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Have a safe trip: An investigation of rituals and sanctions surrounding LSD use

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Have a safe trip: An investigation of
rituals and sanctions surrounding LSD use

David Wellbourne-Wood

October 1997

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Have a safe trip: An investigation of
rituals and sanctions surrounding LSD use

David Wellbourne-Wood

Thesis submitted as partial fulfilment for the award of
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Abstract

There is little recent literature which identifies social controls operating among illicit drug users in Perth, Western Australia. This hinders understanding of the local illicit drug scene and makes the formulation of appropriate harm reduction strategies difficult. This study is a qualitative investigation of rituals and social sanctions which surround the use of Lysergic Acid Diethylamide (LSD). The research describes these rituals and sanctions, and examines their various functions for eight experienced users.

The research adopted elements of a phenomenological approach, using in-depth semi-structured interviews to elicit a description of users' subjective experiences with LSD, and Colaizzi's (1978) phenomenological analysis method to probe the data for typical structures and 'essences'. Credibility and validity are achieved through the use of data triangulation, participant verification, and a clearly identifiable audit trail.

The results suggest that rituals and sanctions surrounding informants' use of LSD are intertwined and serve a number of important functions. These include governing use through the reduction of harms and risks associated with LSD use and the maximising of pleasurable and beneficial elements of the experience. Users achieve this through the imposition of order, which is learned and practised in the social setting. Rituals and sanctions are integrated into the life of the LSD-using peer group, and have social meaning. Results indicate that the array of social controls which govern participants' use of LSD have varying degrees of success. A dialectical relationship between rituals and sanctions and the social setting exists, with both adapting to the presence and impact of the other. The outcome of this is that rituals and sanctions are modified, corrected and strengthened by their own outcomes. Results also challenge popular constructions of illicit drug users which dominate public discourse. The implications for harm reduction, drug education and future research are discussed.

Declaration

I certify that this thesis does not, to the best of my knowledge and belief:

- a) incorporate without acknowledgment any material previously submitted for a degree or diploma in any institution of higher education;
- b) contain any material previously published or written by another person except where due reference is made in the text; or
- c) contain any defamatory material.

Signature

31st October, 1997.

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CHAPTER ONE

Raising the issues

Currently in Australia, illicit drug use is a major issue. The controversial proposed heroin trial, the increased number of reported heroin related fatalities, the failure of the 'war on drugs' and the ensuing pledge by political leaders to vigorously pursue any strategy which tackles the 'drug problem' have all commanded major public debate. In Western Australia this comes in the wake of the Task Force on Drug Abuse, which adopted a hostile stance against what it termed "drug abuse", arguing that "we must take action now or face the consequences as a society" (1995, p. 2). While heroin is currently getting the lions' share of public attention, the spotlight is on all forms of illicit drug use.

The public response reflected in letters to Editors, talk-back radio commentary, media reports and political rhetoric, is worthy of the status of moral panic (Cohen, 1980). Commentators speak of a drug 'crisis' or 'epidemic' in which 'dealers in death' actively stalk and seduce the nation's youth. In this climate inaccurate information abounds and illicit drug use is seen as a grave social evil needing to be stamped out. Public discourse tends at times to class all illicit drug users in the category of 'drug addicts', defining them in terms such as deviant, criminal and dysfunctional or sick and in need of treatment. There have been calls for tougher penalties for users and dealers of illicit drugs, more treatment options with greater availability, more and better drug education, better parenting, changes in the legal

status of various drugs and the medicalisation of others. While the ensuing debates can be informative and useful, the hysteria generated can lead to a wildly inaccurate depiction of illicit drug users, often reinforcing 'junkie' stereotypes. This only fuels the notion that illicit drug users are unable to control their behaviour. It is this issue of control with which this research is fundamentally concerned.

The universal nature of drug use

There is nothing new about the use of mind-altering drugs. People have always sought to change their states of consciousness by "eagerly seeking out whatever naturally-occurring substances can be used as drugs, and wherever possible deliberately cultivating them" (Gossop, 1993, p. 1). Weil (1972, p. 9) has even suggested that "the desire to alter consciousness periodically is an innate, normal drive in man [sic], analogous to the hunger or sexual drive". While it is rare for a society to be without drugs, the drug varies immensely, for example: alcohol, tobacco and caffeine in Western industrial countries; cannabis in India and North Africa; Opium in the Middle East and peyote amongst indigenous Americans.

As well as the host of naturally occurring substances, a number of synthetic and semi-synthetic compounds have been introduced over the last century and have quickly spread all over the world. These include opium derivatives such as heroin and pethidine, the amphetamines and barbiturates.

Different societies and cultures have ascribed diverse meanings to the use of different drugs depending on factors such as pharmacological properties, the social

setting in which the drug is used, the functions served by drug-taking, the controls surrounding various uses, the personal attributes of the drug-takers and the core values of the particular culture. Drug use is a practice which is integrated into social and cultural life (Moore & Saunders, 1991). A few social groups claim not to use any drugs at all but these are so exceptional as to warrant the description of deviant.

Among the thousands of plants which produce pharmacologically active alkaloids, a few hundred produce compounds which have so-called 'hallucinogenic' or 'psychedelic' effects. These mind-altering substances have been used all over the world for thousands of years as intoxicants, to aid healing and divination, in magical and religious rites or simply for pleasure¹. The disparate states induced by hallucinogens have been regarded as encounters with the divine, the drug taker passing beyond the limits of the self to commune with the universe or the spiritual world. Such experiences are often described as ecstatic and enlightening journeys of spiritual discovery, or sometimes as horrific and terrifying encounters. In many cultures the power of these drugs is appropriated by or entrusted to certain people who are accredited with the capacity of manipulating it to help or harm others. They are given names like shaman², witch doctor, medicine man, *curandero*, sorcerer, or in more elaborately organised societies, doctor and priest (Grinspoon & Bakalar, 1979).

¹ See Furst (1972) for a review of hallucinogenic drugs in their cultural and historical context, which emphasises their role in religion, ritual, magic and healing.

² Grinspoon and Bakalar (1979, p. 39) suggest that the word "shaman", applied to any primitive healer who employs trance or spirit possession, is of Siberian origin and that the importance of this social role may be related to the presence of the psychedelic mushroom, *Amantia muscaria*. The dried mushrooms have now been displaced by alcohol, but were used as intoxicants as well as for divination and healing.

The discovery of LSD

A milestone in the history of hallucinogenic drug use in modern industrial society is the advent of LSD. Albert Hofmann first synthesised LSD in his laboratory at the Sandoz pharmaceutical company in Basel, Switzerland in 1938 in search of an analeptic, a stimulant for blood circulation and respiration. Hofmann's initial research did not elicit any special interest and the testing was discontinued. Five years later Hofmann decided to prepare another batch for a series of more extended pharmacological tests, when a trace of the substance was absorbed through the tips of his fingers. Hofmann recalls the first known LSD "trip":

I was very surprised, when in the afternoon of 16 April, 1943, after I had repeated the synthesis of LSD, I entered suddenly into a kind of dream-world. The surroundings had changed in a strange way, and had become luminous, more expressive. I felt uneasy and went home, where I wanted to rest. Lying on the couch with closed eyes, because I experienced daylight as unpleasantly glaring, I perceived an uninterrupted stream of fantastic pictures, with an intense kaleidoscopic play of colours. After a while this strange but not unpleasant condition faded away (1994, pp. 10-11).

Three days later, after Hofmann had identified the source of his earlier intoxication, he decided to conduct self-experiments and swallowed 0.25 milligrams of LSD, a dose he felt was the smallest quantity that could be expected to produce any physical effect. Within forty minutes he reported "dizziness, feeling of anxiety, visual distortions, symptoms of paralysis, desire to laugh" (1994, p. 11). The following lengthy but very informative passage is part of Hofmann's account of his powerful LSD-induced experience:

My surroundings had now transformed themselves in more terrifying ways. Everything in the room spun around and familiar objects and the furniture assumed grotesque, threatening forms. They were in continuous motion, animated, as if driven by an inner restlessness. . . . Even worse than these demonic transformations of the outer world were the alterations that I perceived in myself, in my inner being. Every

exertion of my will to put an end to the disintegration of the outer world, and the dissolution of my ego, seemed to be wasted effort. The substance with which I had wanted to experiment had become a demon who had vanquished me and who scornfully triumphed over my will. I was seized by the dreadful fear of having become insane. I was taken to another world, another place, another time. My body seemed to be without sensation, lifeless, strange. Was I dying? Was this the transition? At times I believed I was outside my body, and then perceived clearly as an outside observer, the complete tragedy of my situation. . . . Slowly I came back from a weird, strange world to reassuring everyday reality. The horror softened to give way to a feeling of good fortune and gratitude. Now, little by little, I could begin to enjoy the unprecedented colours and plays of shapes that persisted behind my closed eyes. It was particularly remarkable how every acoustic perception became transformed into optical perceptions. Every sound generated a vividly changing image with its own consistent form and colour (Hofmann, 1994, p. 12)³.

Hofmann's articulate description identifies what are now understood to be three characteristic effects of LSD: the marked perceptual changes, particularly the visual, the changes in mood and thought process and the physical changes. The intensity of Hofmann's encounter was compounded by the fact that he had not been prepared for such an overwhelming experience and because the chosen dosage was much greater than it needed to be. It was later understood that LSD was one of the most potent drugs in existence⁴.

Spreading interest in LSD

The powers of LSD were experienced by several of Hofmann's colleagues at Sandoz and in 1947, after a delay caused by the war, the first report on the psychological

³ For a full account of the background and discovery of LSD see Hofmann (1983, 1994).

⁴ While other substances are usually measured in thousandths of a gram (milligrams), effective doses of LSD are measured in millionths of a gram (micrograms). As a further measure of its potency, only about one percent of the original dose actually reaches the brain (Witters, Venturelli & Hanson, 1992, p. 330).

effects of LSD was published by Werner Stoll. The report used the term “phantasticum” (plural “phantastica”) to describe the drug. Sandoz sent samples of the drug to other research institutions in Europe and the United States and in 1949 other reports began to appear. Throughout the 1950’s interest in LSD was not just confined to laboratories and research institutions, as Grinspoon and Bakalar (1979, pp. 61-62) note:

The new interest in psychedelic drugs had the same kinds of sources as earlier drug vogues: medical researchers and psychiatrists who were trying LSD themselves and giving it to their friends and private patients; botanists, anthropologists, and amateur scholars . . . and literary people of the kind who have always taken inspiration from new forms of drug-induced changes in consciousness.

By 1960 the profile of LSD had risen dramatically and over 500 papers written about it were in print. The increase in LSD’s popularity in a number of different cultural circles set the stage for the psychedelic movement of the sixties.

LSD’s notoriety is due in part to the fact that its cultural significance has been inseparable from the hippie movement. As Grinspoon and Bakalar (1979, pp. 56-57) note:

When the hippies were at the centre of the public stage, so were psychedelic drugs; as the hippie movement became assimilated, losing its distinctiveness but leaving many residues in our culture, psychedelic drugs moved to the periphery of public consciousness, but they continue to exert a similar subtle influence.

By the early 1970’s the psychedelic movement had dissipated; its apologists had a much lower profile and its sacrament, LSD, was subject to much tighter legal

control⁵. While LSD attracted much less public scrutiny than in the previous decade, it didn't disappear. A large international network of pro-psychedelic groups such as the Multidisciplinary Association for Psychedelic Studies, the Albert Hofmann Association and The Island Group continued to promote LSD use. These groups are still part of an amorphous informal network which generates books, newsletters, articles, pamphlets, magazines, zines, product catalogues and computer bulletin boards that serve to keep users and other interested parties informed and interconnected⁶. In addition, a number of international events, such as the "Symposium of the Swiss Academy of Medical Sciences" and the San Francisco "Psychedelic Summit Meetings", took place in 1993 to mark the 50th anniversary of the discovery of LSD. These gatherings attracted international media coverage and involved a wide range of groups and individuals involved with LSD and other psychedelic drugs.

Since its discovery, LSD has polarised attitudes, generating controversy and division. Gossop (1993, p. 115) notes that "every conceivable claim has been made about it: that it causes insanity and irreversible brain damage, that it leads to profound spiritual enlightenment, that it causes genetic damage and that it is a powerful aid to artistic creativity".

⁵ Until 1966 there were no state or federal criminal penalties in the United States for unauthorised possession, manufacture and sale of LSD. The first state laws took effect in New York and California, two centres of psychedelic culture. Federal laws against LSD were not enacted until 1970.

⁶ Jenks (1995, p. 632) points out that this subcultural drug network is international in scope, replacing any notions of drug subcultures being necessarily localised in a particular area or among a particular population.

The effects of LSD

The effects of drugs known to be psychedelic are experienced and documented in a number of ways. In the pharmacological literature the effects of hallucinogens are categorised according to chemical structure and subsequent site of action. In anthropological literature different hallucinogens are categorised according to either the form in which the substance has been used (eg. plant, fungi or snuff), the purpose for its use (medicine, religion, divination), the social context in which it was placed, or according to the behavioural effects (Fitzgerald & Hamilton, 1994, p. 7).

The effects of LSD, as with other drugs, depend on a number of variables including the characteristics of the drug (eg. chemical structure, purity, amount taken, method of administration, and the form in which it is used), characteristics of the user (eg. age, weight, gender, health, tolerance, expectations, mood, previous drug experience, simultaneous use of other drugs, and activity at the time) and environmental factors (social and cultural setting) (Moss & Higgins, 1986, p. 3; Watts, 1971, p. 121).

Zinberg (1984) has usefully referred to these variables as the “drug, set and setting”. These factors interact and are all influential in shaping the drug experience.

LSD is usually administered orally, is rapidly absorbed from the gastrointestinal tract, and produces its effects within 30-90 minutes (Fitzgerald & Hamilton, 1994).

The physiological effects of LSD are extremely variable, but are generally not dramatic. The most common effects are especially noticeable in the first hour, before the psychological effects become obvious. These effects include dilation of the pupils; increase in deep tendon reflexes; increase in blood pressure, heart rate and

body temperature; mild dizziness or nausea, chills, tingling, trembling; slow and deep breathing; loss of appetite; and insomnia (Moss & Higgins, 1986; Grinspoon & Bakalar, 1979; Abraham and Aldridge, 1993). None of these symptoms is always present. Tolerance, or resistance to the drug, can develop within two or three days but disappears just as quickly.

The psychological effects of LSD are enormously variable but generally involve an intensification of mental processes. They can be roughly classified as changes in perception, changes in mood and changes in thought. Perceptually, LSD can produce an especially brilliant and intense impact of sensory stimuli on consciousness. Perceptual changes can involve auditory, touch, smell and taste sensations but the most striking are the changes in visual perception. When the eyes are closed vivid images colours and patterns appear, usually geometrical at first and then becoming more complex (Gossop, 1993). Colours may seem more intense, textures richer and contours sharpened. Normally unnoticed aspects of the environment capture the attention and may assume remarkable significance. Still objects or patterns can come to life and heightened perception of depth and field of vision also occurs. Perception of size, direction and distance is also altered and objects may seem smaller or larger than usual (cited in Moss & Higgins, 1986). An interchange of sensory modalities, known as synaesthesia, may also occur and the user might, for example, see music or hear colours. Time sense is radically altered, causing it to lose significance, stop completely or it may seem to slow down dramatically.

LSD also effects the personality of the user. The user may become suggestible, reacting with heightened sensitivity to faces, gestures, and small changes in the environment (Grinspoon & Bakalar, 1979). As every-day objects and surroundings assume enormous significance, so to do every-day emotions and the user can feel these emotions to a degree of intensity that they usually never experience. The user may experience deep insight into oneself or the universe, feeling that they have transcended ordinary human consciousness and had a truly mystical encounter. The intensity of these feelings may arouse fear and anxiety, or a sense that one has lost control; others will describe the experience as serene and enjoyable or euphoric.

LSD can also produce dramatic changes in the sensations of the sense of self, the ego separating from the body so that one's feelings and perceptions may seem to belong to someone or something else, or nothing at all (Grinspoon & Bakalar, 1979). The usual barrier that divides the self and the environment can dissolve creating a powerful sense of oneness. This loss of personal identity can be interpreted by the user as a vision of unity, whereby they are at one with their world. According to Watts (1971) it is this vision of unity, characterised by lack of conceptual or perceptual differentiation of objects, which is the core of the mystical interpretation of a psychedelic experience.

While some of the effects produced by LSD are more common than others, few of them occur with any degree of consistency. As Grinspoon and Bakalar (1979, pp. 13-14) note:

One person may feel only nervousness and vague physical discomfort from a dose that plunges another into paranoid delusions and a third into ecstasy; and the one who feels ecstatic joy now may experience infinite horror or grief the next time, or even the next moment.

The content of the LSD-taking experience is dependent upon too many variables for there to be any amount of consistency. Zinberg's (1984) drug, set and setting model clearly is useful here.

The subjective interpretation of a psychedelic experience or trip occurs within discourse. What is for one user a transcendental mystical experience will for another be simply good fun, and for someone else it may be insanity, madness. In the literature the psychedelic experience generally falls into one of a number of 'sets', or culturally determined psychological categories, which include mental illness categories, a psychotherapeutic set, a mystical-religious set and a subcultural set (Watt, 1971). While the boundaries of these are fuzzy, they are nevertheless specific responses to, and interpretations of, the interactions that occur between hallucinogenic drugs, their users, the social setting of drug use and the wider social milieu. Becker (cited in Watts, 1971, p. 110) argues that the user's particular culture "presents an effective interpretation of his [sic] experience because it is counterpoised to the common-sense category of insanity".

Prevalence of LSD use in Australia

There is evidence indicating that LSD has maintained popularity in Australia (McAllister, Moore & Makkai, 1991; Burrows, Flaherty & MacAvoy; Commonwealth Department of Human Services and Health, 1994). Its use has been linked, although not exclusively, to the dance or rave scene (Fitzgerald & Hamilton,

1994; Masterson, 1993; Allison, 1996; Lenton, Norcross & Boys, 1996). The 1993 National Drug Strategy (NDS) household survey (Commonwealth Department of Human Services and Health, 1993) found that 14% of the population had been offered hallucinogens⁷, making them the most commonly offered illicit drug after cannabis. NDS household surveys conducted in 1985, 1988, 1991 and 1993 have consistently shown that a greater proportion of the population have been offered hallucinogens than have been offered other illicit drugs excluding cannabis (Commonwealth Department of Human Services and Health, 1994). The 1993 NDS household survey reports that 7% of the total population have ever tried hallucinogens (5% of females and 9% of males), with the highest incidence occurring among males in the 25-34 age-group (15%) followed by males in the 14-24 age-group (12%). According to the NDS (1993), the proportion of the population that has ever tried hallucinogens fell one percentage point in the period between the 1985 and 1988 surveys, but has remained unchanged since then. Experience of hallucinogens among the population is similar to the patterns that are evident for amphetamines (McAllister, Moore & Makkai, 1991; Commonwealth Department of Human Services and Health, 1994; Fitzgerald & Hamilton, 1994).

The social meaning of LSD use

*It's not a habit, it's cool, I feel alive
If you don't have it you're on the other side
(I'm not an addict - K's Choice)*

⁷ These statistics refer to LSD and other hallucinogens such as magic mushrooms, making it difficult to estimate levels of exposure to and use of LSD in the Australian population.

This research is primarily interested in the functional elements of rituals associated with LSD use, rather than the symbolism. This doesn't mean that these actions aren't symbolic, representing membership with, or alienation from, a social group or alliance with particular values. On the contrary:

the social response to drug use is constituted by a response to particular images, centred on objects of use and objects of ritual. These objects have come to symbolise violation and alienation - the destruction of our boundaries and the erection of theirs - evoking in many people a fearful and hostile reaction So much is immediately evident with respect to rituals of use. Inherent in any ritual is its doubleness, which serves to define insiders who know what to do and in relation to outsiders who do not (Manderson, 1995, p. 805).

Other commentaries on symbolic elements of LSD and other drug use have originated in response to various cultural movements including the psychedelic movement of the 1960's and the rave scene which has sprung up over the last decade.

LSD was an initiating element and sacrament of the psychedelic movement because the effects it produced were homologous with the personal and cultural goals shared by its members. Young (1971, p. 157) has called this "the fit between pharmacology and culture", arguing that the drug facilitates the creation of a culture sought by the user. Some observers saw the use of LSD by adherents of psychedelic ideology as highly symbolic. Willis (1976), for example, suggests that the importance of drugs did not lie in their direct physical effects but in the way they facilitated passing through a great symbolic barrier erected over 'straight' society. On the straight side of the barrier rigidity, conformity and hypocrisy was said to exist, and on the other side is the world of freedom, honesty and a vision of unity. LSD use symbolised a break from the oppressive reality of straight culture. According to Willis (1976),

LSD could be thought of as a cultural placebo - a key to experience rather than experience itself. The experience represented what Leary (1968, p. 255) called a "shattering ontological confrontation", and was symbolic in as much as it represented detachment from modernist ideals of reason, progress and an objective reality; the demands made by capitalist society; moral conformity and repressive politics. The effect of this is, as Manderson (1995, p. 803) argues, that "rituals of all kinds bind a community together - but simultaneously they create a boundary against outsiders". A similar case has been made by Johnson (1989), who attempted to explain the so-called 'epidemic' in drug use that took place in the 1960's. Johnson argues that "the benefits of symbolic defiance of parents and/or authorities and . . . solidarity of a deviant group" (1989, p. 4) are major influencing factors.

