "high" see Beck and Rosenbaum, 1994.

planned use and this type of use tends to take on a much more central role in accounts of their experiences. Consequently they seem more structured in time. Nevertheless, peppered throughout their discussions of planned drug consumption are mentions of more spontaneous drug use. Spontaneous drug use in the narratives implies a notion of non-linear timed use in that respondents disrupted their planned drug use by the sudden choice to consume another drug. Even those respondents who reported planning their polydrug use by researching information pertaining to drug effects on the Internet and plotting a planned course of action, when probed admitted that they often used certain substances spontaneously occasioned by meeting friends or finding themselves in a different situation.

The different degrees of spontaneity, identified within the narratives, can be plotted at different points along a continuum of planned versus spontaneous use. At one end, users described a series of planned combinations consumed at different intervals and at the other end users described impulsive consumption. In the middle there existed respondents who both described planning their consumption and then being diverted from this plan. For example, the following respondent describes how he had taken ecstasy and then by chance meets a friend and decides to take some cocaine:

We had taken some E that was very chill and I was like at the club, I wanted to dance, I wanted to be social. And we ran into a girl that we knew from clubbing and partying and she had some [cocaine] and we bought some off her to like....as a boost kind of thing. (126)

From this account we see that consuming cocaine had not been on the agenda for the evening, but the planned timing of events was impulsively amended to take advantage of this unforeseen opportunity of being able to use cocaine. In another example, the respondent wanders into a different part of the venue and finds nitrous available and decides to use it.

About 1 o'clock I kinda took a break and started hanging out with a couple of friends...in the chill room.... Wound up going off into a separate area in the party and actually doing nitrous at the same time. And nitrous and E together is just... really, really amazing.... Wound up taking another half of a pill later on, and just like... chilling out. (008)

This form of planned/spontaneous drug use could be described as *structured flexibility*. In such cases, respondents begin the evening following a pre-arranged plan but as the evening progresses they find themselves either meeting new friends or being in a different setting and taking a drug which they had not initially planned for. However, they do not necessarily abandon altogether their initial plans.

In the following quote, we see another example of structured flexibility where a young male drug user describes how on his birthday he had attended a rave and was given ecstasy and methamphetamines by a friend who was also a dealer. The friend felt sorry for him because he was not having a great time:

It was at a rave. ...I was hanging out with somebody, and he knew it was my 18th birthday, and he happened to be a drug dealer, and it was pretty much like my 18th birthday present, you know. He gave me a pill of E and then he gave me meth - lines of meth. I was like, Hey, you know, 18th birthday not going too well, sure, you know, why not? ... I guess it was like, Hey, take something to try to feel better. (228)

Interestingly enough however, later on in the interview, the respondent tells the interviewer that he always prepares himself for the possibility of taking ecstasy by bringing with him his "rave pack":

[A] rave pack, is what I call it, that I take with me so that I...before I take and after I take a drug. It's something called 5HTP, and... It's supposed to build artificial serotonin. And usually I take one a day before.... and then one a day afterwards, for a week. And I usually take 5 to 10 thousand milligrams of vitamin C, 3 to 4 days before and after.... I take [5HTP] so that I don't get the kind of depressive...you know, depletion effect. I also take zinc and iron, so that my jaw doesn't hurt afterward, to kinda cut down on the physical pain after you roll. Yeah, I do that as kind of a ritual. You know, you take that and always do it after and before. (228)

While he admits to using drugs spontaneously, he nevertheless has also planned for this possibility by always having his "rave pack" available.

In the above examples, while planning exists spontaneous drug use also occurs. In the last two cases we highlight examples of spontaneous use with little or no planning. In the first case, the user attends a dance event equipped only with one drug, but who nevertheless assumes that he can obtain other different substances by interacting with others. What substances these might be is unknown as they will depend on who the respondent interacts with:

I'd usually get there [the club] like around 11 And I'd be there with a few friends You know, we'd do like a little...a couple lines before we'd go in, or we'd smoke... maybe grab a drink.... And then you'd go to the dance floor and You'd meet someone.... then at this point I would take like another hit, and then I would just offer it to someone and you know, they'd be, "Okay." Then they would share what they would have.... and then you'd do a little bit of that, you know.... andyou'd see someone you wanna talk to.... then sort of feel him out.... it wasn't always like that they had drugs.... And afterwards like you went home with them... you party more... use more drugs...Cuz everyone had a little bit with them, you know. Or if you didn't, you'd know someone.... and you'd be able to get a little bit. (222)

Here we see the extent to which spontaneous drug use, while not pre-planned, is both determined by the social interaction that takes place and in turn the sharing of drugs operates to facilitate the social interaction. "I would just offer it to someone and ... they would share what they would have" is the reciprocal basis on which the interaction is facilitated and established. In this case while the polydrug use is not planned, the user does expect that he will be able to involve himself in polydrug use.