According to Masterson the expectations of LSD users in the nineties have changed when compared to those of the sixties:

Attitudes, in particular, are different. Acid, and to a lesser extent ecstasy, are now firmly in place and increasingly mainstream, almost to the point of banality. The promise that acid seemed to offer to the hip intelligentsia in the sixties turned out to be flawed. Among the youth of the nineties, however, the intent has changed. They are not after promises; they are after certainties. They are not after cosmic revelation; they are after a good time (1993, p. 22).

Masterson's analysis may go some way to addressing the change in the social meaning of LSD use, but over-generalises. The connection between drug use and culture is over-simplified, and glosses over the fact that drug use is functional on a individual and social level in a number of ways other than to provide a 'good time'. Masterson denies the possibility that LSD use (or other drug use by young people) might have some symbolic significance and he ignores the meaning and importance

of social controls associated with LSD use, and the way these help to construct and control a total experience.

There is nothing new about Masterson's portrayal of young drug users, or young people in general, as essentially hedonistic, living both for the moment and for immediate pleasure. According to other observers (Davis, 1967; Young, 1971) this was also a feature of the psychedelic movement of the sixties, or for that matter any one of a number of so-called youth cultures. The implicit assumption is that young people are not inspired by their visions of the future or their interpretation of the present. Or alternatively, that they lack allegiance to a traditional ethic of deferred gratification. Masterson's analysis of the complex relationship between drug use and culture does nothing to further understanding of its meaning, symbolic or otherwise, to those who are involved in it beyond the quest for pleasure. Nor does it acknowledge the many levels at which analysis is possible.

This is not to suggest that the LSD user is not after a good time, nor is there anything historically unusual about people taking drugs and having fun. Rather it is to suggest that LSD use, or indeed any drug use, can play a very considerable and meaningful role in other areas of existence, as history has shown. One only has to look at the esteemed and multi-functional role of alcohol in our society to see that the relationship drug use and culture can be rich and complex. There is no reason why this should not be the case with other drugs also, including those which are illicit or considered 'recreational'. This will not be appreciated if research and commentary fails to avoid simplistic causal models of analysis.

Grund (1993) also argues that social drug using rituals have symbolic meaning. The substance of Grund's (1993) position is that the rituals around social drug use (for example sharing drugs with one's immediate peers) symbolise membership in a subculture in which illicit drug use plays a central role. A user's willingness to participate in social drug using rituals with other members of their peer group demonstrates that they are a generous and trustful member of the community who is aware of their social obligations; a common bond is renewed and group sentiments are reinforced. For Grund (1993), this kind of activity is essential for the maintenance of intimacy, solidarity and harmony within drug-using peer groups.

The purpose of the research

It has been acknowledged that social controls play an important role in the management of illicit drug use, and the prevention of drug-related problems, in contemporary society (Zinberg, Jacobson & Harding, 1975; Harding and Zinberg, 1977; Maloff, Becker, Fonaroff & Rodin, 1980; Zinberg, Harding, & Winkeller, 1981; Zinberg, 1984; Mugford, 1991; Moore, 1992; Becker, 1993). However, there is not very much Australian research where these are discussed in relation to the recreational use of LSD (Moore, 1992), the social context of LSD use and the ways in which the drug is used (Fitzgerald & Hamilton, 1994). While there is a literature on rituals associated with other injectable illicit drugs in Australia (Dance, 1991; Moore, 1992), very little work has been undertaken specifically with LSD users. Not much is known about the various social control mechanisms for harm reduction

that are practiced by LSD users. This research therefore seeks to fill in some of the gaps in the literature and build upon existing knowledge.

The aim of this research is to explore and describe the nature and function of rituals and social sanctions associated with the use of LSD amongst a small group of experienced users. The research questions specifically being addressed are:

1. What rituals and social sanctions surround the use of LSD?
2. What functions do these rituals and sanctions serve?

My usage of the terms “ritual” and “social sanction”, come from the work of Harding and Zinberg (1977). They define ritual as

the stylised prescribed behaviour surrounding the use of a drug, the methods to procure and administer the drug, the selection of physical and social settings for use, activities after the drug is administered and the methods of preventing untoward effects;

and define social sanctions as

the norms regarding how or whether a particular substance should be used. Social sanctions include both the informal and often formal unspoken values or rules of conduct by a given group (Harding & Zinberg, 1977, p. 112).

I use the term “function” to refer to the effect of a cultural element’s performance or non-performance in a given cultural setting (Wallace, 1966, p. 168).

This research has also been partly inspired by the continuing social and legal division between licit and illicit drugs and their users, and the implications of this for controlled drug use. It can be argued that users of all psychoactive drugs, ranging from the illegal ones to those which are widely accepted, have more in common than not. Heroin can be used for the same reasons as alcohol is used: to be part of a group, for fun, because of its pleasurable effects, to help cope with pain, because the user is dependent upon it, as a sign of dissent and so on. Users of both licit and illicit drugs also govern their drug taking to some extent by maintaining rules and practices which distinguish acceptable behaviour from that which is unacceptable. Zinberg (1984) says that the controlled use of illicit drugs is more complex and difficult to achieve than the controlled use of licit drugs. This might reflect the inherent conflict between the law (formal controls) and a social group's approval and instruction (informal controls) in illicit drug use (Mugford, 1991).

This project was prompted by thinking around the question of how illicit drug users regulate their use. What rules do users of illicit drugs have about their drug use? How do these rules develop? How do they change? How effective are they? By what means is controlled illicit drug use attainable? How can this knowledge help workers in the field and other users to reduce drug-related problems?

The term ritual is commonly reserved for predictable sequences of behaviour in the practice of religion, magic or other mystical endeavours. It is generally used to connote a particular mode of highly symbolic behaviours which reflect certain beliefs about our position in relation to God or the universe. Harding and Zinberg (1977) pioneered the use of the categories "ritual" and "social sanction" to examine

drug use. They suggest that these concepts can be used to understand the ways in which illicit drug users in contemporary society control their drug taking. Harding and Zinberg (1977) use the categories of ritual and social sanction to describe the range of informal social controls which govern the use of illicit drugs.

The utility of the study

A study of rituals and social sanctions which surround LSD use could be useful in several ways. First, it is anticipated that the research will make a contribution to the body of knowledge on social controls associated with LSD use. Second, the research may provide insight into the indigenous social regulatory mechanisms that promote the control of LSD use, some of which may also apply to the use of other illicit drugs. Third, it is anticipated that the research will identify potential directions for harm reduction strategies. Fourth, the research will demonstrate the potential strengths and weaknesses of applying elements of a phenomenological research method to this kind of investigation. Finally, the study is intended to develop my own understanding of social aspects of illicit drug use particularly with regard to the issue of controlled or regulated drug use, and increase my skills in qualitative research and critical thinking.

CHAPTER TWO

A review of the literature

What counts as a ritual and what doesn't? What functions do rituals serve? What are social sanctions? How do these concepts apply to illicit drug use in modern society? These questions are explored in this chapter by examining some of the literature. A number of studies of rituals and sanctions around LSD and other drug use are also reviewed.

What constitutes a ritual?

Ritual is a prosaic feature of human existence. In all societies people have devised and practiced predictable sequences of behaviour which are intended to bring about predetermined outcomes. These range from elaborate religious ceremonies to simple social protocols, from solitary and private rituals such as prayer to social and public events such as weddings and funerals. These patterns of behaviour are set apart from ordinary day-to-day activities, they are driven by personal beliefs, have a deeper meaning for the participant than other kinds of behaviour, and are often highly symbolic. Grund (1993) argues that the ritual is meant to bring about a state of consciousness, different from the ordinary, that enables its performers to accomplish a task that is outside the realm of everyday routine, and for that reason requires an altered physical and/or psychological state of being.

Although the term ritual addresses a particular mode of observable behaviours, this is a broad concept, as Nagendra (cited in Grund, 1993, p. 2) suggests:

a definition of ritual such as might be applicable to the term in all its acceptations is difficult . . . not because the term is widely used, but because it is not possible to determine the true nature of what constitutes the irreducible basis of the myriad human practices it represents.

The term ritual has been used to represent various forms of human behaviour, including religious or mystical, secular, technical and ceremonial behaviour. It will be useful to identify some of the definitional themes in social science literature before looking at its application to drug use. Some of the elements in these definitions are common, while others diverge significantly.

Bourguignon (1977, p. 21) defines the process of ritualisation as the “imposition of order, a bringing under social and ideological control of what are potentially disruptive states and psychological forces”. Durkheim (1976, p. 36) describes rituals as “determined modes of action”. According to Goody (1962, p. 159) ritual refers to “a category of standardised behaviour (custom) in which the relationship between the means and the end is not ‘intrinsic’, ie. is either irrational or non-rational”. Goody sees ritual as an end in itself, void of any direct instrumental purpose. Wallace (1966, p. 236) defines ritual as “stereotyped communication, solitary and interpersonal, which reduces anxiety, prepares the organism to act, and (in social rituals) coordinates the preparation for action among several organisms”. According to Wallace (1966, p. 237), ritual lacks informational content, but despite this it does convey two types of meaning: “first, it is a statement of intention; second, it is a statement of the nature of the world in which the intention is to be realised”. He further adds that the goal of ritual is to “create the image of a simple and orderly

world” (Wallace, 1966, p. 239). Carter (1977, p. 102) also states that a ritual “must involve repetitive action, be kept within limited contexts, reflect basically uncritical acceptance of some value, quality, attitude, or belief, and in some way convey to the individual hope that he will be helped in coping with his situation”. Nadel offers a similar definition of ritual:

when we speak of ritual we have in mind first of all actions exhibiting a striking or incongruous rigidity, that is, some conspicuous regularity not accounted for by the professed aims of the action. Any type of behaviour may be said to be ritual when it is stylised or formalised, and made repetitive in that form (1954, p. 99).

According to Partridge (1977, p. 62) the defining feature of ritual is that of a “repetitive reassertive form . . . ritual is an ordered statement of pattern against randomness, order against idiosyncrasy”.

Are rituals instrumental or symbolic?

The above descriptions have in common the basic requirement of a fixed and predictable behaviour sequence, the outcomes of which are intended to be similarly fixed and predictable. However, this defining feature of ritual behaviour does not allow for sufficient explanation of any special meaning rituals might have for participants, or necessarily make ritualistic behaviour any different from general human behaviour. Many routine and predictable behaviours that occur in every-day living, for example going to work or the washing of hands, share this characteristic but are of a different nature to many other events that could also be described as rituals.

For many writers ritual action has meaning beyond its performance; it is symbolic action. Radcliffe-Brown (1952, p. 143) argues that ritual acts stand in direct contrast to technical acts:

In technical activity an adequate statement of the purpose of any particular act or series of acts constitutes by itself a sufficient explanation. But ritual acts differ from technical acts in having in all instances some expressive or symbolic element in them.

Nagendra (1971) also argues that ritual is symbolic action, a representation of reality at a certain level of reference by a corresponding reality at another. From this perspective ritual activity cannot be put into a means-end scheme; ritual is an end in itself.

While these authors suggest that one of the defining elements of a ritual is its symbolism, they have not ruled out the possibility that a ritual might also be an instrumental or technical act. A dichotomy between the instrumental and the symbolic is practically difficult to maintain because in many rituals it is not always easy to distinguish between technical or instrumental activity and symbolic activity. Kluckhohn (cited in Dobkin De Rois, 1984, p. 207) speaks of rituals being “obsessive, repetitive action which symbolically dramatised the fundamental needs of a society”. This suggests that some rituals might have elements which are both technical and symbolic. Wallace (1966) also suggests that ritual is “often a symbolic dramatisation of the fundamental ‘needs’ of the society, whether economic, biological, social or sexual” (p. 104), and illustrates this by discussing the rituals that surround divination and hunting. Similar examples are rituals that surround marriages, births, deaths, and any other event which signifies significant social change, as well as religious ritual. The symbolic elements of these rituals are not

easily distinguished from their technical or instrumental function. Durkheim (1976, p. 2) states that even “the most barbarous and the most fantastic rites and the strangest myths all translate some human need, some aspect of life, either individual or social”.

La Fontaine (1972, p.161) has addressed this ambiguity by arguing that “there is a continuum of action stretching from the purely technical to the purely symbolic. While the poles are clearly defined there are points between them that are difficult to place in either category”. It is a question of proportion: “a preponderance of technical over symbolic action (however technical the actors may consider the purpose of the rite) is what marks a ritual from the customary performance of technical acts” (La Fontaine, 1972, p. 161). However, rather than considering the symbolic and the instrumental as polar opposites, they might represent different levels of any ritual behaviour. A ritual might be rich in both symbolism and technical activity, or have a preponderance of one over the other.

The separation of the technical from the symbolic in drug-use rituals is also problematic. Some authors suggest that repetitive and predictable behaviours which surround injecting drug use can be laden with symbolic significance (Grund, 1993; Manderson, 1995), but it can be argued that these actions might equally be as important as techniques used for avoiding the risks associated with this kind of act. Rituals which surround injecting drug use, such as preparing one’s own injecting equipment or diluting the drug, may be considered fundamentally technical because they serve to reduce risks including the transmission of blood-borne-viruses and getting a dirty hit. However, this is not to say that the same actions do not have a

special meaning for the user, such as representing membership in an elite group or subculture of illicit drug users.

So in addition to being fixed behavioural sequences with generally predictable outcomes, rituals can have both symbolic and instrumental elements. Or, as Grimshaw (1988, p. 749) states “ritual has both instrumental and expressive aspects: it is an activity (it does something) and it is a statement (it says something)” .

The functions of ritual

The function of a cultural element was defined earlier as “the effect of its performance or non-performance in a given cultural setting” (Wallace, 1966, p. 168). Beyond this definition, interpretation depends on the orientation of the analyst. For the sociologist or anthropologist the said function of a ritual will be about its impact upon the group or society who participate in the ritual. For the psychologist it will be about the effect upon mood, thinking or behaviour. Other variables which complicate the task of understanding the function of a ritual are the level of analysis necessary to unravel the complexities of this mode of human behaviour, the possibility of numerous functions of one type of ritual depending upon the conditions in which it takes place, the possibility that the ritual may have different meanings for different actors (eg. rites of passage), an exclusive emphasis on either symbolism or instrumentality, and the possibility that the function of a ritual may not always align with the intentions of its actors (for example judgement rituals).

Despite these difficulties a number of common observations about the function of rituals can be made from the literature. As has already been noted, rituals serve broadly to impose order, to reflect the intention of the actors and to control outcomes. Ritual can also be used to fulfil the practical needs of life. The practical outcomes sought by rituals are achieved through the effect the ritual has on its performers. Wallace (1966) points out that an important function of ritual is to prepare and organise people to carry out a predetermined course of action. Both solitary and social rituals focus the participants on the tasks at hand, preparing them to act confidently and efficiently. In the case of one individual, this is accomplished by “resolving motivational conflict, reducing fear and anxiety, increasing confidence, focusing attention on the task at hand, and mobilising appropriate psychophysiological systems for the execution of the act” (Wallace, 1966, p. 234). In social rituals “the participants are brought more rapidly to the state of readiness for the cooperative execution of the act than is likely if mobilisation and coordination were to depend on less stereotyped communication” (Wallace, 1966, p.235).

Raglan (cited in Wallace, 1966, p. 103) also suggests that one of the main functions of a ritual is to “confer benefits on, or avert misfortunes from, those by whom or on whose behalf the ritual is performed”. Moreover, the ritual activity itself can give rise to pleasure as it produces “what one might call an overproduction of thought, emotion and activity. The elaboration of these processes is accompanied by pleasurable emotion, it becomes an end in itself” (cited in Grund, 1993, p. 8). This function is an important aspect of drug-using rituals. The successful practice of rituals to achieve altered states of consciousness conditions the drug user to expect the pleasure they usually experience on each occasion they administer a drug. The

onset of pleasure, or the reduction of anxiety, can begin even before the drug is present in the body. An example of this is the satisfaction some drug users derive from the act of injecting, sometimes referred to as having a 'feel for the steel'.

Rituals reflect the fact that humans are social beings, and find fulfilment in group participation and solidarity. They express a desire to structure life's activities, to control the outcomes of inevitable instability and change, to experience pleasure and to avert harm.

Social sanctions

The concept of social sanction is less disputed than ritual. Generally, the literature on rituals does not refer to social sanctions, but rather, ritual belief⁸. Social sanction is a term coined for application within the context of social drug use. Harding and Zinberg (1977) state that "the distinction between drug-using rituals and social sanctions is one of behaviour versus belief, or practice versus dogma". In classical terms, it is the difference between the mythology which validates the ritual and the ritual itself.

Social sanctions are directly related to rituals. They provide an ideological foundation for the practice of ritual behaviour. Durkheim (1976, p. 36) suggests that

⁸ In its broader use the term 'sanction' is used within political discourse to describe coercive measures taken to secure fulfilment of international obligations (Watt, 1988). It is also used within the field of anthropology, in which it is taken to mean the response, positive or negative, to modes of behaviour (ie. Positive sanctions for socially approved behaviour and negative sanctions for breaches of social norms (Grimshaw, 1988). As such sanctions support the customs of a society.

“it is possible to define the rite only after we have defined the belief”. Wallace (1966), and Dobkin De Rois (1984) also argue that belief, although its recitation may be a part of the ritual, or a ritual in its own right, serves to explain, to rationalise, to interpret and direct the energy of the ritual.

To illustrate this clearly with reference to drug use, a number of social sanctions operate in society which serve to govern the lawful use of alcohol and other drugs for positive effects, and to reduce the potential for harmful consequences. These range from laws making it an offence to drink and drive, warnings about the dangers of mixing prescription drugs with alcohol, and values implicit in public campaigns which alert us to the perils of smoking cigarettes, to the popular ideas that one should never drink alcohol with breakfast, drink on an empty stomach, drink every day, or drink alone. Sanctions demarcate acceptable behaviour for a particular group or society, and are formally or informally articulated in the form of legislation, shared beliefs and mythology. However, sanctions which coexist in a society may come into conflict where, for example, one group may redefine as acceptable what is a highly deviant activity in the eyes of the larger culture.

Rituals and drug use

The pursuit of altered states of consciousness has long been associated with repetitive stereotypical behaviours that characterise rituals. Bourguignon (1977, p. 7) suggests that such states are “universal phenomena, which, like other such universals, are subject to a great deal of cultural patterning, stylisation, ritualisation, and rationalising mythology”. While the degree and intensity of stylisation,

instrumentality and symbolism differ between societies, there are numerous examples of drug using rituals occurring throughout history in all parts of the world. Some examples are the chewing of coca leaves in certain Andean cultures, the widespread use of caffeine and alcohol in social rituals within Western cultures and the use of mescaline in some native Americans' religious ceremonies. Dobkin De Rois (1984) states that one of the foremost features of non-Western hallucinatory plant use is the ritualisation surrounding their use: "although the pleasurable effects are not ignored, in the main such plants are ingested within the context of complex social ritual and ceremonialism" (p. 205).

Moore and Saunders (1991, p. 30) also state that the use of drugs has been "integrated into cultural and social life and, as a result, social rituals and mechanisms have evolved to prescribe certain types of behaviour and proscribe others". The rituals associated with drug use perform the same kind of functions as other rituals: they confer cultural meaning upon the act of drug use, they communicate the intention of the actors, they impose order on the experience, and they aim to induce or enhance pleasure and prevent adverse consequences. Put simply, the drug-use ritual is a stylised control mechanism. Bourguignon (1977) explains that "control is established by the development of a myth to explain the behaviour and the creation of ritual means of coping with it" (p. 21).

Rituals associated with the use of hallucinogenic drugs have not been limited to indigenous cultures, and reflect both spiritual and secular beliefs. In the pursuit of a spiritual encounter, a shaman or priest might perform ritual acts which symbolise the position of the actor in relation to God. In modern societies

methods of dealing with spontaneous ASC [altered states of consciousness] may involve defining a hallucinating individual as sick and applying the consequences of that definition: hospitalisation, psychiatric treatment etc. And this, too, may involve a range of stereotyped and predictable, thus ritual, actions, albeit ritual action rationalised by a secular ideology (Bourguignon, 1977, p. 21).

Previous studies of drug-related rituals and sanctions

There are few recent studies which focus on social dimensions of drug use in Western culture, and which use the ritual as a starting point for analysis. Of the few documented studies of this nature, most were conducted prior to 1980, and explore the use of heroin and other opiates, cannabis, and psychedelic drugs, including LSD. Agar's (1977) study of ritualistic drug use among American urban male heroin addicts, and Cleckner's (1977) study of ritual aspects of drug use among young, black urban males were among the first to look at the role of drug-related ritual in modern secular life.

Agar defines rituals as

a sequence of psychomotor acts . . . the prescribed psychomotor sequence must be invested with a special meaning for the person performing that sequence (1977, p. 141).

Agar acknowledges that the central difficulty lies in determining when a psychomotor sequence has a 'special meaning' for a person, but suggests three indicators which, although tentative at best, might be useful:

1. the expressed attitude toward the event when it is spoken about out of context (ie. reverence might indicate special meaning);

2. the use of something related to the psychomotor sequence for group emblematic purposes, such as a icon, symbol or phrase which denotes one's identity because of its association with the ritual; and
3. special meaning may be indicated by either obsessive performance of the ritual, or continued performance, at least for a time, even after the rationale is no longer present (Agar, 1977, p. 142).

As far as the dichotomy in social science literature between sacred and secular rituals is concerned, it is suggested that the notion of 'special meaning' dangerously blurs any distinction between the two. Agar concludes that "whatever has special meaning for a group member counts as an instance of sacred ritual" (1977, p. 142).

Agar describes ritual behaviour surrounding heroin use and argues that while there is intragroup variation in the extent to which a drug-using event is perceived as a ritual, the sequence of activities in the event is usually rigidly prescribed. To satisfy the second element in Agar's definition, it is argued that for heavy users the sequence clearly has special meaning: "it represents the core of his life as an addict, the eventual goal around which much of his effort is focussed" (Agar, 1977, p. 141).

Agar does not explore the various functions of ritual, the manner in which they are learned and taught or the notion of ritual beliefs or sanctions. Rather, he aims to integrate the notion of ritual as practiced by urban drug users with broader anthropological and sociological theory, and to inductively develop a criteria for considering some behaviours around drug use as rituals.

Cleckner (1977) seeks to explain the role of drug use within the dynamics of what she calls "the ghetto environment" (p. 149). She explains:

the key to these dynamics lies in the ritual and symbolic content of the drug scene in the consciousness of the users themselves. Drugs have a meaning and serve a function which is intimately and profoundly linked to the activities and metaphors of street life. They serve a psuedotherapeutic purpose in relieving its unique anxieties and creating states of consciousness which articulate productively with the social reality. (Cleckner, 1977, p. 149).

Cleckner asserts that repetitious behaviour surrounding drug use can only be regarded as ritual in a very general and secular sense. The symbolic content, she argues, is not regarded as terribly significant, "what is significant is the concrete results or effects of any action, not its reality status" (Cleckner, 1977, p. 163).

Hence, rituals are described as predominantly pragmatic and rational with little room for symbolic elaboration.

while one often hears symbols and rituals in primitive society explained in terms of 'that is the way it is' or 'our fathers before us did it thus', a dope fiend can almost always give a practical explanation for what he does (Cleckner, 1977, p. 163).

According to Cleckner, the rituals she observed do nothing more than complement the lifestyle of the street. These include standard behaviours which are intended to protect users from being 'ripped off', such as leaving money in the car with a friend, and practices such as shooting-up in a bathroom because it provides access to water and a natural shield of privacy.

While Cleckner sees little room for the kind of 'special meaning' described by Agar, she suggests that there are a few special areas where symbolism can be productively spoken of in relation to drug use rituals. One element of sacred ritual described in anthropological literature is the sharing of indescribable experiences. Cleckner states:

drug use has a similar quality in that the experience is impossible to transmit during the course of ordinary social interaction. Drug users share knowledge impossible to share with non-users, thus having a special bond similar to the bond created in the ritual context (1977, p. 165).

Cleckner also sees the ritual of initiation into drug use as symbolically representing rites of passage for young males. As a ritual of initiation there is said to be “a shared experience of revelation (a new type of awareness or quality of consciousness passed from initiate to novice) . . . it is the symbolic revelation of what is hidden . . . more directly, drug use is an entree into other knowledge about the street” (1977, p. 165).

The most notable and systematic treatment of the subject of rituals and their supporting beliefs (social sanctions) was completed by Zinberg and his colleagues. Zinberg (1984, p. 5) suggested that social structure and setting control the drug experience through values and rules of conduct (social sanctions), and patterns of behaviour (rituals).

Harding and Zinberg (1977, p. 112) acknowledge Goody’s (1961, p. 159) description of ritual as behaviour in which “the relationship between means and ends is not intrinsic”, and further recognise that the term is usually reserved for behaviour satisfying the condition of a preponderance of the symbolic over the technical or recreational. However, they adopt a more broad approach, and as they themselves explain, violate this tradition in two respects:

first, we are applying the terms [ritual and social sanction] to drug use whether the goal of the user is recreation, improved mental or physical performance, or religious experience. Second, drug using rituals and social sanctions include both rational and non-rational elements (Harding & Zinberg, 1977, p. 112).

Here the concept of ritual as previously explored is adapted to the context of drug use. The notion of prescribed and stylised behaviour is still a central feature but the function of the drug use ritual reflects the particular qualities of the drug itself, the user and the setting in which drug use occurs.

The application of these terms to behaviours with such diverse intentions is defended by Harding and Zinberg on the basis that the objective and subjective effects of any substance, psychoactive or inert, can be experienced in different ways according to the set and setting of use, which shape the experience through rituals and social sanctions. This can be demonstrated by the placebo effect, in which individuals can react (psychologically and physiologically) as if they have taken a drug even when no active substance has been administered. Such responses have been widely documented, and have occurred to the extent that people have experienced profound effects such as heart palpitations, nausea, skin rash and even dependence as a result of using what they believed were drugs, when they were in fact inert substances (see Gossop, 1993 pp. 20-25). Weil (1972, p. 96) even suggests that “all psychoactive drugs are really active placebos since the psychic effects arise from consciousness, elicited by set and setting, in response to psychological cues”. Rituals and social sanctions can be usefully thought of as the psychological cues Weil describes. This is one reason Harding and Zinberg find the concept of ritual, even in modified form, useful when applied to drug use. They state that “the mutability of drug effect . . . can be attributed to the discrete influence of rituals and social sanctions, whether rational or non-rational, on the user” (Harding & Zinberg, 1977, p. 113).

Harding and Zinberg favour the term 'social sanctions' over its more classical equivalent, ritual beliefs, for two reasons. First, they argue that the term emphasises that beliefs are socially reinforced; secondly, because it conveys more clearly the sense that behaviour and belief are separate concepts (Harding & Zinberg, 1977).

Although rituals and sanctions both seem to be tools for controlling drug use in one respect or another, Harding and Zinberg (1977) found that different drug users may share very similar drug using rituals, yet subscribe to dichotomous social sanctions. Put another way, a diverse group of users may take a particular drug in similar ways but have vastly different social and individual rules about an acceptable frequency of use. Harding and Zinberg (1977) claim that social sanctions can predict controlled or compulsive use, when rituals cannot. This is because the ritual expresses how a drug should be taken - in what setting, who with, how to administer and so on - but social sanctions also indicate how often a drug may be used.

Rituals and social sanctions that promote control of illicit drug use operate within subcultures of drug users. Zinberg (1984) claimed that controlled drug use is chiefly supported by subcultural drug using rituals. Harding and Zinberg (1977, pp. 119-120) found that these controlling rituals and social sanctions have five major features:

1. they define moderate use and condemn compulsive use;
2. the rituals and sanctions limit use to physical and social settings which are conducive to a positive or safe drug experience;
3. they reinforce the principle that use should be infrequent enough to avoid dependence or addiction;

4. they identify potential untoward effects and prescribe relevant precautions to be taken before and during use; and,
5. they assist the user in interpreting and controlling the drug high itself.

For illicit drug users, rituals and social sanctions provide what the larger culture does not: “instruction in and reinforcement for maintaining patterns of illicit drug use which do not interfere with ordinary functioning and methods for use which minimise untoward drug effects” (Harding & Zinberg, 1977, p. 111).

Rituals and sanctions often promote safe using practices; for example the use of clean needles, the company of a ‘straight’ observer, knowing personal limits, budgeting so as not to neglect other areas of life, or advice to avoid purchasing quantities which attract severe legal penalties. The process by which controlling practices are acquired varies between individuals but most users do acquire them in the course of their using career. Zinberg, Harding and Winkeller (1981, p. 293) found that controlled users shared one common method of developing these practices: “all . . . required the assistance of other controlled users to construct appropriate rituals and social sanctions out of the folklore and practices of the diverse subculture of drug-takers”. For Zinberg et al. the drug-using peer group or subculture is therefore highly instrumental in the development and monitoring of rituals and sanctions within that group. Becker (1967) also argues that one of the central functions of drug subcultures is to educate users about the hazardous effects of drug use.

This is consistent with Young’s (1971) study of illicit drug users, in which he observes that some groups “contain lore of administration dosage and use which tend

to keep . . . lack of control in check, plus of course informal sanctions against the person who goes beyond these bounds” (cited in Zinberg et al., 1981, p. 294).

According to Young (1971), subcultures which involve drug-taking often have “a body of stipulations and controls as to the use of particular drugs. They also have a system of values which judges the effects of a particular drug as being either good or bad” (p. 219).

Oetting and Beauvais (cited in Bauman & Ennet, 1996, p.190), in a discussion of adolescent drug use, also situate the development of sanctions within peer groups:

. . . drug use is very strongly linked to membership in small groups of people . . . These small groups are peer clusters, in which (a) drugs are made available; (b) the youth learns to use them; (c) *there is a sharing of beliefs, attitudes, values and rationales for drug use*; and, (d) drug use plays an important role in group membership and identification [emphasis added].

Drug use in peer groups occurs within a framework of beliefs about drug-taking and is usually subject to a system of controls which the peer group has developed over time, from experience. The peer group therefore plays an indispensable role in the development of informal controls. This occurs to such an extent that

it is vital to enmesh the taking of any drug in a system of norms and controls, if deleterious effects are to be avoided . . . with this in mind it is strongly dysfunctional to harass and undermine existing drug subcultures (Young, 1971, p. 219).

While the primary source of information used to develop rituals and social sanctions is the immediate peer group or sub-culture, there are also other sources. One channel for this kind of information is user support groups, social services or other groups which advocate on behalf of drug users. For example, Jenks (1995, p. 639) states:

in terms of risk-reduction, one of the primary aims of groups that promote marijuana and psychedelic drugs is to create a new context for their use - to disseminate accurate information about the effects, both positive and negative, of these drugs and to try to ensure that people use them wisely and in a controlled responsible manner.

Zinberg et al. (1981, p. 294) suggest four other secondary sources of rituals and social sanctions. First, some of the precepts learned in the course of socialisation in the controlled use of alcohol may be successfully applied to the use of other illicit drugs. Second, the lessons learned about controlling one illicit drug may be applicable to another. Third, control over one drug, in the narrow sense of being able to deal with the drug high, may be transferred to another drug experience when the drugs have similar pharmacological properties. Fourth, direct exposure to users who suffer from adverse drug effects may inspire users to develop or refine their own control mechanisms.

Zinberg's (1984) investigation into the basis for controlled drug use examined rituals and social sanctions adopted by LSD users. Zinberg (1984, p. 147) found that the social sanctions and rituals that surrounded the use of LSD and other psychedelic drugs "are stronger, better articulated and more carefully followed than those associated with either cannabis or opiates such as heroin". According to Zinberg (1984, p. 147), the sanctions which developed in the 1960's had two purposes: "to establish control over excessive use (which early users did not realise was likely to occur) and to establish control over the immediate experience, which was more demanding than any other drug experience". Experienced users knew that unless specific guidelines were followed the drug experience could be very distressing, or

could lead to physical, emotional or psychological harm. There were however no guarantees.

For Zinberg's group as a whole these guiding social sanctions specifically included: planning for use (61% of the sample), never use with strangers (44%), never use in a strange place (39%), do not let significant others know of use (22%), make special schedules for use (28%), clean the surroundings before use (11%), have rules about obtaining the drug (11%), keep a drug budget (11%), and, various other specific rules (50%) (Zinberg, 1984, p. 152). These accepted rules translated into culturally specific practices. For example, beginners were encouraged to use with a 'guide' or 'guru' who would be present to reassure the user that what they were experiencing was safe, to instruct them to 'go with the flow', and to talk them through fearsome moments. Because of the LSD users heightened sensory perception it was important that the using environment be conducive to the experience. It had to be safe and clear of stimuli that would be interpreted negatively during a trip, and contain stimuli that would enhance the experience - certain art, music, nature etc.. These rituals and sanctions were expressed by maxims such as "only use at a good time, in a good place, with good people". Zinberg (1984, p. 151) also noted that these rules or sanctions were supported by other idiosyncratic rituals involving seasons of the year, physical activity or lack of it, and what to do when going up or coming down. Zinberg (1984) further predicted that an increase in recreational psychedelic drug use would see it become less ritualised, although not less controlled.

Moore (1992) identified rituals and sanctions surrounding the recreational use of amphetamines, ecstasy and LSD, operating amongst a social network of young

people in Western Australia. He found that recreational drug users employed “a variety of social controls to minimise the legal, financial, social and health costs associated with their illicit drug use and to maximise the benefits” (1992, p. 69).

The most explicit sanctions apply to the use of LSD because of the widely held belief that it is a potentially dangerous drug. Indeed, “the specific level of sanctions (and also rituals) applied to particular drugs depends largely on the extent to which they are perceived as potentially dangerous (which in turn relates to the frequency of their use)” (Moore, 1992, p. 72) . According to Moore, general sanctions included:

- do not use drugs with strangers;
- seek advice from experienced users when in doubt
- do not carry drugs in public in case of arrest (this sanctions was obviously waived by those involved in dealing);
- consume drugs in a comfortable, safe and hygienic place;
- keep one’s drug use secret from even close friends; and,
- do not use drugs above a certain frequency (1992, p. 70).

While many of these rules were occasionally broken, they serve to set general limits on what is, and what is not, broadly acceptable.

The sanctions which applied specifically to the use of LSD included:

- never trip alone;
- always have an experienced tripper present; and,
- no more than four trips a year or, when taken, only on weekends with at least a day’s recovery before returning to work (1992, p. 72).

In terms of rituals, Moore confirmed Zinberg's prediction that LSD use would become less ritualised but not less controlled, unless the drug was injected. The act of injecting was accompanied by a much more rigid and elaborate ritualised procedure than is the case with swallowing or snorting. Moore concluded that while there is much that is shared about the rituals associated with drug use, there is great variation in the type and nature of sanctions, the ends to which they are put and the degree to which they are adhered to (1992, p. 76).

Another theme found in the literature is that rituals and sanctions often reflect the expectations of the user, or the purpose of the drug taking experience. This is illustrated by one early study of LSD use amongst a social group of users, by Cheek, Newell and Sarett (1970), who divided LSD use into two categories: work sessions with LSD and play sessions with LSD. The purpose of a work, or "house-cleaning" session was to enable individuals to deal with psychological issues, while play sessions deliberately had no objective and occurred primarily for fun. The rituals associated with either category varied in accordance with the goals sought by each mode of use. Cheek et al. (1970) found that work sessions with LSD occurred roughly once per month, were well planned and were routinely preceded by a week or more of meditation on problems. The session itself was kept small (two to four persons) and only one person was permitted to take a large dose of LSD while the others took relatively small doses. This was done so that only one person could "go deeply into himself, the others acting as 'guides', who might function as 'mirrors' or a 'bridge' between the two worlds" (Cheek et al., 1970 p. 426). Stimuli fitting specific criteria, such as a particular genre of music were always used in work sessions and verbal communication was kept to a minimum. Sessions usually began

in the evening and afterward all present would have a meal together. This was usually followed by a discussion in which the experiences were interpreted.

Cheek et al (1970) found that play sessions were much less ritualised, more spontaneous and emphasised external stimuli, interaction and togetherness. This example demonstrates the idea that subjective expectations of the drug experience can give rise to a variety of ritualised behaviours, depending upon the intention of the user or peer group, the purpose of which is to exercise some control over the outcomes. Cheek et al (1970) discovered that similar rituals took place in other groups, particularly if a new member or first time user was being inducted into the group. Some common rituals include planning the location and time; burning candles and incense; using 'psychedelic jewels' as a centring device; reading psychedelic poetry or literature; playing a particular kind of music; and, sharing food at the end of the session.

Summary

The literature indicates that rituals and sanctions associated with the use of drugs, in particular LSD, play a significant role in the drug experience, fulfilling a number of important functions. They mediate between drug set and setting, enabling the user or group to exercise some control over the experience; they help users strengthen their intent and expectations of the experience, which are powerful determinants of the outcomes; they impose order on the variables and they assist users to interpret the effects of the drug. They are stylised, permitting expression in ways which are both pragmatic and cultural, ways which convey meaning for a particular individual or

group in a given context at a given time. The literature also strongly indicates that while rituals and sanctions can be articulated individually, they are predominantly developed and practiced in social life, where their impact is most noticeable.

CHAPTER THREE

Research method

The chosen research method is qualitative and contains elements of phenomenological research theory and practice. Phenomenology is both a philosophical movement and a research method. It was established as a philosophical tradition by Edmund Husserl, who sought a rigorous scientific method of inquiry. By phenomenology, Husserl meant the study of how people describe things and experience them through their senses. His fundamental assumption was that “we can only know what we experience by attending to perceptions and meanings that awaken our conscious awareness” (Patton, 1990, p. 69).

As a research method the main objective of phenomenology is to examine and describe phenomena as they are consciously experienced by individuals in order to discover the common meanings underlying empirical variations (Baker, Wuest & Stern, 1992). Put simply, phenomenological inquiry focuses on the question, “what is the structure and essence of experience of this phenomenon for these people?” (Patton, 1990, p. 69). It attempts to be as free as possible from preconceived notions, expectations and prejudices and avoids reliance on theories about causes, or presuppositions about processes (Spiegelberg, 1975; Field & Morse, 1990). This requires the researcher to recognise and put aside, or ‘bracket’ his or her own beliefs about the phenomenon under investigation, and look at the experience with “wide

open eyes” (Baker et al., 1992, p. 1358). A phenomenological investigation (as opposed to a phenomenological perspective) is “one that focuses on descriptions of what people experience and how it is that they experience what they experience” (Patton, 1990, p.71).

The focus of this research is arguably too narrow to provide what might be considered a phenomenological perspective on LSD use. The essence and structure of the psychedelic experience as a whole is not the subject of investigation. Furthermore, while the study has been approached with ‘wide open eyes’, free from presuppositions about possible findings, previous experience and other data were influential in the selection of the subject and a literature review was completed prior to undertaking data collection and analysis. This is generally avoided in phenomenological research, where the researchers prior knowledge is said to hinder or bias the research and must therefore be suspended and put aside (bracketing). However, it is unrealistic to consider that a researcher will approach any topic in which they are interested in a naive or atheoretical manner (Sandelowski, 1993).

Rather, this research adopts elements of a phenomenological approach and employs a method of data collection and analysis which has been used in other phenomenological research (Beck, 1992; Crotty, 1996). The phenomenological method of data collection and analysis in particular was chosen because it provides rigorous guidelines for the analysis of qualitative interview data. In addition, the ontological and epistemological foundations of phenomenological research theory

are consistent with the nominalism and anti-positivism of qualitative research; that is, the approach begins with the assumption that no objective reality or knowledge exists for people. There is only what they know their experience is and means. According to phenomenological theory, human behaviour represents a dialectical relationship between the subject and his or her world (Baker et al, 1992).

Sample

A purposeful sample of eight participants was chosen for the research. In qualitative research a small sample is often selected to gain depth rather than breadth of understanding (Patton, 1990, p. 184). Informants were selected on the basis of the following criteria, designed to enhance the validity of the data:

- the participant must have used LSD on at least six occasions;
- he or she had to be willing to participate in an audio taped interview;
- he or she needed to be available to participate in a follow-up meeting in order to review and provide feedback on my thematic findings, and to clarify information if necessary; and,
- he or she had to be at least eighteen years of age.

In addition, it was considered appropriate that no more than two thirds of the sample were of the same gender. The final sample consisted of four women and four men.

Since I had access to participants through personal friendships, acquaintances and formal associations with a number of drug and alcohol related organisations through my work as a counsellor and educator, word-of-mouth sampling was selected as an

appropriate recruitment strategy. A number of people were contacted and asked if they know anybody who might be interested in taking part as an informant in the research. The use of several sources was intended to eliminate the risk of accessing members of only one particular social network, thereby increasing the potential for a diversity of experiences. This was an effective way of achieving this; in the final sample only two people had associations with the same social network of LSD users. To the best of my knowledge none of the other participants knew each other.