In the last case we see the user who is totally spontaneous in their polydrug use. Here the respondent is intent on modifying an emotional state and is unconcerned with what substances she takes, as long as her mood is altered:

I didn't wanna be there [at a camp-out] and...because of my emotional state I really wasn't feeling like dancing, and I wasn't feeling the music, and I was like, Okay, fuck it. So...I'll have a couple drinks and I'll feel better. So I did that, didn't feel better, I was still like...depressed and I was like, Well, maybe if I do a bit o' coke I'll feel a little bit more excited, I'll feel better. Did some coke, still didn't work. I was like...more awake, but not any happier. So I was like, Well, fuck it, I'll eat some E. So I ate some E, that didn't do anything, and I was like, Shit. So I smoked some pot, ate a mushroom cap...And then...the weird thing is that I did all that and then I went to bed at like...10:30 in the morning, and I slept, which seems... impossible. (152)

Given her depressed state of mind, this respondent attempts to alter her mood by using what ever drugs are available. She has no idea of what she will ingest during the course of the

evening and in fact on reflection is surprised that this concoction of different drugs had so little effect.

From all these cases, we see a range of different drug-using practices. We have users who have planned their entire evening of drug use. We have those who had planned to take a specific substance but then decide to combine it with another substance given to them either by a friend, or one that became available when they entered a new setting. We have those who appear not to have planned which specific drugs they intend to use but who nevertheless are prepared with ameliorating substances just in case they do take drugs. Finally, we have those who will consume whatever drugs are available to them in the course of the evening

CONCLUSION

The data presented in this paper validates the findings of much of the available research literature which highlights the extent to which polydrug use is a common characteristic of young people who attend electronic dance music events. As we have shown our respondents are involved in consuming a pot-pourri of substances both legal and illegal. However, although our data corroborates the results of contemporary epidemiology, it questions both the dominant portrayal of the drug user as a passive consumer and the extent to which researchers in debating various definitional issues have neglected to consider the reasons ascribed to the mixing of drugs. While the literature has tended to focus on the patterns and types of drug consumed, we have concentrated on identifying the different reasons that users provide for their polydrug use. In so doing, we have seen the extent to which young users are active agents in deciding on what to consume in enjoying the night-out. By emphasizing the agency of our respondents we have described not only the combinations they both use and avoid, but also the meanings attached to these combinations.

Furthermore we have highlighted the temporal organization of their drug use, a feature that has also been neglected in contemporary discussions of concurrent and simultaneous polydrug use. Given the extent to which our respondents tend to consume drugs exclusively at the week-end at public events or private parties it is not that surprising that issues of time would be important. As Measham (2004a&b) and others (Hayward, 2002; Presdee, 2000) have noted, unlike their counterparts in the late 1960s and 1970s, young drug users, at least as illustrated by our respondents, have not dropped out from society but instead are intent on enjoying themselves and their drugs within the societal confines of the acceptable time-out period at the end of the week. The week-end has become the time when a "controlled loss of control" (Measham, 2004a, p. 338) takes place. Considering these restrictions, it is not unexpected that our respondents should plan their drug using practices to fit their available leisure time. They seek a fun experience but are willing to attain this experience within societally acceptable parameters. However while this sense of deliberation exists, it is also apparent from our respondents' narratives that on occasion their planning is interrupted and they consume other substances that they did not initially intend to use. In such cases, and in spite of their planning, the intoxicating effects of the drugs coupled with the sensory pleasures of the events and interactions with their fellow party goers may all result in their consuming a combination of substances not planned for, which may result in unanticipated consequences. What is significant, especially in the light of the extant literature, is not the fact that such events should occur, especially given the environments in which they operate, but the fact that both planned and spontaneous drug use are to be found to exist side-by-side in the single drug user. The occurrence of explicit planning and spontaneous drug-combining suggests that a simplistic dichotomy of user on the basis of planned versus spontaneous drug use may not accurately reflect the young drug user today.

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