Research candidates were given my phone number by the contacts I initially selected, many of whom responded positively. Screening of potential participants took place over the phone to ensure that the selection criteria is met and the study was described fully before candidates were asked whether or not they were willing to participate. None of the participants were approached directly by me.

The final sample comprised Mark⁹, a thirty-two year old graduate law student; Jane, a thirty-two year-old restaurant manager; Titania, a twenty-two year-old TAFE student; Dan, a twenty-two year old social sciences student and carer; Alex, a twenty-one year old youth worker; Jack, a twenty-one year old education student; Elspeth, a twenty-two year old anthropology student; and Sim, a twenty-one year old production nursery hand.

⁹ The names of all informants are pseudonyms.

Design

Two modes of phenomenological inquiry were employed: descriptive phenomenology and essential or “eidetic” phenomenology (Spiegelberg, 1970, p. 18). The former is concerned with direct exploration, analysis and description of a phenomenon, as free as possible from unexamined presuppositions, aiming at maximum intuitive presentation; the latter with probing for typical structures or essences and for the essential relations within and among them (Spiegelberg, 1970). The first step was to elicit an in-depth subjective description of the participants experiences with, and beliefs about, LSD. The second step involved a detailed analysis of the data obtained, with a focus on the nature and functions of rituals and sanctions.

Data collection

The chosen phenomenological method demanded a mode of data collection that would “present the participants experience precisely from their particular perspective, ie. in terms of the significance it has for them personally. What was sought is a first person description that stays in the first person (Crotty, 1996, p. 19). The primary method of data collection was semi-structured interviews at which the informant was invited to respond to a number of open-ended questions. All interviews were audio taped on micro cassettes which were anonymously coded.

In addition, I kept detailed field notes containing observations and personal reflections about significant aspects of the data collection procedure including

descriptions, thoughts and feelings about the venues selected for interviews and the impact these had upon the process, the extent to which informants appeared to engage in the interview and responses to the questions being asked. These notes were written as soon as possible after the interview, usually the same day. According to Mathison (1988), the use of these two sources constitutes a triangulation of data, which assists the claim for validity.

The only other written information kept was the consent agreement (see appendix IV) and the interview schedule, on which I wrote non-identifying informant details and made some notes during the interview which helped me keep track of significant points that arose (see appendix V).

Data analysis

The procedure chosen for data analysis was adapted from Colaizzi's (1978) phenomenological procedure. This fits well with the analysis sought in descriptive and essential phenomenology. The steps involved are as follows.

1. The participants' descriptions were read in order to acquire a feel for them and to make sense of them¹⁰.

¹⁰ One unexpected difficulty was the qualitative difference of the data following its translation from oral into written data. The loss of both vocal expression (tone, level, emotional content) and a sense of pace (pauses, speaking slowly or quickly) that plays such a significant role in face-to-face communication was lost. In addition, the spoken word presents very uncomfortably in written form when transcribed verbatim. In conversation people jump from one theme to another mid-sentence, think aloud, say 'um', 'you know' 'like' or 'just' idiosyncratically, all of which at times made transcripts difficult to understand and analyse. In many cases a misunderstanding of these nuances could result in an inaccurate interpretation of the data. I discovered that reading the transcript while at the same time listening to the recording of the interview allowed me to largely overcome these difficulties.

2. From each transcript significant phrases or statements that pertain specifically to rituals and sanctions were extracted. An example of significant statements is shown in Table 1.
3. Meanings were formulated from the extracted significant statements. Examples of formulated meanings and the significant statements from which they were derived are shown in Table 2. An example of how formulated meanings were recorded and referred back to significant statements extracted from the original protocols is shown in table 3.

Table 1: Example of significant statements extracted from a transcript. Interview s2 (Alex)

1.	[Take it] if someone you know has had that particular trip before and they can tell you what their experience was, otherwise I wouldn't take it.
2.	Usually . . . before I took one that night I would make sure that I was doing nothing the following day so I could turn the phones off and just get over it.
3.	Its kind of like you know like say if you've got a wedding or something big its like something you really look forward to . . . its like you get all excited.
4.	I would like just take half first and then if it wasn't happening I would just take the other half later on in the night.
5.	Every now and then you check in with how everyone's going, you know, are you feeling anything?
6.	Everyone's just off their dials and your conversation is just really bizarre
7.	Usually you smoke pot because that enhances the effects . . .

Note: A significant statement was edited if it was necessary to clarify its meaning, or if it was difficult to understand outside its context within the interview. This involved inserting material to indicate the subject, and removing material such as idiosyncratic speech (eg. 'Yeah', 'um', 'you know') and repeated phrases (eg. "We went out to, um, yeah, we went, we went to a rave together").

4. Once formulated meanings were derived from significant statements these were arranged into clusters of themes under the separate headings of rituals and social sanctions. Formulated meanings were arranged into theme clusters which align with elements of the definitions used to guide the study. Multiple sub-themes, or variations of a theme, may exist within a central theme and have been recorded under the appropriate theme heading. Table 4 contains an example of the decision trail for theme clusters.
5. The results were integrated into an exhaustive description of the investigated topic. This step is represented by the chapter devoted to results in which each theme cluster is described in detail.
6. For validation, participants were recontacted and presented with the findings for confirmation. This was achieved by presenting the formulated meanings from the interview to the relevant informant, and asking: a) if they accurately represent the routines (rituals) and rules (sanctions) that surround that person's LSD use, b) if they feel anything significant has been left out or mistakenly added to the results; and, c) if they wish to add anything more to what they said.

A coding system was devised which was used to show how many statements were represented by any formulated meaning and which provided an accurate reference to the original protocol. This provides an audit trail which can be easily followed and allows any significant statement, formulated meaning or theme cluster to be traced back to the exact location of its original source(s) within the body of interview transcript.

Table 2: Examples of formulated meanings derived from original protocols

Original protocol	Formulated meaning
1. It's a very sociable drug . . . the effects are a lot better if you're taking it with people who are also taking it themselves and you can share the experiences together (Mark).	1. LSD use is more enjoyable in the company of others who are sharing in the experience.
2. You had an awareness, you had a link with those people that you wouldn't have if you were straight (Mark).	2. The user enjoys a connection with other users he would not experience if he were straight.
3. You become so philosophical . . . you can just talk about bizarre stuff that that you would just never think about and, you're all on the same wavelength (Dan).	3. Esoteric conversation occurs among people affected by LSD.
4. I would never have a trip before I had to do something that meant that I had to be totally responsible (Elspeth).	4. LSD use should not interfere with personal responsibilities.
5. Just ask [the dealer] how long the trip will last for? Ask have you taken half one? What was that like? Ask should I take a whole one or half a one? But if they don't take them then it's kind of, you don't really know what to expect (Alex).	5. The qualities of a particular trip should be known before it is taken.

Note: Names in parenthesis refer to interview participants.

**Table 3: Example of formulated meanings record
Interview s7 (Sim) formulated meanings**

1. Time is spent appreciating natural beauty 1.
2. LSD is taken only with trusted friends 2, 6, 23, 35.
3. Favourite pastimes and physical activities are enjoyed while tripping 3, 18, 21, 24, 36.
4. User enjoys open conversation while tripping 3, 5.
5. LSD is, and should be, taken only when in a positive mental and emotional state 4, 16, 17, 34, 39, 40.
6. One person is allocated to drive 7.
7. Users should avoid being around negative or upset people while tripping if possible 8, 33

Note: Numbers at the end of each statement refer to significant statements extracted from the interview transcript.

Table 4: Example of theme clusters

- 1.0. LSD is used largely in social groups made up of trusted friends (P1-1, 3) (S1-3,4) (S2-14, 22) (S3-27) (S4- 8, 15) (S5-23, 24) (S6-6) (S7-2).
- 1.1. Users experience bonding and share a sense of attachment (P1-2) (S1-16) (S2-40) (S3-11) (S4-2) (S5-25).
- 1.2. The recovery period is spent with trusted and understanding friends (S2-41)
- 1.3. Sometimes a straight friend is present (S1-20) (S2- 13).
- 1.4. Novices are cared for by experienced users (S3- 1, 14).
- 1.5. The intake of members considered vulnerable to the effects of LSD is limited by other members of the group (S2-25).
- 1.6. Users look after each other (S5-26).
- 1.7. A group may nominate a driver (S6-15) (S7-6).

Note: Codes in parenthesis refer to formulated meanings, for example "(P1-1, 3)" indicates that this theme is exemplified by formulated meanings one and three derived from interview P1.

Pilot study

A pilot study was undertaken in order to refine any aspect of the method if necessary, as well as to anticipate any problems and trial the questions in the interview schedule. It was planned that no more than two participants take part but after the first interview took place it did not seem necessary to conduct a second trial interview because no significant changes were consequently made to the procedure or selection criteria. It was also planned that data gathered from the pilot study would not be presented in the final analysis. However, as no significant changes were made to the research method and as the informant fitted the selection criteria it was decided to include the data in the final results.

Ethical considerations

A key ethical consideration in this research was to obtain informed consent. To achieve this as much information as possible was provided to all potential participants in order for them to make an informed choice about whether or not to participate. Candidates were also given a number of opportunities to ask questions about my research. A consent form (see appendix) was provided which states the purpose of the research and the level of involvement required by participants. To avoid complications associated with obtaining parental or guardian permission, only adults were able to participate in the study.

I maintained no personal investment in the choice made by prospective participants, and held the position that people are never obliged to take part. This was made

explicit to ensure that any form of coercion was avoided and it was made clear that no prejudice would be incurred should anyone decline to participate at any point in the research. In addition, I had no professional involvement with any of the participants, and no history of any such involvement.

All participants were treated respectfully, and in a non-judgemental manner. All data has been similarly treated and valued. It was essential that participants' right to privacy be upheld, which required that interviews be conducted in a reasonably private setting in which both the informant and myself felt comfortable. The venue chosen for interviews was negotiated between me and individual candidates after they decided to participate.

A further ethical consideration concerns confidentiality. Confidentiality is not required by law, and respondents needed to be aware that while I would do everything in my power to maintain confidentiality, it could not be legally guaranteed. However, in an effort to maintain confidentiality no tapes, transcripts, consent forms, interview schedules or field notes contain any identifying details. All records have been kept in a secure place. The final report contains no information about any participants which could lead to their identification and only pseudonyms have been used. These ethical considerations were approved by the University's School of Community Studies prior to the commencement of the research.

Limitations

The research has been restricted by limited time and finances. This effectively eliminated the possibility of methodological or investigator triangulation, the latter of which is considered particularly important in the analysis of qualitative data (Mathison, 1988). In the final analysis data from a number of sources, including related literature, informants' interview transcripts and my own field notes has been gathered, effectively allowing for data triangulation. The size of the sample was limited to a necessarily small group because of time and resource limitations. The research therefore makes no claim of generalisability beyond the scope of the sample. The main constraint resulting from limited financial means was that I was unable to avoid the lengthy task of transcribing verbatim all the interviews, which I had initially planned to have completed professionally. However, this did enable me to become intimately familiar with the data, to get a 'feel' for it, which helped enormously during the analysis of the transcripts.

A further potential limitation was my own expectations of the research findings which could impact on the process through bias. I dealt with this by maintaining a stance of neutrality in regards to all information provided by participants and by strictly adhering to each step of Collaizzi's (1978) phenomenological analysis procedure. As evidence of this attention has been paid to auditability (Sandelowski, 1986), there is a clear decision trail from the beginning to the end of the study. Importantly, the findings emerged essentially from the data itself as opposed to other sources, and were verified by those who contributed it.

Reflections on methodology

The phenomenological method of data collection and analysis proved a lengthy and intense process which produced a very large amount of data (approximately eighty thousand words of interview transcript and notes). This was made difficult by limitations to the research which included a short amount of available time with which to complete data collection and analysis, not having a co-investigator or co-coder and having to transcribe all the interviews myself. In spite of these limitations, the strength of Collaizzi's (1978) phenomenological method of qualitative data analysis for this project was rigour. Many qualitative methodologies have been criticised for their lack of formalisation and rigour (McKeganey, 1995). Although time consuming, the steps involved allowed a comprehensive and thorough analysis of the data to take place. However, such a procedure needed a degree of persistence and stamina, a certain amount of intuition and the verification of the informants.

It is my belief that a less thorough method of data collection and analysis, such as only transcribing relevant portions of the interviews, would not have done justice to the data. Some themes did not emerge during the first reading of the data, and others could not be fully understood out of their context - information that might have initially been deemed peripheral to the research questions. Limitations withstanding, the method used for data collection and analysis was, in my opinion, both appropriate and successful. In addition, the data presented fairly and comprehensively represents the views and experiences of the participants. It is my conclusion that the method is compatible with the subject matter.

The recruitment strategy was effective in delivering a diverse sample which was balanced in gender terms. The size of the sample was adequate given the purpose of the research and its limitations. Initially recruitment seemed slow, partly because the contacts I had did not respond as urgently as I had wished. However, after alerting the contact people to my time constraints the response improved. It was not difficult to find participants who fitted the selection criteria. An initial concern was held with regards to the requirement that participants had to have used LSD on at least six occasions to be eligible to participate. While the aim was to recruit reasonably experienced LSD users, I was concerned because this was an arbitrary figure. It turned out that all participants far exceeded this.

Due attention was also paid to ethical conduct. I am comfortable with the effectiveness of measures taken to ensure informed consent and to protect confidentiality. All participants were fully informed about the research and had many opportunities to raise concerns about confidentiality. All interviews were conducted in reasonably private locations which included peoples' homes, cafes and work-related venues chosen by several participants. In addition, all personal details were kept separate from data, and only pseudonyms were used. No informants pulled out of the research at any point or refused to participate which suggests that these precautions and considerations were appropriate and effective.

CHAPTER FOUR

Results

Overview

This chapter is devoted solely to presenting an exhaustive description of the investigated topic. An analysis of the findings is reserved for the following chapter.

Five hundred and fourteen significant statements pertaining to rituals and sanctions surrounding LSD use were extracted from the eight interviews. Following this, meanings were formulated for each significant statement in accordance with Colaizzi's (1978) phenomenological method. Many of the formulated meanings represent multiple original protocols due to the recurrence of particular themes throughout the transcripts.

Two hundred and seventy-eight formulated meanings were derived from the significant statements. These were then arranged into clusters of themes under the separate headings of rituals and social sanctions. Formulated meanings were arranged into theme clusters which align with particular definitional elements of rituals and sanctions. Multiple sub-themes, or variations within a theme, where they exist, were recorded under the corresponding theme heading. There was some overlap of data between various themes. Where this occurred, data was placed within the theme which emerged most strongly. Theme categories are presented separately for rituals and sanctions.

Theme clusters: Rituals

Rituals are the stylised prescribed behaviour surrounding the use of a drug, the methods to procure and take the drug, the selection of social and physical settings for use, activities after the drug is taken and the methods used for preventing untoward effects (Harding and Zinberg, 1977). Eight categories of themes pertaining to the nature and function of rituals emerged from the data. These are presented in table 5.

Table 5: Theme categories for rituals

Category 1: The social setting chosen for using occasions
Category 2: The use of auditory and visual stimuli
Category 3: Ways of taking LSD
Category 4: Activities while tripping
Category 5: Planning and preparation for LSD use
Category 6: Preferred settings for LSD use
Category 7: Getting hold of LSD
Category 8: The use of cannabis and other drugs

Category 1: The social setting chosen for using occasions

All of the eight research participants described how LSD is used largely within social groups made up of trusted friends:

*And were you with friends? Did you go with friends?*¹¹
Just about always, always with people that I knew (Mark).

I usually like to know the people that are involved, all the people that I've had trips with, I've known them all . . . I trust them and I know

¹¹ Interviewer prompts are in *italics*.

that they would do the right thing and they know that I would do the right thing (Elspeth).

And the people you would choose to be with would be who?

Good friends, the ideal situation is with a boyfriend (Jane).

Were they people you knew?

Yeah, they're all good friends of mine, a really funny group.

Is it usual for you to trip with people that you know?

Yeah, yeah, I guess that's the only way (Sim).

This practice serves a number of functions. One reason cited by most participants for using with trusted friends was that they generally felt safer and less likely to experience harm while in the company of trusted friends. This was summed up as follows:

So the people you were with, did you know all of them?

Yep.

Were they all friends?

Yeah, really good friends. We always only ever do drugs together.

okay, only with really good friends

Yeah.

How come?

um, just cos it feels much safer (Alex).

I don't like to go out with people who I don't really know that well and take drugs with them because I don't think they'll care about me if something goes wrong, and they won't understand me like if I'm saying look I, this is not, they'll just go look you know, you're just on drugs mate, whereas the people that are really close to you know when something is really wrong (Alex).

Being with trusted friends provided a safety-net for users. It meant that any member of the group could get reassurance and support if a trip became frightening, or if they felt they were losing control. This was important for experienced users because of the potential for loss of control of themselves or their situation while affected by

LSD, and also for inexperienced users who are unsure or possibly even worried about what they might experience while tripping:

So why is it better then to do it with someone you know?
because you are not going to be all together there and [you may] not know what is going on a lot of the time . . . if its your first time and you're sort of losing it a bit, that other person is there for reassurance to say its okay, its cool man. That's the support in case you do lose the plot (Titania).

I did most of my drugs for the first time with two people that I know very well . . . I trusted them implicitly.

Was that important, that you trust them?

Oh yeah, yeah.

Why?

You don't know what's gonna happen. You don't know if your gonna spin out totally and just lose the plot, and I know we were all doing it, but there's safety in numbers. They were my best friends, I just trusted them totally and we all felt the same. We wanted to do it with people we trusted (Jane).

For most participants it was also important that they were in the company of friends who were also using LSD, sharing in the effects and activities associated with the drug. For some this meant that even close friends who were not using LSD were on occasions excluded from a group of users because of the perceived differences at the time. Dan described an occasion when a close friend who was not tripping tried to join in the conversation the rest of the group was having:

[She] couldn't have a conversation with us because she didn't know what the fuck we were talking about, she just didn't understand [and] we didn't understand what she was talking about, its just, you know, go away! . . . she couldn't integrate with us, she couldn't take part, I mean she wasn't taking part in the drug taking (Dan).

A recurring theme among participants' account's was that LSD use was simply more enjoyable if shared with close friends, as Mark described:

Its a very sociable drug . . . the effects are a lot better if you're taking it with people who are also taking it themselves and you can share the experiences together (Mark).

Six out of eight participants said they experienced bonding with, or a profound attachment to, members of their social group who were also affected by LSD:

You had an awareness, you had a link with those people that you wouldn't have . . . if you were straight (Mark).

You're just so caught up with each other, you just get really intense, its a great passionate thing for a good couple of hours (Jane).

I love going tripping with other people because you seem to have some sort of adventure with them by the end of the night, you've always got some sort of bond with them (Jack).

For two informants it was also important to spend the recovery period in the company of the close friends they shared the drug-taking experience with:

In the morning it's always a come down morning . . . we have really chilling music happening and we watch the sunrise or we all snuggle up together so it was like a, it was an experience that we did together and we shared it and it was beautiful (Titania).

This was an important ritual for those who often feel emotionally vulnerable during this time, as Alex described

If there's people who have to leave the next day you don't want them to go because you've shared this experience . . . and because you're gonna feel down the next day. You need them to be around you so that you know everything is going to be okay . . . being around people as well who I know can hang around for a while the next day, who won't just get up and leave because you kind of feel sad when they leave. It's hard to let go (Alex).

Two participants also preferred to be in the company of one trusted straight person who could assist others if they needed it, or carry out tasks such as driving or going to the shop that other groups members could not perform. If the company of a straight person was not desirable or available, tasks that required the actor to have

their wits about them were allocated to particular individuals who were known to be able to carry out such tasks while affected by LSD. For example, Sim had been allocated the responsibility to drive on a number of occasions:

So do you normally drive when you trip?

Yeah, I'm usually the person who is allocated to drive.

What do you mean allocated to drive?

Well, everybody just knows that I'm the most stable and coherent when I'm tripping (Sim).

The social group provides members with protection from drug-related harm. This is particularly important for new or inexperienced users who, on occasions, are looked after by a more experienced user. Titania explained how she often takes on this responsibility:

So when people are losing it, I'm there and I'll go (clicks fingers) right, back to reality, reality check! Control! One two three and you've got control. You've got control . . . I just make them feel relaxed and comfortable, just mucking around like not putting a big emphasis on the trip . . . if they say something to you just answer the question and continue to be like doing stuff and laughing and being silly . . . by making it not to be a big deal (Titania).

A group may similarly impose limits on individuals considered vulnerable to the effects of LSD, or who have had bad experiences on previous using occasions:

If we know that one of our friends, if they don't handle trips very well then we won't let them have too much (Alex).

This limits the potential for harm for the individual concerned and also to helps the group to avoid any potentially disruptive events.

To summarise this category, the social setting chosen for LSD using occasions is generally made up of trusted friends who are also using LSD, therefore sharing in the drug-taking experience. Some participants also preferred to be in the company

of a trusted straight person who could perform tasks that those effected by drugs could or should not, and who could assist users if they need help. Using LSD within this social environment occurs mainly for its many benefits for individual members and the group as a whole. These include the consideration of individuals' general safety, the avoidance of potential harms, an increase in enjoyment, a sharing of the experience between members which brings a sense of bonding and attachment, the provision of emotional support, the meeting of individuals' or the group's needs, and the avoidance of potential disruptions.

Category 2: The use of auditory and visual stimuli

Participants routinely enjoyed auditory and visual stimuli, which are enhanced by changes in perception caused by LSD. All of the eight participants said that they always listened to music while tripping because music made the experience more enjoyable:

Is music important?

Very important, it was quite crucial actually. I think a lot of the times I, just about every trip is, was a good trip, but they were always better trips if music was involved (Mark).

Some were more discerning than others about the style of music that was enjoyed.

For three participants Dance or Techno music was preferred:

Yeah definitely some good music

Does it matter what sort of music it is?

Yeah, its gotta be like dance music (Dan).

Yeah, well yeah for me trips comes right back to Techno. If I'm on a trip I'll listen to Techno at some time during the night (Jack).

Two participants described how they experienced a deeper connection with the music they were listening to, or insight into its meaning, that would not occur if they were straight:

[LSD] enabled me to be more creative and it enabled me to get inside the heads of the musicians of the music I was listening to . . . I always felt that you were to listen to lyrics by a band . . . if you weren't stoned you were outside, you'd never actually understand the meaning of what they were trying to say. . . . When you were stoned you know, I guess it was your own interpretation but at the time you really felt like you knew where they were at (Mark).

You tend to get into your music a lot more and get deeper into your music (Jack).

Most participants also said that trips were made more enjoyable by various visual stimuli including art, nature, lighting, some television programs and favourite videos. According to participants, the sights and sounds associated with these stimuli are enhanced by the hallucinogenic effects of LSD and are experienced in a deeper way than would usually be the case due to the user's heightened sensitivity towards them. In addition, they help to provide an environment within which experiences can be shared:

If you saw a picture on the wall or a poster on the wall that, it was doing something out of the ordinary, you could focus everybody else's attention onto that picture then you could all share in the same experience (Mark)

Like sometimes we would go driving and we would get in the car and go for a drive and the traffic lights would come at you, like all the lights, like lights are really like full on, really great (Alex).

I tend to appreciate natural beauty and just the whole perfection of a lot of things a lot more than usual (Sim).

I can remember like just sitting there and looking at like patterns, looking at patterns just move (Alex).

For all participants who took part in this research, the use of auditory and visual stimuli played an important role in setting of LSD use¹², and influenced the choice of activities that took place.

In summary, the use of audio and visual stimuli routinely took place within this group of LSD users. These sights and sounds are enhanced by the effects of the drug, and become more vivid and interesting. Users may also experience a sense of insight into the meaning of chosen music and art works. The overall effect is to increase pleasurable aspects of the LSD-taking experience.

Category 3: Ways of taking LSD

All participants took LSD orally, on pieces of blotting paper referred to as trips, T's, acid, and fries, or by the name of the particular batch (eg. Microdots, Pyramids, Planets, Strawberry fields etc.)¹³. Only one participant had taken LSD by placing a trip under his eyelid and no one had injected it¹⁴. While the preferred method of administration for all participants was essentially the same, this was done in different ways as the following descriptions demonstrate:

The only way to take it is to swallow it. Its just the sensible thing to do (Sim).

I just put it in my mouth and swallow it . . . I'm happy with just swallowing it, you know that's worked for me so far (Elspeth).

¹² See also theme seven: Particular settings chosen for LSD using occasions.

¹³ Participants explained that the name given to a particular batch of trips was often an indication of the particular psychological effects of that batch, which would be different to the effects of another. For example, 'Planets' were supposed to make the user feel as if they were on another planet.

¹⁴ This can be done by soaking the trip in a solution to extract the LSD, which is then injected or by using the trip as a filter to draw the solution up through, in an attempt to extract the drug, before injecting it.

You had to put them on the roof of your mouth and wait till it soaks in . . . you mustn't spit, you know, so you, you'd swallow the saliva to make sure you don't waste any of the LSD and basically it absorbs through the roof of your mouth, where the blood is, the capillaries (Mark).

How would you normally take a trip?

Um, just cut them up and, chew it . . . you really chew it like 'cause its only a piece of paper, so you chew it and like if it gets stuck in your teeth then you make sure you get that bit out and you swallow it (Alex).

Participants had different methods of preventing harm or unwanted effects when taking LSD. The most common method was to only take a small amount initially in order to estimate the strength and specific effects of the drug before taking any more:

I would like just take half first and then if it wasn't happening I would just take the other half (Alex).

Another method was to observe others taking LSD from a particular batch before also taking it, as Jack explains:

I just always let everyone who's having acid take it before I do

Oh right, why is that?

It's just I'm pretty cautious with drugs, I don't really trust them that much but I always just wait you know twenty minutes after they have theirs, to see if they drop or lose the plot (Jack).

Alternatively, a user might ask the dealer or other users about the quality and characteristic effects of LSD from a particular batch before deciding whether or how to take it themselves:

Know the person and to know who they get it off and ask them if they've had it.

Ask the dealer?

Yeah, have you had this kind of a trip and what was it like? What did you experience? How long did it last? Just ask how long the trip will last for, ask have you taken half one? What was that like? Ask should I take a whole one, or half a one . . . but if they don't take them then its kind of, you don't really know what to expect (Alex).

The oral method of taking LSD was chosen by participants because of the belief that this was the least risky method of administration and because it worked for them. The act of injecting, which was perceived to present the greatest potential for harm¹⁵, was avoided and various methods of preventing untoward effects were in place.

Category 4: Activities while tripping

Participants described the type of activities they enjoy after taking LSD, some of which are common among most participants while others are more individual.

Commonly enjoyed pastimes include a range of outdoor activities, such as walking, going to parks or the beach, and indoor activities such as dancing, listening to music and conversation. These activities usually begin in the period before the drug effect has peaked, which is when participants generally felt most active:

[I used to] go out for long walks and do things to get the full benefit of the effect (Mark).

I was laughing with my friends and we were really restless, just wanted to do things and go places and just [be] pretty much hyperactive (Jane).

I like to be active . . . I like to go out on adventures, I prefer to be with my friends on the beach, mucking around, walking around the neighbourhood just like in a park maybe, in a safe park, at someone's house, and then going outside in the backyard . . . always moving you know, having an adventure like in the car driving somewhere beautiful (Titania).

Often this includes planned excursions, or "day-trips":

I only like doing this in the day though which may be significant . . . I like having little days out somewhere, go out or go to the zoo or, because there's bizarre shit there and it's more fun and it's amazing what you find (Dan).

¹⁵ See the sanction relating to injecting on page 83.

At day I like to be out in open, like day tripping, like running around in streets, mucking around. Night time I like being in not really confined but night-clubby kind of situations, loud music, love having loud music, good loud music, like heaps of Techno (Jack).

Some informants prefer different activities on different trips, sometimes depending on the particular batch the trip comes from, as Jack illustrated:

We've had some where you've sat and just chilled all night and had billies while you're tripping and just did it for eight hours, but there's some nights you just don't want to sit down. Just depends on the acid (Jack).

Several participants enjoyed activities best described as child-like playing. This includes behaviour described by participants as doing "stupid" or "silly" things around the house, playing with different toys, going on "adventures" and conducting "missions":

I'm never not active on a trip, I'm always doing something yeah.
What sort of other things do you like to do?
. . . walking down the street, um, doing willy-willy's holding each others hands and wheeeee, we wear tripping glasses, see lots of colours . . . you have to go outside and go walking, just adventuring, looking at snails, looking how cool they are (Titania).

One of the other things I tend to do is just do little missions all night . . . the whole night is bit of an adventure (Jack).

Most participants described how during the coming down period they preferred activities which were more calm and relaxing than those enjoyed earlier in the course of the trip:

You just like feel yucky but . . . there's ways to alleviate that
Oh right, like what?
okay, its just the chilling out like watching the sun rise in the morning and looking through telescopes and stuff like that, having a shower making yourself feel fresh and just chilling out so you don't stress yourself out (Titania).

I like to draw when I'm coming down and its usually about six or seven in the morning that that's happening, I'm a seed collector so I often do

something constructive like sort seeds I just like to walk around, just walking around the streets early in the morning. Its just nice and calm and still. Quite relaxing (Sim).

Main thing is sit on the couch and listen to Carl Cox at pretty low volume. Talk about what had happened. . . just sit around on the couch, chill out, um, usually we'll just really spend the day sitting around talking, having billies (Jack).

Another activity which routinely occurs is various kinds of conversation. Given the social nature of LSD use for those in the sample, it is not surprising that all participants described how conversation with friends played a significant role in their experiences with LSD. Participants described three main styles of conversation.

1. Esoteric conversation:

My friends and I, after the peak, where you are very active, as we started coming down, we started to get very introspective, and very deep (Mark).

Everyone's just off their dials and your conversation is just really bizarre we would all sit around and talk and laugh and people would just say strange things . . . you could think about like something really simple, like really go into depth about that object you know and just discuss it for an hour (Alex).

You become so philosophical . . . you can just talk about bizarre stuff that you just would never even think about and ah, your all on the same wavelength (Dan).

2. The recalling of specific events and shared experiences:

Like you get home at the end of the night, and usually the people who started with you are there with you at the end of the night . . . sitting back talking about the adventures that you have had all night.

Is that important, is that part of it?

Yeah, yeah, it's in fact one of my favourite parts like, coming home and chatting about the night (Jack).

If I went for months without even tripping it was always there. It was never not there and it was always talked about. . . . when I actually wasn't on anything I could conjure up the feelings of what it was like . . . and we would have conversations for hours about what it was like. you could actually bring on the experience without actually doing anything (Mark).

3. Communication between users concerning their general condition:

Every now and then you check in with how everyone's going, you know, are you feeling anything? (Alex).

Being in constant communication would help someone maintain control of their situation, as Jane explained:

If [you are with] somebody that's just gonna sit down and shut up, you're gonna be left to your own devices and you could spin out. You want someone that will talk to you (Jane).

Mark explained how conversation kept the memories of tripping occasions alive without the hazards or risks associated with LSD use:

We would talk about it because you've got that vicarious advantage of not having the effects the next day when you were really tired and dragged down . . . it kept the feeling alive, knowing as well that you know you couldn't sustain long term use, you know that that does you a lot of damage and I think by talking about it, like I say, its vicarious without having any of the disadvantages (Mark).

There is both variation and commonality in the kinds of prescribed activities users enjoyed when tripping. All these activities assist the user to maximise the benefits and pleasurable side of LSD use. These include good fun or play, the sharing of experiences with good friends and the creation and recalling of prized memories. These activities generally occur within the peer group which brings the added advantages discussed earlier (ie. Relative safety, harm reduction, bonding etc).

Category 5: Planning and preparation for LSD use

All participants described how occasions when LSD is used are usually planned and prepared for to some extent:

We usually try and plan it . . . its good to plan so you can look forward to it all day (Sim).

We always prepare, like if we are going somewhere we'll have doonas and blankets and cushions for the next morning, and toys and water, food (Titania).

Before I decide to buy a trip I think well where are we going, I'll always do that, where are we gonna be, and if I determine that, that will be good, that will be cool, if we're going to a party and its with friends, they're all gonna be doing it well that's fine you know 'cause I know I wont freak out anyway and if there's only three of us I know that everything is gonna be cool (Dan).

Special occasions or large events such as concerts or raves were generally planned well in advance:

If I know that there is like a good concert or a good DJ coming up, I'll always plan to go out that weekend, that's usually a couple of days before. The big day out was a couple of months before (Jack).

Sometimes if we're going to an event like if we are going to a party or a club or a rave then we will organise it all . . . or we might just say why don't we have some in three weeks and we might plan that (Elspeth).

Do you usually plan when you'll use or is it more by chance?

Its sometimes a good half and half. Like the big day out, you plan what your gonna take, you plan your drugs (Jane).

For some the planning process is accompanied by a sense of excitement and anticipation which is an enjoyable experience in itself:

It's kind of like say if you've got a wedding or something big, it's like something you really look forward to . . . you get all excited (Alex).

It was a big occasion. We were planning maybe a week or four or five days before the occasion and it would be a very exciting time . . . Trying to get things ready, you know, imagine a bunch of 17 year olds trying to organise a picnic . . . it was great, picking the music and hoping that the

weather was going to be good and . . . [asking] what are we going to do? Remember last time we talked about this, I wonder if X will happen. And they were big occasions. They were really big day trips (Mark).

The planning and preparation process could also help to put people into a good mood, which was considered a necessary prerequisite of LSD use:

By packing a hamper, taking music, you know selecting the tapes that you really want to hear, the anticipation of it . . . it just put everyone into a good mood. So I think maybe that was another reason why we did that, cos it put us into a good mood to actually go in there and it worked . . . and of course if it works, you might as well stick with it . . . that's what we used to do (Mark).

There were also occasions where LSD use was more spontaneous. The degree of spontaneity in LSD use was partly influenced by the availability of the drug. Dan explained how LSD use was sometimes more opportunistic than planned:

I won't actually pick up the phone [to call the dealer], I'll see some on the table and I'll go how much are they mate? You know and that's why a lot of them are by chance . . . the last three was when I was actually at the [dealer's] place getting some pot (Dan).

The availability of LSD influenced the degree to which using occasions were planned:

So did you usually plan when you were going to use? Or was it more by chance?

We did yeah, we did. Because I think our age and our connections to dealers was tenuous at the time . . . so they were actually quite planned. It was quite rare that it would be spontaneous (Mark).

While all participants routinely planned the specific details of an occasion such as where, when, who with and who was to get the drugs, some also made contingency plans to prepare for any unforeseen situations. Jane provided the following example:

It was a routine and we knew where we were going, we knew what was going on. It got to the stage where you'd have little safety devices, I'd always shove some taxi money down my bra' so if we ever got separated

you caught a taxi home, you didn't really leave anything to chance (Jane).

The extent to which LSD use is planned can also depend upon the users financial circumstances, as Dan explained:

When I started at Uni' and I wasn't earning as much money, it would be planned because it was a cheap alternative. It was still good fun you know. So yeah that was planned (Dan).

To summarise, LSD use is often planned and prepared for in varying degrees. This can help to create and reinforce positive expectations of the experience through the enjoyable sense of anticipation which accompanies the planning process. All participants described having positive expectations and as a central requirement of LSD. These rituals also prepare people for their chosen activities and help to guard against unexpected or unwanted events by providing contingency plans.

Category 6: Preferred settings for LSD use

All participants explained that the setting in which LSD is used has a fundamental bearing on the quality of the experience. There are some requirements for a suitable setting which are common among members of the group, the most commonly prescribed requirement for a good setting being that it must be safe and comfortable:

So, do you prefer to use LSD in a particular setting?

Yeah, one I know, one that I'm familiar with, one's that comfortable, one that's not full of strangers (Alex).

[I used] somewhere where I felt comfortable, yeah for sure Just be careful of your environment, or be with friends who you're close to and understand you, people you trust, people you feel comfortable around and in an environment you feel comfortable in (Dan).

It's best to just be with friends where you feel totally comfortable We don't have to go anywhere, we can stay here and feel quite safe and

secure, not have any hassles from cops or anything, stay here and get drugged up (Jane).

Four participants said their preferred setting for LSD using occasions is in the comfort, safety and privacy of someone's home, as Dan explains:

The majority of times I like the setting of the home, the comfort of the home . . . I like to have my friends around me, like my close friends doing it with me and if they weren't doing it I wouldn't do it because its just not worth it (Dan).

Often the home setting is prepared or arranged especially for the occasion:

And we'd set things up like okay this is gonna be the room, you can smoke in this room, don't go in this room, so yeah, set up . . . We'd like make it really dark and have like colored lights in the room that would make it really psychedelic and we would just dust the whole room up with smoke . . . and it would be like we'd all just sit in there and be together (Alex).

LSD use in the home is sometimes accompanied by various individual routines such as cleaning:

I used to go through this stage where I had to clean everything. It might sound really weird but I would like brush my teeth heaps and have like three showers . . . it happened to my friend as well. We could not go to bed until we had tidied up . . . [it] would help get over the event, like it's finished now, like give it some closure. And then just to close my door and relax for the rest of the day (Alex).

Clubs and dance parties were another preferred setting for participants:

I prefer to be at a club or at a rave where there is sort of a particular atmosphere, where there is more of a setting rather than just at home . . . I like to be surrounded by people which is why I really like raves 'cause there's just people everywhere (Elsbeth).

Others in the sample preferred to use LSD in safe outdoor locations such as a forest, parks or quiet suburban streets:

I'd say ninety percent of the time that I did trip was actually outside, somewhere not always in the same forest or the same hill, but was out of the city. The city wasn't really conducive to taking LSD (Mark).

Safe and tranquil outdoor settings were chosen for the coming down period or immediately following it. Dan gave this example:

I like to go to the beach, I like to go outside, I think because you're feeling so seedy . . . when its warm like in the morning just like sunrise and I've had a big night then I'll drive to the beach and because its so tranquil and serene . . . when the sun comes up the best thing for you when you're tripping, you lie in the sun for an hour 'cause you sweat it all out and you go in the salt water you know and you stay there for about three hours (Dan).

To summarise, the chosen physical setting is a major contributing factor to the overall quality of the LSD-taking experience. While four participants generally preferred to use LSD in the home, the others chose different settings on different occasions. On one occasion an individual might prefer to spend a quiet day tripping with friends in the comfort of their home while on another occasion they might prefer to go to a dance party. Users choice of setting was influenced by factors such as one's mood, finances, the company and plans for the following day. Whichever setting was chosen had to fill the basic requirements of providing safety and comfort for the group, thereby serving to reduce the potential for harm or other negative experiences. The setting also serves the needs of the group or provides access to facilities which meet those needs.

Category 7: Getting hold of LSD

Participants described different methods of procuring LSD, the most common of which is through friends who also use various illicit drugs:

How do you usually get hold of LSD?

Its easy to get hold of . . . nine times out of ten people who smoke dope, somebody has been offered one somewhere along the line. I just always seem to know people . . . there's always someone (Jane).

How do you usually get hold of LSD?

Um. Well I don't know any dealers. Just my friend, he's got some friends (Sim).

I never actually went to a dealer with anyone and got it. It was always somebody else who'd got it and I was just fortunate enough to say oh great . . . it were the connections I had who had connections [that] were outside of me directly. So my friends on the margins would be the ones who would get it (Mark).

A social group may have one member who has a consistent source and regularly buys LSD for others in that group. Two participants had undertaken this responsibility for their friends. This has both advantages and disadvantages for those particular individuals, as explained:

And do you get them yourself, or do your friends normally do it?

It used to be me but then I got sick of having that responsibility. Having to ring that person up and ask them for them . . .if I didn't want do it then there was that pressure because I was getting them (Alex).

I knew this drug dealer and I'd go and get some drugs and there was about ten of us, ten close friends we'd always do it together every weekend . . . every time I'd take the drugs from him he'd say open up and he'd pop a trip on my tongue you know it was just, that was a ritual, a trip to set the night off, a trip to get everything going (Dan).

Another common source of LSD for participants was cannabis dealers:

How do you usually get hold of LSD?

Just through the dope dealers really, just there's a couple of dope dealers around that sell trips as well (Jack).

How do you normally get hold of trips?

Just contacts and it will usually be the guy who's selling the smoke (Dan)

We usually ring them and ask them, or if we bump into them, or because we get pot from them . . . they usually have trips too (Alex).

Participants usually obtained LSD through people whom they or a close friend knew and considered trustworthy:

Oh I would only get them of somebody I know (Jane).

I get it from somebody who I know who is my friend . . . I trust him. . . . don't get it off someone you don't know, or that you've just met for the first time. Its like, unless they know someone that you know, like in the group and they're trustworthy (Titania).

Do you buy them yourself off a dealer?

I've done that yeah, as long as I know the dealer or know him through someone else I would never buy from someone that I didn't know at all, or that I didn't know from someone else (Eispeth).

Most participants preferred not to buy LSD from someone they didn't know or trust. This was because of concerns about being caught by the police, being sold drugs of poor quality or having money stolen from them. Several participants did not mind going to dealers while others avoided them if possible or never bought LSD from dealers. This was because they felt that the risk of being caught by the police was too great, or because of personal concerns about having reached a stage in their drug use that had put them in touch with drug-dealers. For several participants this seemed to be one of the signposts along the road leading from use described as "recreational" to use described as "abuse", and was warily approached. The methods chosen for procuring LSD reflect an individual's own level of comfort with different aspects of their drug use. All participants exercised caution when approaching this task.

The methods used to get LSD serve a range of functions. Those who avoid dealers felt they were avoiding the risk of being caught by the police, a hazard which all took very seriously. Those who bought LSD from known dealers believed that there was some quality control, and consistency in their supply of LSD. A good

relationship with a dealer could have other advantages such as occasional free or cheap drugs, credit when necessary, access to trips from a sought-after batch and access to other drugs.

Category 8: The use of cannabis and other drugs

All participants described how cannabis is routinely smoked on occasions when LSD is used, and is an essential adjunct to LSD. Cannabis use serves a number of functions for individuals in this group. First, it helps to set the mood before LSD is used, as Jack explained:

I find that if you have a session before you start tripping . . . your mind starts floating and you start thinking about weird stuff and you have the trip and it just sort of amplifies it and you get a good feeling that goes with it (Jack).

Cannabis is also smoked to help manage the recovery period:

Hash meant that before you went out you never had that panicking feeling of when you were coming down that's it you've got nothing else. . . . It was like something in reserve that made you just feel nice and comfortable that when the effects started to wear off at least you had something else to keep you outside of reality. And that was really important as well. Whereas if you just took a trip, knowing that when you come down that's it, that's the day over, I think you wouldn't enjoy it so much. So it was nice to have a back up basically (Mark).

The only thing I ever do is when I have a trip is make sure I've got some good pot

Why is that?

Because you come down a lot easier and I think it's just a comfort you know, know you've got that there I make sure I've always got pot (Dan).

Smoking cannabis was believed to be one method of enhancing the effects of LSD:

Usually you smoke pot because that enhances the effects You've always got to have a bit of pot around because if it's not a very good one then that can enhance it (Alex).

Do you smoke pot when you are having a trip.
Yeah we usually try and make that a point . . .
So is that something that you generally do?
Yeah we generally try our hardest to have some.
Why is that?

It seems to enhance the, it gives you more Dopamine into your system for the LSD to act on. Not that you'd not have it already but its also a psychological thing that actually smoking a cone will make you feel better sometimes (Sim).

Finally, participants described how cannabis is used to bring back the feeling of being on a trip after the initial effects have dissipated:

What I do is I keep on bringing it back the next day, I smoke the next day and keep on bringing it back (Jane).

I don't really smoke pot until the morning . . . I never used to mix pot with LSD and now that these other guys have been mixing pot with LSD we do the same.

Is that to bring it back on?

Yeah, they reckon that it just, it brings back on, you feel like you're tripping more, or it makes you more giggly

Is that your experience or not?

Yeah (Titania).

Other drugs, including tobacco, amphetamines, alcohol and ecstasy are also used by at least two informants at the same time as LSD. This was subject to their availability:

I don't know if it is bad or good, but I combine a lot of the drugs when I have it (Jack).

I have no hesitation in taking them with other drugs

Any particular drugs apart from mull?

Oh yeah, E's and speed

So it's cool to mix them?

Yeah.

You mix them with other drugs as a matter of routine?

As a matter of routine, I mean if I was lucky enough to get some, yeah (Dan).

While all participants using cannabis and other drugs while tripping, three said that LSD should not be mixed with any other drugs. Those who were not opposed to the use of other drugs were less concerned about potential drug-related harm than the rest of the group, because they felt that the risks associated with mixing drugs were not great.

The use of cannabis with LSD helps to establish users' mood and mental state as well as the general feeling within the group prior to taking a trip. It helps to manage the recovery period, which can be harsh and unpleasant and it is used to enhance the effects of the trip and it is smoked to bring back the feeling of being effected by LSD after it has worn off, without taking any more of the drug. Despite the reported advantages of cannabis use, several participants were ambivalent about whether or not it should be used as an adjunct to LSD.

Theme clusters: Social sanctions

The term social sanctions refers to the norms regarding how or whether LSD should be used and include the values or rules of conduct by a given group (Harding & Zinberg, 1977). A total of forty-seven different sanctions were extracted from the data, seventeen of which were mentioned by three or more participants. Sanctions were generally of a proscriptive nature, for example the sanctions that LSD should not be taken in the company of strangers or should not be taken on two consecutive days.

Sanctions generally fall into one of three categories of themes, shown in Table 6. A small number of individual sanctions emerged that do not fall within any particular theme. These are included in the complete list of all sanctions which is presented in Table 7 at the end of this chapter. The general format for the presentation of each theme cluster is to present common sanctions in more detail. This will help to illustrate the various functions and applications of these sanctions, which often vary between users.

Table 6: Theme categories for sanctions

- | |
|--|
| 1: How LSD should and should not be used |
| 2: Whether LSD can or should not be used |
| 3: Rules of conduct for using occasions |

Category 1: How LSD should and should not be used

Participants described personal and group rules about how LSD should or should not be used. These rules set out prescribed and proscribed ways of taking the drug. A number of sanctions exist among the sample which pertain to how LSD should not be administered. Seven of the participants said that LSD should not be injected, citing the following reasons:

It doesn't seem a natural enough way to take it . . . something made of glass, plastic and metal sticking into your body is just something that I would want to reject rather than actually include (Mark).

Its just too easy. See that's the beauty of LSD, you can get that real brain knocking oomph but you don't have to have needles, you don't have to hassle around, and you can just slip it in your tongue, you can talk to a copper while your sucking on it and it doesn't matter. Its a drug you can do in public. you can carry it around in your wallet, you can carry it in all sorts of places and just do it when you want to (Jane).

So have you ever injected a trip?

No?

Would you?

No 'cause I wouldn't put that much trust in the person that's doing it . . . I've seen my friends inject and I just, I don't, I just don't agree with it (Alex).

Have you ever injected a trip?

No, oh no.

Would you?

No I wouldn't, no way.

Why not?

Whacking it up, because it just goes straight to your brain

Yep, instant. Instant trip.

No way, no way, too dangerous for sure . . . I know what trips are capable of doing to you psychologically, there's no way I would do it (Dan).

I never injected . . . the idea of it just going straight into my blood . . . I don't like that at all.

So you wouldn't inject a trip then?

Never. The idea of putting something directly into my blood just doesn't appeal to me. . . [you should] put it through a few body systems before you wack it straight into your blood (Jack).

Two informants held the sanction which proscribed placing trips beneath the eyelid.

Participants also talked about a number of rules which relate to how much LSD an individual should use on any occasion. These include the sanction that users should never take a whole trip or more in one dose and the rule that smaller amounts should be taken initially to determine the strength of the trip. Related to this is the sanction that LSD should be given plenty of time to work before more is taken:

If you have one and you don't think its working. . . [don't] quickly take another one because sometimes they take an hour to kick in, or up to two hours to kick in (Alex).

Don't take too many too soon cause you never know how strong its gonna be (Jack).

Alex said the quality of a trip from a particular batch should be known before it is taken:

[Take it] if someone you know has had that particular trip before and they can tell you what their experience was, otherwise I wouldn't take it (Alex).

Four participants had a rule that LSD should only be used in moderation, meaning that prolonged or frequent use should be avoided:

If the drug can make you feel better, fine, everything in moderation, don't abuse [it] (Jane).

You need to limit how many you take (Alex).

[Don't] abuse it, as you know every day, just again because of those effects, those negative effects (Mark).

Some had personal rules which establish how often LSD could be taken:

[I] definitely would not do it two nights in row. I would even say a safe limit would be once a week, [that] would be the minimum amount of time (Mark).

The main function of this sanction was to avoid the physical and psychological toll that frequent or prolonged use can lead to, as Mark explained:

It does actually take a lot out of you. Physically for a couple of days, and even mentally you just know, I think your body just tells you, you can't keep doing this. Its not something you'd have to pick up and read in a book, or be told by a doctor or a drug counsellor, that this could have some kind of a damaging, or negative effect on you. I think once you've done it a few times you, you just know you wouldn't do it again. And I think you, if you listen to your body I think that it gives you that message (Mark).

For Titania, sticking to this rule meant the difference between use and abuse:

There's a difference, there's users and abusers.

What's the difference?

A user is someone that just uses it . . . knowing the effects and doesn't need it all the time, won't need it all . . . [an] abuser is someone who

constantly does a drug. Like, I have to do it, just for themselves to feel good.

Are trips a drug that can be abused?

Yeah, people have abused it.

How have they abused it?

They've just taken so many (Titania).

Sanctions also exist which relate to the use of other drugs with LSD. Three believed that LSD should not be mixed with other drugs. Reasons for this are to not corrupt the effect of the LSD and because the effects of other drugs were considered counter-productive:

Do you think you should you only take the trip?

Yeah . . . because other wise you spend the whole night trying to figure out which one's the most powerful one. Like are you feeling more like you're E-ing, or more like you're tripping, you know . . . so I'd rather just take the one drug (Alex).

Try not to drink too much alcohol or anything like that, 'cause that's kind of opposite effect to what you want to feel (Sim).

I think that trips are a really enveloping drug. I mean I know I've mixed other drugs but I find with trips it's just complete in itself for me, it is just a whole experience (Elspeth).

Only one informant kept a rule that LSD should not be mixed with any drugs other than cannabis.

The sanctions within this theme minimise the potential for undesirable effects and protect users from immediate and lasting drug-related harm. This is achieved by identifying practices thought to be dangerous and by prescribing relevant precautions for using occasions so they can be avoided. These sanctions also define moderate use, although vaguely, reinforcing the belief that frequent or prolonged use should be avoided.

Category 2: Whether LSD can or should not be used

Participants kept a number of rules about whether LSD could be used at various times or in particular physical and social settings, and about when LSD should not be used.

One of the most frequently raised and fervently discussed sanctions was the rule to never use LSD in a bad mood or when emotionally down. Participants cited the following reasons:

If you're in a really bad mood or you've had a really bad day then to me there's no point of having drugs 'cause you're already starting out with a negative attitude . . . its just better to go in with a good mental attitude and think to yourself 'I'm gonna enjoy this', and then it's more likely that you will enjoy it rather than 'I'm in a bad mood' or you know 'I don't want to do this' or whatever (Elsbeth).

I wont take acid if I'm in a bad mood anyway 'cause it just doesn't really work, you just get pissed off with it . . . Don't be really upset when you take it would be a big piece of advice. If you know that you are not in a good mood and you're really pissed off with something that is going on, don't take it. Because to me it tends to heighten whatever you are feeling. So if you are feeling like your life is a piece of shit you shouldn't take acid, especially by yourself because all you'd do is sit there for seven hours and tell you how shit your life is (Jack).

If your not in a state emotionally, you shouldn't do the drug. You're going to have a bad time if you are in an emotional state, like if you are not together in yourself, don't do it, cause you are going to have a bad time. . . . If you are depressed, if you are upset in some way and it's effecting you, like you, there's an issue you cant deal with at the moment and its bringing you down, you're gonna bring it up in the trip . . . its gonna come out in everything you do (Titania).

A trip will just grab hold of any rotten feeling that you're gonna have and just go with it (Jane).

It's because it acts as an endorphin enhancer in your head if you're experiencing serotonin, which is stress, it's just going to give you that strange, it's not a happy feeling, whereas if you're feeling happy it just enhances that (Sim).

If your just in a normal state, that's okay, I think you can handle it but when there's something going on in your mind or, because it just fucks with your mind so much, don't bother. You've got to deal with your shit . . . [if] something's really bothering you or your really upset about something I wouldn't [take a trip], it toys with your emotions, it distorts everything.

It's bad enough being in a bad frame of mind without drugs!

Trips will make it worse, I'm positive.

Related to this is the sanction that LSD should not be taken by someone with violent or aggressive tendencies, as Jack explained:

Are there certain people you think should never take trips?

Yeah, definitely. There's a few people, a couple of guys I know through Rugby that are just ultra violent people. They've just got a little thing, you can tell they could snap . . . I don't think it would be safe for them to take acid (Jack).

Another sanction proposes that LSD should not be used in the company of other people who are reckless or in an unstable emotional or mental state. This was because of users' heightened sensitivity to others' moods while affected by LSD:

When its somebody else that's got something heavy on their mind and you have to try and break them out of it 'cause you just get sucked into it as well and its quite contagious when one person feels bad, its easier for everybody else to get dragged down than to make them feel happy (Sim).

I like control of what's going on, I just think well [if] it's too much for you, don't do it . . . and I avoid taking it with unstable people (Dan).

Five participants kept a rule that LSD should not be taken when physically or mentally ill, or if on any medication:

If you have an illness then I just wouldn't do it . . . and not to take it when you are on medications (Alex).

[Don't take a trip] if your like on any other medication . . . if there's something wrong with you (Dan).

I think that mental patients, people like that, probably shouldn't do it. When they've got the inner voices, another little voice ain't gonna do them much help I don't think (Jack).

People that are on medication [should not use LSD] . . . I've just heard of bad experiences from people that are on some kind of medication (Elspeth).

Five participants believed that LSD should never be used if alone and one that LSD should also not be used by one's self in the company of others who are not using the drug. Participants gave the following reasons:

Don't do it on your own.

Why not?

Because it, you knew from hearing things, even from your childhood, things that stay in there about people who jumped from buildings etcetera.

Thinking they could fly?

I think those things maybe do stay in your head, coupled with the first couple of times that I took it was such a powerful experience that . . . you knew that if somehow this was abused or the wrong side got hold of you, because everyone knew all about bad trips, you knew bad trips existed and you knew how strong and powerful it was and how long it lasted . . . if you did go on a bad trip that you would damage yourself somehow (Mark).

I wouldn't want to do any drugs by myself to tell you the truth. I do it all very recreationally and there's nothing recreational about sitting around by yourself tripping. What would be the point . . . to me drugs are just a social thing (Jane).

I'd never do it alone.

Oh, really.

Never.

How come?

What's the point? I enjoy my own company anyway, like I don't really get bored, I mean there's always something to do, so I don't really get anything out of tripping alone . . . my idea about people who use drugs alone is because they have a problem with it. Like I can just use drugs recreationally. People who do it by themselves do it because they need it and they don't like being by themselves (Alex).

I don't ever trip by myself, I just don't think that it is right.

Why not?

Um, going back to my rules, don't trip alone really. You've always got to have someone there to look after you and you look after them . . . it is an experience to share (Titania).

It was considered important that new or inexperienced users never use LSD alone:

I'd always do it with another person, if you've never done it before.

Yeah okay.

Or never done it a fair few times before, so you'd know what to expect (Jack).

So do you think that its quite important that you don't do it by yourself?

For inexperienced users, yeah, also I think sometimes for experienced users, I think yeah, yeah I think it is important because it doesn't really matter how many trips you ve had, they are all different (Elspeth).

Participants generally believed they should only use LSD with other people who are known and trusted, and definitely not with strangers:

Be with someone that you know.

So why is it better to do it with someone you know?

Because you are not going to be all together there and not know what is going on a lot of the time . . . if its your first time and you're sort of losing it a bit, that other person is there for reassurance to say it's okay, its cool man, That's the support in case you do lose the plot . . . yeah, a security thing that is always there, always be with someone (Titania).

Be with friends who you're close to and understand you ah, people you trust, people you feel comfortable around (Dan).

Don't go, or don't get yourself into a situation where you can afford to be paranoid. In other words don't go anywhere where there's going to be strangers or people who are not using as well (Mark).

Six participants had a rule that LSD should only be used when sufficient time and an adequate recovery period are available, and not when a commitment to work the next day exists:

You always need a day to do it and a day to recover . . . I make sure I never work the day after a trip . . . Maybe because your brain is just so fried that you know you just do stupid things, forget about things and it's not really worth risking your job for (Jack).

So give yourself some recovery time?

Definitely I reckon at least three or four days (Dan).

The next day, if you've gotta work, like if you've got to work we just go nah man. You don't want to go to work after a trip . . . because the day

like just seems to go for so long, yeah, like that five o' clock is never gonna come (Alex).

You'd have to have done [it] on the weekend. I would even say it would have had to have been Friday night . . . to recover over the weekend, to face work again on Monday (Mark).

I don't do any drugs if I know that I have to work the next day or if I have to go to Uni' or if I have to do anything (Elspeth).

Another sanction ruled that LSD use should never interfere with personal responsibilities:

Don't let it affect your life. If you are spending your last cent on drugs there is something wrong . . . if it's going to detract from another part of your life, don't do it. If you're going to be spending your money instead of paying the rent . . . don't do it (Jane).

Don't do it if you've got Uni, if you've got other responsibilities, if you've got work the next day don't do it (Dan).

One of my sort of rules of drugs is that whatever you do, you have to do your do first and then you have your drugs. So if you have to do house work or you have to finish an assignment or what ever it is, you do that first because otherwise you'll have your drug but it will always be in the back of you mind and you can't really enjoy, you can't let go because you're always thinking I have to do that. Get organised, like make sure that you don't have any responsibilities that you have that you need to do (Elspeth).

A variation of this theme relates to approved physical and social settings for LSD use. Foremost among these was the sanction that LSD should only be used in safe and comfortable surroundings:

Be in comfortable surroundings. Somewhere you know you could just crash without the hassle of getting home. . . . So you'd look to come down in a place that you're not going to have to get up and move when you're not ready to (Mark).

Just be careful of your environment, or be with friends who you're close to and understand you, people you trust, people you feel comfortable around and in an environment you feel comfortable in (Dan).

Several participants had a rule that LSD use should be confined to private settings or should not be used in public:

Be in an environment where you're comfortable, some people don't like tripping in public so make sure that you know where you like to be (Elspeth).

Do it at your house, or someone else's house who you know quite well (Alex).

Make sure that there's as little contact with the public as possible and police and . . . [where] you wouldn't be disturbed (Mark).

I always use at home. Home has everything your gonna need for the night, like you can play your own music . . . you're not gonna lose each other . . . if you're hungry you can have whatever you want, if you want a drink you can just go to the bottle shop . . . if you want the heater on and your cold you put the heater on . . . so it's got everything there that you want, and you're in your own space (Alex).

You really don't want to be in public 'cause your gonna get nervous, your gonna get paranoid, you feel like everybody knows (Jane).

It was also believed that LSD should be taken only if the user feels safe and comfortable in themselves and only if they are sure they want to use:

People that don't want to do it, I think, shouldn't take it. If they really don't want to take it there's no point in taking it because they are not going to enjoy themselves (Jack).

I sort of sus' the situation out first, like if I know that they're gonna be taking more than me or if they're going tripping and if I kind of really don't feel like it then I only take half or I wont take it at all and if they want to go to the shops then I'll take them . . . once you've taken it, it's just like why did I do it? You know there is no going back then. you just have to go with it (Alex).

The sanctions which stipulate whether LSD can be used and when not to use serve a number of functions. They identify physical, mental and emotional states which are thought to increase the likelihood of a bad trip, and prescribe measures to avoid these and other persons in similar states. Sanctions which identify these

characteristics reduce the potential for harmful or negative individual reactions and disruptions to using occasions. They limit use to physical and social environments that are considered safe and comfortable and which are more conducive to a positive experience. These rules restrict use to occasions where there is sufficient time, and an absence of other life responsibilities which could be at risk of being neglected. This assisted participants to sustain patterns of LSD use which do not interfere with other significant areas of life such as work or study.

Category 3: Rules of conduct for using occasions

This theme cluster comprises various rules pertaining to activities and group conduct on using occasions. The most commonly occurring was that a person affected by LSD should not drive or travel in a vehicle being driven by another person under the influence of a drug:

I don't drive on trips, I don't drive on drugs . . . It's just code of ethics. You just don't drive (Jane).

But they had more than me, they had like one and a half and I thought fuck, look at how I'm feeling and I'm letting them drive . . . I was stupid to get into the car with them.

In hindsight, what do you think about that, that you were driving around with someone that was tripping?

Oh it was silly, it was really silly (Alex).

I never drive tripping, I think that because I'm moving so fast, once I'm moving 60 k's an hour faster I don't think I'm gonna have the hand, not hand-eye coordination, but just don't like the idea of driving on trips (Jack).

I don't drive anywhere. I would never have a trip and then drive (Elspeth).

It's okay if you have plans just to sit around the house, walk down the river, whatever. But if you're going to be driving, don't [drive] tripping 'cause it just doesn't work (Jane).

This is an extension of the more general sanction that those affected by LSD should avoid situations that present any risk of harm. Two participants had a rule that a straight person should be present with others who are tripping in order to carry out tasks such as driving, and to be available assist users if they need help, as Alex explained:

that was kind of good for us because if anything went wrong we knew that there was someone there who wasn't tripping who could bring you, like explain reality to you . . . so it's good to have someone there who's not [tripping] because they look after everything (Alex).

There was a sanction that those affected by LSD should not inflict themselves upon other people or place others at risk physically, emotionally or psychologically:

Don't you dare make someone feel bad . . . if they are in that state as well and you are in that state, like you know . . . you'll lose your friends (Titania).

I don't like people inflicting themselves on me whether they are under the influence of a drug or whether they're straight. When I go out I like to be left alone, I don't like other people hassling me whether I'm in my home, or whether I'm out. I would not like to think that I was inflicting myself upon other people. What I do is my business and I'd hate to think that I'm inflicting myself upon anybody else. You don't like to think you're being socially unacceptable, especially to your friends (Jane).

Three participants kept a rule that someone effected by LSD should always have access to outside help if they need it:

If you are by yourself and even if you are experienced you might have a bad time or something might go wrong. I think you should have someone there then, you know their support . . . they can look after you if something needs to be done. I know that its illegal and there could be consequences but I think you've got to make sure that responsibility outweighs peoples' fear of what could happen. If they see that something wrong is happening . . . they should get help (Elsbeth).

Jane gave the following example to illustrate why this sanction is important:

For some reason I just convinced myself that I was ugly and worthless and nobody liked me and nobody wanted me and as soon as I walked into this room where I was going everybody was going to go 'ooh'. It

just gripped me you know. I had just exaggerated the situation. Anyway I rang this person up and said man I'm just spinning out, come over, and he did and I was fine after that (Jane).

A related sanction requires users to let others in their social group know what and how much of a drug they have taken in the event that they need to get help and the user is unable to communicate. Alex explains:

Tell the people around you how much you've taken because one time one of my friends had taken too much and he didn't tell us and when we asked, because he wasn't in a state to talk after taking the drugs . . . we couldn't trust the information he was giving us because he wasn't in control. So to tell them, I'm just having one trip tonight, I'm just having half a one . . . inform them too. [Tell them] about where you are at, like this is too powerful for me, or this trip's cool, I might have half a one now, and let them be the judges . . . sometimes let them be the judges of whether you've had enough or not (Alex).

Another common sanction is that users should know and adhere to their own personal limits, as summed up by Titania:

Drugs wear your body down and you start getting sick, you're not getting enough sleep, you're not eating enough . . . If you start wearing your body down ultimately you're gonna be fucked up and you're not healthy, you're not getting enough sleep. Keep healthy, know your limits, stop when you're going a little bit too far (Titania).

Rules also exist which encourage users to avoid any stress or anxiety about things such as every-day financial commitments or relationship problems while using LSD, and to avoid contact with the police.

Within this theme are rules for buying LSD, including what not to do. This includes the sanction that LSD should never be bought off anyone unknown:

I would never buy from someone that I didn't know at all, or that I didn't know from someone else (Elspeth).

Don't get it off someone you don't know, or that you've just met for the first time unless they know someone that you know in the group and they're like trustworthy (Titania).

Associated with this are the sanctions that LSD should never be bought at a public venue or directly off dealers:

I'd never buy on the street at all (Jack).

Just know who you are going to get it off. Don't go into a club and ask anybody because you will get caught by the police (Titania).

You don't want to buy off people who are drug addicts and career dealers because they are usually being looked at by the police all the time.

Okay. So you avoid those?

Avoid big time dealers (Sim).

I hate going to dealers' houses and buying it. You know I'd sooner send someone else to go and get it.

Why do you avoid going to a dealer yourself?

I just don't like the idea of being busted for drugs to be honest. I'm always pretty cautious when I'm buying. I'd much rather buy through a friend who can get it off someone that he knows well, than buy it through a dealer (Jack).

The sanctions subsumed within this theme serve similar purposes to those within other themes. Their primary function is to protect users, peers and the general public from potential harm through the avoidance of activities and conduct which present preventable risks. They also identify negative social, health-related and legal consequences associated with LSD use and prescribe relevant preventive measures. These sanctions also provide guidelines for communication between members of a social group about information which may be used to ameliorate or at least improve an unpleasant situation.

Table 7: Exhaustive list of Sanctions

Note: Sanctions are presented in order of frequency. Numbers in parenthesis indicate how many participants discussed the particular sanction.

- LSD should never be taken in a bad mood or while emotionally down (7)
- LSD should only be used in comfortable and safe surroundings (7)
- LSD should not be injected (7)
- LSD should only be used when sufficient time and an adequate recovery period are available (6)
- A person affected by LSD should not drive or travel in a vehicle being driven by another person under the influence of a drug (5)
- LSD should not be used in the company of people in a negative or unstable mental or emotional state or people who are reckless (5)
- LSD use should never interfere with personal responsibilities (5)
- LSD should never be taken alone or by one's self in the company of others (5)
- LSD should not be used when physically or mentally ill, or if on medication (5)
- Never get LSD from a person or persons unknown (4)
- Never buy LSD in a public place (4)
- Only use if you feel safe, comfortable doing so and only when you're sure you want to (3)
- LSD should not be mixed with other drugs (3)
- Users should ask for help if they need it (3)
- Avoid stress while tripping (3)
- Know and adhere to your limits (3)
- Prolonged or frequent use should be avoided (3)
- LSD should not be taken under the eyelid (2)
- Use only with people you know and trust (2)
- Inexperienced users should never use alone (2)
- LSD should not be used in the company of strangers (2)
- Never use if you have to work the next day (2)
- Contact with the police should be avoided while tripping (2)
- LSD should be used in private settings (2)
- Have a straight person present on using occasions (2)

Continued over

- LSD should never be used in public (2)
- Users should never take a whole trip or more in one dose (2)
- Avoid buying directly from dealers (2)
- LSD should not be taken on two consecutive days (1)
- People with violent or aggressive tendencies should not use LSD (1)
- Take any necessary precautions (1)
- Controlled LSD use could be of benefit to some people (1)
- LSD should not be used by people who do not appreciate its unique effects (1)
- Users should not inflict themselves upon other people or place others at risk (1)
- LSD should not be used by inexperienced drug users (1)
- Avoid situations that present any risk of harm (1)
- Let others know what and how much you have taken in case something happens which requires them to seek help (1)
- LSD should not be mixed with drugs other than cannabis (1)
- The quality of a particular trip should be known before it is taken (1)
- Smaller amounts should be taken initially in order to determine the strength of the trip (1)
- The drug should be given time to work before more is taken (1)
- Pay attention to your body's needs (1)
- Stay in good health physically and psychologically (1)
- LSD should be used in moderation (1)
- Treat others with care and respect (1)
- Avoid being around parents (1)
- Don't expect too much from the drug (1)

CHAPTER FIVE

Discussion

The purpose of this research was to conduct a qualitative investigation into the nature and functions of rituals and sanctions which surround LSD use for a small number of experienced users. The research findings have strong implications for the reduction of LSD-related harms and drug education, and indicate some avenues for future research. This chapter will discuss these and other significant issues, contrasting the results with the major themes of the literature review.

The junkie stereotype

LSD use is by definition a deviant act. It breaks the law and, along with other forms of illicit drug use, flouts widely held social values. But illicit drug users are often cast in a more wretched light:

At the very heart of the twilight world of drug addiction is the archetypal junkie, a nebulous figure misunderstood both by drug takers and by others. To the straight world, the addict is variously seen as a depraved criminal in need of help; but the addict is often a fiction even to himself. The fascination of the addict attaches not to the person who is dependent on drugs, but to his fabulous shadow (Gossop, 1993, p. 167).

Popular constructions of illicit drug users are of people who are addicted, criminal, sick, uncontrolled, untrustworthy, hostile, and usually young and male. This kind of depiction is often engendered at times when the issue of illicit drug use is prominent in public consciousness. Many examples of this phenomenon have occurred at different times this century in the United States of America (Goode & Ben-Yehuda,

1994), with some notable instances being cannabis users in the 1930's and crack-cocaine users in the 1980's. These depictions have also occurred in Australia and are reinforced in Western Australia by prevention campaigns which incorporate slogans such as "only mugs do drugs", or images of drug users behaving anti-socially.

The LSD users who informed this research do not fit this mould. Because LSD does not create a physical dependence in the same manner as nicotine or heroin, use by informants was infrequent enough to avoid the label of addict. Furthermore, the anti-social traits of the archetypal junkie were not apparent among participants, who were generally informed, considerate and responsible drug users. The point is that there is nothing about this group of LSD users which warrants a classification similar to that of the junkie. It is possible, perhaps even likely, that the same could be said about the vast majority of illicit drug users.

The relationship between rituals and sanctions

The literature suggests that sanctions provide a framework or system of beliefs and attitudes which guide ritual actions. Ritual behaviour occurs as a result of particular beliefs. The rite is an expression of the belief and is acted out in stylised and culturally appropriate ways.

The findings of this research are consistent with this analysis. This group of people routinely used LSD in particular ways because of what they believed about the pharmacological properties, effects, benefits and risks associated with using LSD, and the effect these might have upon the social environment. For example,

informants routinely used trips in a familiar social setting typically made up of trusted friends because they believed it was safer, better fun, less likely to result in negative outcomes, because it enhanced social relationships through bonding and shared experiences and provided an environment in which members of the group could have various needs met. These specific elements of the experience provide a foundation for the construction of LSD use as a social activity rather than a solitary one. They constitute the rationale or explanation for using in groups of trusted friends. Examining this and other elements of the drug-taking experience illustrates this alliance between rituals and sanctions.

There is nothing really extraordinary about this relationship. Humans engage in and abstain from all manner of behaviours as an expression of their beliefs and attitudes around the behaviour involved and its possible impact on their world. People's rituals around the use of other drugs are similarly founded upon certain beliefs about the drug, its effects and its potential consequences. To illustrate this, consider social controls used to govern the use of alcohol, perhaps our most cherished and socially integrated drug. Does anyone really prefer to drink in an unsafe and uncomfortable place with strangers? Do not most drinkers plan drinking occasions to some extent, for example who they will go out with and how they will get home? Isn't it widely believed that alcohol should not be mixed with medications, that people should consider the health-related effects of their drinking, that people should know and adhere to their limits and should not drink and drive? The point is that effective mechanisms for controlling drug use can be learned and practiced regardless of a drug's properties, effects or legal status. A social drinker and a social psychedelic drug user may have more in common than not, at least in terms of their using rules

and routines, and possibly in other areas such as their reasons for use and symbolic elements of their respective experiences.

There are times when the association between rituals and sanctions is not as apparent, occasions when other influencing factors weaken the connection. Random opportunities can be very persuasive, particularly for individuals whose expectations are high, whose suggestibility is heightened and judgement impaired. An individual or group may suddenly change elements of their usual ritual with no rationale, if the lure of other factors is strong enough. For example, LSD might be used on special occasions, such as a rare concert or social gathering, even though there may be no available recovery time, they have to work the next day, an assignment is due or the user is planning to attend a job interview. The sanctions which rule that this practice should definitely be avoided remains, and may even be strengthened, while they are at the same time ignored or broken. The likelihood of such a breach of routine causing problems may be reduced by other drug-use rituals such as forward planning, limiting one's intake, using early in the evening so as to avoid a very late night or the use of other stimulant drugs to manage the recovery period.

The function of rituals and sanctions

The data presented in the previous chapter indicates that for this group of LSD users the specific functions of rituals and sanctions associated with LSD use are numerous and intertwined. They prescribe behaviours and activities which are believed to increase the pleasurable effects of the drug, maximise the benefits of the physical and social setting and reduce various undesirable effects, harms and risks associated

with using. They proscribe behaviours and activities which present perceived dangers or risks to an individual or social group, and behaviours which transgress the boundaries of acceptable behaviour within a particular social setting. They also facilitate social bonding. The kind of self-regulation described here means more than simply limiting ones intake of drugs. It also refers to the prevention and management of drug-related risks and problems, as well as the capacity of the user to maximise the benefits of use.

The boundaries which demark acceptable drug use patterns are not fixed. What is acceptable within one social group might be unacceptable in another. Using LSD at a public venue or taking trips with ecstasy or speed may be forbidden by some but remain acceptable or even highly desirable to others. Similarly, the role of social controls is not static, but changes for individuals and for social groups as their circumstances, experiences and defining characteristics change. As people gain more experience and become more confident in their drug use their rituals and sanctions may change. This can result in less caution being exercised or less adherence to sanctions previously held. A shift like this might lead to an increase in drug-related health, social and legal risks. Conversely, a bad trip, an arrest or a failure to fulfil social obligations might lead to a change in the opposite direction and result in a greater commitment to existing or new sanctions and preventive practices, even if only for a short time during which confidence and control is regained. There is a dialectical relationship between rituals and sanctions, and the social setting, with both adapting to the presence and impact of the other. The effect of this is that rituals and sanctions are modified, strengthened or weakened by their own outcomes.

Broadly speaking, for this sample of users, the rituals and sanctions which surround LSD use serve to impose order onto the drug-taking experience. This strengthens users' intent and expectations of the LSD-taking experience and assists in the interpretation of the effects of the drug. Rituals and sanctions assert control or regulation over drug-taking in order to increase the benefits of use and to avoid undesirable outcomes or an increase in associated risks. They also help to integrate the experience into social life. They are constantly being negotiated, reflecting both their efficacy as control mechanisms and the many influences on the lives of drug users.

While there is controversy in the literature over what constitutes a ritual act and whether such acts can be exclusively technical or symbolic, the functions served by rituals and sanctions in this research have a lot in common with general findings in the literature review. The results are consistent with the findings of Harding and Zinberg's (1977) research into controlled drug use, which identified five major features of rituals and social sanctions, and with Moore's (1992) finding that recreational drug users generally employ a variety of social controls to minimise the costs associated with their illicit drug use and to maximise the benefits. It is evident that the impact these controls have upon the social environment leads to a renegotiation of the processes involved in regulating drug use.

This research has shown the extent to which drug users can have very different experiences with the same drug, even if the effects are similar, illustrating the idea that there is no typical LSD experience. This lends support to Zinberg's (1984) assertion that factors related to the individual and the social setting are powerful

determinants in the drug-taking experience. The results of this investigation also show that while rituals and sanctions operate at each level of Zinberg's (1984) drug, set and setting framework, their functions are foremost in the social setting.

Rules were meant to be broken

The degree of adherence to various sanctions differed at different times among informants. Individuals often broke their own rules or altered elements of their using routines which they claimed were highly functional. This occurred for a number of reasons, both personal and circumstantial. For example, the sanction that trips should never be bought at a public venue might be waived at a highly significant event (such as the Big Day Out) if plans to acquire the drug through other means were unfruitful. The sanction that one should never drive under the influence of a trip might be ignored by an individual whose judgment is impaired by that or any other drug. Another example is the sanction that trips should not be mixed with other drugs, which was regularly breached by informants, all of whom routinely smoked cannabis on occasions when trips were taken.

How strictly sanctions were adhered to by the informants reflected their general level of confidence in their ability to use drugs safely for positive ends, their perceived ability to control their experience and their own general level of comfort with illicit drug use *per se*. Informants who believe they have a high level of control over their thoughts, feelings and actions while using LSD were less likely to adhere to sanctions which guard against uncontrolled reactions to the drug (such as not mixing LSD with other drugs or using only a small amount at first). Similarly, individuals

who were concerned about the potential legal consequences of illicit drug use, such as getting a criminal record or becoming ineligible for certain occupations, were generally more likely than those who are not to adhere to sanctions which serve to reduce the legal hazards of use.

This is not to say that confident drug users are always convinced of their resistance to negative experiences. Within this group there were individuals who were generally confident about being in control of their drug use, but were still ambivalent about the merits of some of their using practices. It was not unusual for an informant to preface a description by saying "I'm not sure whether this is really a good thing or a bad thing, it's probably a bit risky, but what I always do is . . .". Several informants said that they didn't think LSD use was really dangerous for them and likened the severity of the risks to those associated with cannabis use, then in the next breath stated that the psychological effects can be powerful, unpredictable and can have dire consequences.

The reality for some users was that although they were aware of the potential dangers, it had not yet happened to them and was not expected to, and this had some bearing on their vigilance around rituals and sanctions. This demonstrates that what a illicit drug user believes is possible as a consequence of their use, and what they believe is likely to occur can be vastly different. This group of LSD users were much more likely to act on what they believed was likely to occur to them, rather than what they believed was possible, severe as it might be.

The findings of this research support Mugford's claim that "informal controls do not guarantee complete effectiveness . . . the application of social controls does not always lead to moderate use" (1991, p. 244). However, it is also clear that on the other hand, compulsive or problematic use is not an inevitable outcome of illicit drug use. Whether Zinberg's (1984) suggestion, that controlled illicit drug use is more difficult to achieve than licit drug use, applies to this group is less clear. Informants did achieve varying measures of control over their drug use, but this was more difficult on some occasions than on others. The effectiveness of rituals and sanctions for this group is dependent upon a wide range of factors, and can not be predicted solely by the legal status of a drug, or its use.

The failure of social controls to meet their aims at different times also points to the changing nature of social controls and the social environment. It is therefore important to note that sanctions, and to a lesser extent prescribed rituals, are at best guidelines for LSD use (and potentially other illicit drug use) which are always being renegotiated. They are, as one informant put it, a code of ethics for illicit drug use, which might be ignored or breached and which is always adapting to the settings in which it has meaning. This is an important point, and supports Erickson and Alexander's observation that "the [social] meanings of a drug, and consequently, the patterns of use change over time in society" (1989, p. 264).

The importance of the peer group

The findings of this research supports Zinberg's (1984) suggestion that the control of drug use is largely established by socially based controls which pattern the way a

drug is used. Users regulate their use of drugs through a peer-based social learning process, in which rituals and sanctions are developed and monitored as the user adapts to the interaction of drug, set and setting (Grund, 1993). This is also congruent with the pioneering work of Becker (1967) and Young (1971), who both argued for the central role of the peer group in developing social controls. The results of this investigation suggest that a user's peer group is the primary site for the creation, development and dissemination of information about rituals and sanctions. Peer groups provide and maintain the knowledge base as well as the context within which to apply this knowledge.

There is therefore a strong argument supporting the importance of social networks for users who desire to maintain some measure of control over their drug use. This perspective is often overlooked in the drug and alcohol literature, which often posits the peer group as the cause of drug use, particularly among the young (Bauman & Ennet, 1996), rather than as a breeding ground for harm reduction practices. The failure to acknowledge the function of social networks in this respect has resulted in a negative view of the relationship between drug use and peer groups: peer support is interpreted as peer pressure and practices that support controlled drug use are viewed as pernicious behaviours which turn otherwise naive and innocent (and usually young) people into illicit drug users, or 'drug addicts'.

Bauman and Ennet, (1996) further suggest that the assumption that peers are central to adolescent drug use is reflected in the social influence paradigm underlying many

drug prevention programs, which are founded in part on the need to buffer peer pressure. This approach to the reduction of drug-related harm may in fact be counterproductive if it seeks to disempower the peer group, especially if it operates as an effective mechanism in helping people keep their drug use under some control.

Implications for the reduction of drug-related harm

The suggestion that rituals and sanctions play a significant role in the control of illicit drug use has important implications for harm reduction strategies¹⁶. A foremost function of the rituals and sanctions described in this and the other reviewed studies is their preventive nature. The social controls described here serve to prevent the onset, recurrence or worsening of drug-related harm. The array of social controls described by the informants who took part in this investigation raises issues for the practice of harm reduction.

First, the methods employed by informants to reduce harms and the potential for harm were culturally appropriate, individually tailored and adaptable to different situations. It is clear that harm reduction strategies can be negotiated, leaving room to take into account personal circumstances as well as cultural and subcultural influences. To do so seems to be a pragmatic common-sense approach to the task. One implication implications for those who work with illicit drug users within a

¹⁶ Harm reduction strategies are those utilised to achieve the goals of harm minimisation (Strang, 1993). Harm minimisation is an approach that aims to "reduce adverse health, social and economic consequences of alcohol and other drugs by minimising or limiting the harms and hazards of drug use for both the community and the individual without necessarily eliminating drug use" (Ministerial Council on Drug Strategy, 1993, p. 4).

harm minimisation framework is that methods for avoiding or reducing drug-related harm for one person may be less effective with another person who may use the same drug but have different using patterns. For example, a regular LSD user will not benefit from advice not to use in public if they only ever use at raves. Another implication is that workers need to understand and take into account the importance of the social context of drug use. Harm reduction strategies need to be multi-faceted, flexible and adaptable to the setting in which they are needed.

The second point is that the participants in this research were often remarkably creative in their pursuit of a safer using-experience. A rich and diverse array of harm reduction strategies have been described in detail by a small handful of experienced users. This information can be extremely valuable to educators, counsellors and other users seeking to assert more control over their own drug use. It provides workers and educators with insights into the world of illicit drug use and exposes them to a broad range of indigenous harm reduction options. It also increases understanding of the influences within the cultural or sub-cultural environment in which these strategies can be put to use. This knowledge can assist workers in the drug field to work more cooperatively with both users and peer groups. The potential is for a more creative and insightful approach to the formulation and implementation of culturally specific negotiated harm reduction strategies.

The following is a list of specific harm-reduction strategies for users of LSD which this research indicates might be useful with other users of LSD. Some of these have also been recommended by Fitzgerald and Hamilton (1994).

- Take control of the environment where you are using. Make sure there is always somewhere to go where you feel safe.
- Ensure that there is someone close who knows what to do if a trip turns bad.
- Tell someone you trust what and how much you have taken before the effects kick in.
- Stay with people you trust. Avoid using trips alone.
- Given that there is a large variety of trips available, don't take a large dose of an unfamiliar trip. Also, try and find out what the trip will do before you take it.
- Be patient, the effects can take a while to kick in. Taking more will not bring the trip on any faster.
- Be careful if mixing trips with other drugs, they may impair your judgement and can accentuate the experience. Avoid using while on medication.
- Before using trips, assess your ability to handle being confronted with an altered perception of the world. This can be frightening for some people.
- Avoid injecting LSD, this is the most risky way to take LSD. If you prefer to inject, learn how to do it as safely as possible and always use a clean fit.
- Avoid buying directly from drug dealers, score off someone you know and trust.
- Plan for using occasions, try to foresee and reduce the likelihood of any potentially harmful or disruptive events.
- Avoid using trips if you like being in control of your senses, if you are predisposed to mental illness and if you are feeling depressed or emotionally vulnerable.
- Don't drive if you are tripping or travel with anyone who has used any drug. Go with someone straight or catch a taxi. This will be easier if you plan how you will get around.
- Avoid using if you have work or other commitments the next day.
- Take a break from trips, or reduce your use, if LSD related harms become noticeable.

- Avoid frequent or regular use as this can result in resistance to drug effects, which may lead you to take larger doses, and an increase in adverse effects.
- Don't be reluctant to get help if you or a friend need it. Don't let fear of getting busted outweigh your responsibility to look after each other, it's not worth it.
- Always practice safe sex. Plan for it, have some condoms.

Implications for drug education

In his preface to the Government of Western Australia's Report of the Task Force on Drug Abuse, Premier Court describes "drug abuse" as "one of our most serious and worrying problems" and as "a blight on our society" (1995, p. 3). Rightly or wrongly, this reflects the perception that the use of some drugs is high on the agenda of social problems needing to be addressed by governments and other community organisations. This perception has existed at least since the launch of the National Campaign Against Drug Abuse (NCADA) in 1985, which set a climate in which any action taken to arrest the 'drug problem' is unlikely to meet with disapproval. In such a climate campaigns abound which inform citizens about the dangers of various forms of drug use. Education about such hazards are the traditional standby of many prevention programs (Ritson, 1994). The vigour with which drug education is pursued has been revived in 1997, mostly as a result of the perceived heroin 'crisis'. This has focussed attention on the use of all illicit drugs leading to calls for an immediate increase in drug education.

The presence of social controls, the degree to which they are practiced and their outcomes has implications for the prevention of drug-related problems through drug education. Users of illicit drugs who practice social controls such as those described

in this research, and who consequently enjoy high self-efficacy in their drug use may be unlikely to respond to, or benefit from, preventive strategies which rely on the depiction of extreme harms or popular 'junkie' stereotypes. Such messages are commonly incorporated into so-called 'educational' campaigns which disseminate vivid images such as accident scenes, drug-related casualties in hospital emergency rooms or even young dead bodies. These images are portrayed in an effort to deter people from using drugs through fear of the consequences.

Much drug education remains underpinned by the depiction of harms which occur to a minority of users and essentially reinforce prohibition. Fox and Matthews (1992, p. 210) argue that in order for campaigns to support prohibitions the facts have to be "twisted, falsified, or mythologised . . . must emphasise constantly the evils of drugs psychologically, sociologically and every other way". This information is not consistent with most people's experiences of alcohol and other drugs. Most see and experience the benefits of use, and cannot equate themselves with the out-of-control, injured or dead stereotype which is portrayed in many prevention campaigns.

This genre of drug education fails to recognise the value of drug use which at least for the group of users in this research, is generally enjoyable, exciting, fun, rewarding and saturated with social meaning. A common strategy of campaigns that ignore the value of drug use is to promote the fear of the drug itself, the risks of use, associated harm, and even other users, in efforts to turn people away from drugs.

The Shafer Commission said of such an emphasis:

any concerted effort to frighten people away from drugs is doomed to failure. No information is preferable to inaccurate, dogmatic information which destroys the credibility of its source. Accurate information when

disseminated through so called 'sophisticated fear' techniques can also be counter productive. (cited in Fox & Matthews, 1992, p. 215).

Furthermore, campaigns which employ fear to discourage people from using drugs may proceed from the assumption that users, or potential users, are uninformed about drugs, their effects and the associated risks. This is certainly not the case for those who participated in this project.

In the past educators may have hoped that providing information would inevitably lead to a change in drug-taking behaviour, or to be more precise, a cessation of illicit drug use. This assumption reflects a highly simplistic view of both drug use and behaviour change. It fails to take into account the rewards of use or the individual and social influences which influence individuals' decisions about whether or how to use a drug. O'Connor & Saunders (1992) have argued that the absence of a linear, predictive relationship between knowledge, attitudes and behaviour change suggests that situational factors play a more significant role in drug-taking behaviour. NCADA research into mass-media alcohol and drug campaigns (1989) has also suggested that any relationship between the dissemination of knowledge and behaviour change is at best tenuous.

A further difficulty is that drug education must also compete with society's endorsement of drugs such as alcohol, tobacco, prescription drugs and over-the-counter pharmaceuticals. Hawks (1991, p. 2) argues that health education as was practised early in the 1990's was not a realistic response to the problem of drug misuse, stating that "this is not to question the motives of drug educators, or their hard work, it is merely to observe that such efforts carried out in the aversive

environment in which they are pursued are analogous to whistling in the wind". Moore and Saunders (1991, p. 31) add that anti-drug messages are often inflicted upon the young who are then "resubjected to a world where drug-taking is the norm rather than the exception". The effectiveness of drug education is bound to be undermined in an environment where conflicting messages exist, and where many have developed effective social controls which minimise the harms of use. These factors make many educational campaigns ineffective or irrelevant, and expose them as nothing more than prohibition messages.

The point is that the dissemination of information alone does not bring about changes which lead to the reduction of drug related harm, and that individual influences and differences vary widely. This must be accepted by drug educators. Wallack and Holder (1987) have proposed a systems approach which sees "events, problems and things as functional parts of the larger whole rather than as things to be taken apart" (Wallack & Holder, 1987, p. 72). O'Connor and Saunders (1992) argue that drug education can only succeed if the message of such education is congruent with messages at other levels of the larger system.

The fostering of social controls provides another option for drug educators. Such drug education would emphasise informed decision making, responsible drug use, safer using practices and would encourage people to develop and practice safer drug use routines which can be applied within their social life and world. Drug users could receive instruction in these areas with illicit drugs in the same manner as with alcohol. This requires an acceptance of the universality of drug use and its permanence in our society. It also requires an acknowledgment of the benefits of

illicit drug use. However, at present any illicit drug use transgresses the limits of legally acceptable behaviour, which makes these values difficult for policy makers to incorporate.

Future research

This investigation has indicated that we can learn a lot about social aspects of drug use through qualitative research. It is essential that studies are undertaken with non-clinical samples in order to understand the natural social processes that surround drug use, both licit and illicit, and the effect that these have for individuals, social groups and the wider society. This can provide workers in the field with an understanding of various drug scenes and a range of applicable harm-reduction strategies.

Current debates around illicit drug use are being actively pursued by all sections of the community, ranging from the official stance taken on various issues by the Australian Medical Association to the dogma of callers to talk-back radio. Barely a day goes by when there are not reports in the media about the drug 'epidemic', 'crisis', or 'problem'. Many responses propose simplistic solutions (ranging from the total abolition of prohibition to the introduction of the death penalty for convicted drug-dealers) to a what is a complex issue. There is a need for current research to inform these debates in an ethical and responsible manner. Continuing research into social aspects of both licit and illicit drug use also needs to be relevant to the community, and should provide knowledge which assists in the formulation of strategies which address current concerns. Further investigation into the nature and

role of social controls among illicit drug users could continue to produce valuable information which could be used to respond positively to a number of drug-related problems, such as drug-related health problems or violence, with a view to promoting a range of harm-reduction options for users.

Current literature on LSD-related harm in Australia is also scant. The nature and extent of problems encountered by LSD users in Australia is not sufficiently documented. Anecdotal evidence suggests that harms are related to the co-administration of other drugs and mental health issues. Fitzgerald and Hamilton (1994, p. 6) suggest that in light of current data collection techniques, it is doubtful that hallucinogen-related harms will make a significant appearance in the traditional indices of drug-related harm such as hospital separations, admissions to psychiatric institutions, drug treatment centres and mortality data. Little is also known about social and legal problems encountered by LSD users as a result of their drug use. More research in this area would be of benefit to the field.

CHAPTER SIX

Conclusion

The aim of this research was to examine in detail the nature and function of rituals and social sanctions which surround the act of LSD use, for a small group of experienced users. The findings show that those who participated in this research maintain a diverse repertoire of routines for LSD using episodes. While some participants' use was more ritualised than others, each one acted out their own preferred sequence of behaviours when they used LSD, with a reasonable amount of predicability. The nature of these rituals is described in the eight categories of themes which emerged from the data. They concern the chosen social setting, the use of auditory and visual stimuli, methods of administration, activities after LSD is taken, planning and preparation for LSD use, chosen physical settings, ways of getting LSD and the use of other drugs, particularly cannabis.

The research shows that the ritual actions which occur within each of these categories serve the following functions:

1. they increase pleasurable aspects of the experience through actions which enhance the social nature of use;
2. enhance the pleasurable effects of the drug;
3. create a safer environment for use;
4. confine use to physical settings which are conducive to positive elements of the experience; and,

5. encourage safer methods of administering LSD.

These actions are integrated into the social life of the LSD-using peer group. They are the approved, trusted and stylised behaviours surrounding the use of LSD.

The research also found that these actions express individual's or peer group's rules and values around LSD use. Informants' patterns of LSD use were guided by numerous specific sanctions, which fell into one of three categories of themes: how LSD should or should not be used, sanctions which express whether LSD can or should not be used and rules of conduct for using occasions. These sanctions are the 'ten commandments' of LSD use, and serve the following functions:

1. they identify practices which are considered risky and to be avoided;
2. identify mental and emotional states which are thought to predispose a user to harm or a bad trip;
3. proscribe use beyond limits deemed excessive or which pose a health risk;
4. proscribe patterns of use which interfere with day-to-day living;
5. prescribe behaviours which make use safer or more enjoyable; and
6. provide instruction in ways of reducing harm.

The combined effect of rituals and sanctions is the controlled use of LSD through the imposition of order. This control makes a psychedelic encounter a better quality experience than it might otherwise be: more enjoyable, more satisfying, less harmful, less risky and more meaningful as a personal and social event. For those who informed this research a controlled experience was the norm rather than the

exception. Rituals and sanctions are no guarantee of a harm-free experience, but they do reduce the potential for harm.

There is a paradox to this issue of control: how can someone assert control over an activity which has at its core the experience of losing control of one's senses? It seems that the effect of rituals and sanctions is to maintain a greater level of control than is surrendered to the effects of LSD. Informants spoke about consciously knowing that what was happening to them on a trip was not real, about a small thread that kept them connected to reality. It was this state that users' sought the ability, by controlling mechanisms, to return to when they chose. This group of users aimed to have the final say about what they would let happen to them psychologically, and employed a range of strategies to attain this level of control. It was not about relinquishing total control to the mind-altering effects of LSD, although this did at times happen, but rather about maintaining the ability to interpret and manage these effects. While the means of achieving this for this group of users were no guarantee of success, they worked more often than not.

Rituals and sanctions are developed and applied through a social learning process. In this process values and routines around drug use are modified, strengthened or weakened by their outcomes and by their effectiveness within particular social contexts. Hence the peer group is of vital importance. It functions to instruct users in safer use, provides a known and trusted social setting for use, is the breeding ground for harm reduction strategies and provides an environment where vulnerable individuals can be supported or helped if necessary. The peer group can accomplish these things partly because it is the social environment in which the user has chosen

to be. The fact that people want to take LSD in groups of trusted friends means they will be more receptive to messages from within the group that provide instruction. Users know that these instructions are meant to make their drug use more fun and less harmful and therefore see it in their best interests to take these on. However, there is no doubt that this is not always so. Incorrect information can be disseminated by peers and risky practices encouraged. This makes the need to strengthen peer groups with relevant and correct information a more pressing one. Seeking to disempower the peer group by encouraging individualism and a mistrust of other drug users could be more costly than beneficial.

The social controls outlined here are themselves core elements of the experience which are important in their own right. They are a code of ethics which at times transcends the act of drug taking, embodying widely held social mores such as look after your friends, look after yourself, treat people with respect, don't put anyone at risk and so on. There is nothing particularly unique about these values, they are widely accepted in society but in this case are adapted to an act which is not socially approved. Indeed, there is more conformity in the act of controlled illicit drug use than deviance. Informants did not abandon or defy mainstream social values, in the selfish and desperate pursuit of the next hit that popular opinion often suggests. Rather, they integrated mainstream social values into an activity which does something for them that mainstream society simply does not have on offer.

Less is known about the symbolic elements of LSD use. What does it signify? Are symbolic elements of LSD use the same as for other drugs? Does it's symbolism differ between groups of users? Does LSD use in the nineties have a different

meaning than LSD use in the sixties? Analysis of the use of LSD and other drugs in the rave or Techno scene, which is laden with symbolic terminology and imagery, has been used useful in exploring the symbolism of drug use in that environment. (Hopkins, 1996; Hilker, 1996; Allison, 1996). Fitzgerald and Hamilton state that “without understandings of the meanings of attributed to the hallucinogen induced altered state in contemporary Australian society, the task of formulating harm-reduction strategies becomes daunting (1994, p. 5). This, in combination with current data about LSD related harms in Australia, would provide the basis for better targeted and more relevant harm reductions messages.

The idea that LSD use can be, and is, surrounded by actions which seem remarkably ‘normal’ is probably not what many would expect to discover from an investigation of rituals surrounding illicit hallucinogenic drug use. This could be due in part to the use of the term ritual, which lends itself to sensationalism. The term can conjure up images of bizarre and esoteric ceremonial activity, chanting, fire and incense. This notwithstanding, the notion that an activity which society deems to be deviant and dangerous can be governed by rational behaviour and informed decisions might be difficult for some to grasp. It doesn’t gel with popular stereotypes of illicit drug users, who continue to be characterised in the media, by the police, by parents or perhaps by the school principal as deviant, hedonistic, foolhardy, criminal and immoral. Nor is it compatible with the prohibitionist message that illicit drug use is all bad, dangerous and without benefits, and is therefore deleterious behaviour which should be avoided at all costs. A significant amount of public drug education remains underpinned by this philosophy.

This research does more than merely observe that drug users are creatures of habit, an idea linked to some theories of addiction. It demonstrates that there may be a sound rationale for what might be seen as repetitive drug-related activity, a rationale which may not be exclusive to the act of illicit drug use. This cannot be understood if ritual behaviour is described in such a way as to remove it from the social context which gives it meaning. The research suggests that the act of LSD use has meaning beyond the quest for a good time. It is at least obvious that LSD use can be a meaningful social event which enhances social relationships and creates prized memories for users. It also demonstrates that it is possible for illicit drug users to maintain control of their drug use and their lives in general. Not only can they achieve this in a society which is hostile and antagonistic toward them, and forbids what they do, they can do so creatively and resourcefully in solidarity with other users.

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Appendices

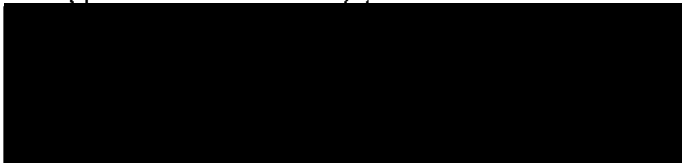
Appendix I: Letter advising satisfaction of ethical requirements

11/4/97

Dear Howard

I have now had opportunity to read the Interview Schedule provided by David Wellbourne-Wood for his honors project. This would fully satisfy ethical requirements in "informed consent".

Regards



School of Community Studies

**Appendix II: Request for research approval
Edith Cowan University**

Faculty of Health and Human Sciences

Youth Work Studies

Memorandum

DATE: April 2, 1997

TO: Chair, Research committee

FROM: Howard Sercombe, Youth Work Studies

RE: Research Proposal, David Wellbourne
Wood

CC:

Please find attached Mr. Wellbourne-Wood's research proposal. It has been subject to the normal review processes of the Faculty, including

- scholarly review by Trudi Cooper;
- ethics review through Mr. Mike Anderson, School undergraduate ethics reviewer; and
- Research Seminar on April 2 1997.

The Proposal was well received, and all suggestions have been incorporated under my supervision.

Mr. Wellbourne-Wood is now ready to commence fieldwork. As the Research Committee doesn't meet until May 1, I wonder if the Proposal could be approved executively pending approval by the full committee.

Regards



7 May 1997 **Appendix III: Advice of Research Committee approval**

Mr D Wellbourne-Wood

[Redacted address]

Joondalup Drive, Joondalup
Western Australia 6027
Telephone (08) 9400 5555
Facsimile (09) 300 1257

Student No: [Redacted]

Dear David

I am pleased to advise that your Research proposal entitled "What rituals and social sanctions surround the use of lysergic acid dyethylamide? What functions do these rituals and social sanctions serve" for the award of Bachelor of Social Science (Youth Work) Honours has been approved.

This approval means that the Faculty Research Committee believes that you have developed the proposal to a stage where worthwhile research can be conducted on your topic. It does not guarantee successful examination of your research thesis.

You may now proceed to conduct the research and prepare your thesis. In doing so, you should be guided by the information contained in the University booklet "Preparing a Thesis or Research Project for Honours, Master and Doctoral Awards". Please obtain confirmation from the Faculty Librarian that the format in which you intend to present your thesis is consistent with University requirements.

Your supervisor will be asked to consult with you in recommending examiners for your thesis. It is important that this is done well before you submit the thesis, so that arrangements can be made to have your thesis examined without unnecessary delay. Therefore would you please ensure that this is finalised at least six working weeks before you submit your thesis. Your supervisor has the required proforma on which these details should be provided.

You may now apply for a postgraduate student research grant and you will find the necessary form enclosed. Advice to applicants appears on the reverse of the form, but if you should have any queries please contact the Faculty Administrative Officer on 9400 5731.

I wish you every success with your research.

Yours sincerely

[Redacted signature]

PROFESSOR DON THOMSON
Chairperson, Faculty Research Committee

cc Supervisor
Student Admin

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Appendix IV: Consent form

Consent form

Researcher: David Wellbourne-Wood. Phone: [REDACTED]

To be read to each participant.

Before we begin the interview I need to give you some information about my research, and get your agreement to go ahead.

- I am conducting this research as part of my university study program.
- You are not required to give any name or identifying details in order to take part in this study.
- I will be asking you questions regarding your past experiences with the drug LSD.
- You may refuse to answer any questions.
- The Interview will be audio-taped. If you wish, the tape can be stopped at any time, or certain comments can be edited from the tape at your request. The interviews will then be transcribed. The tapes and transcriptions will be anonymously coded to ensure that no individual is identified. All tapes and transcriptions will be kept in a safe place, and only I will have access to them.
- While I will do everything I can to maintain confidentiality, I am not lawfully bound to do so. The police can ask me to surrender any information I have about illegal activities.
- The information may be published, but no individual will be identified
- You may withdraw consent at any time and stop the interview, without penalty.
- Do you have any questions?

1. I have read this to the participant

Researcher's signature: _____

2. I am not younger than eighteen years of age. I have been read the above information and any questions I have asked have been answered to my satisfaction. I agree to proceed with the interview.

participants signature: _____

Appendix V: Interview schedule

Interview code:

Participant information

Alias:

Age:

M/F:

Occupation:

Suburb:

Interview schedule:

- 1) How would you describe LSD to someone who knows very little about it?
- 2) Can you tell me about the last time you took a trip (when, where, who with, how, what happened)
- 3) Can you tell me about the first time you took LSD (where were you? what did you expect? why? who were you with? how did you prepare? what did you experience?)
- 4) What does LSD do for you?
- 5) How do you normally take LSD? Why?
- 6) Do you have rules, or do's and dont's, about using trips?
- 7) Do you usually plan when you'll use, or is it more by chance?
- 8) How do you usually get hold of LSD?
- 9) What kinds of things do you like to do while tripping?
- 10) Do you prefer to use LSD in a particular setting?
- 11) Do you usually use LSD alone, or with other people? Who with?
- 12) What kinds of things do you like to do while coming down?
- 13) Are there things you do that help you enjoy the trip as much as possible, to get the most out of it?
- 14) Are there things you do to avoid a bad trip or a bad reaction to the drug?
- 15) If you were going to write a users guide to tripping, what would you include and why?