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## “Joy in my Body:”An Exploration of Queer Drug Use

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“Joy in my Body:” An Exploration of Queer Drug Use

Senior Project Submitted to  
The Division of Social Studies  
of Bard College

by  
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Annandale-on-Hudson, New York  
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## **Dedications**

To my mom, Cheryl, who is the inspiration for everything I do. You are my hero.

To my dad, Rich, who encouraged me to always think critically about the world, it's an honor to be your debate partner, sorta.

To my best friend and brother, Tom— you are my compass. I revel in the privilege of navigating the rest of our lives together.

To O, you are the reason so many things that I could never have dreamed are possible.

To Kylie, you've been my Bard rock.

To my 8th-grade teacher, Mariah, who nurtured my passion for sociology before I even understood what sociology meant.

And lastly,

To all people who use drugs and

To all people who no longer use drugs.

To all queer people.

## **Acknowledgments**

I want to thank the wonderful people I interviewed for this paper. Your insights, openness, and life stories have inspired me personally, politically, and intellectually.

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## Introduction

At 16, Orlando found themselves alone at home on a Saturday. With the house to themselves, they decided to take mushrooms, unknowingly embarking on their first experience of 'gender tripping,'<sup>1</sup> a phenomenon that would become a regular part of Orlando's life. As the ephemeral sounds of SOPHIE, a trans-experimental electronic music artist, played through their headphones, visions began to unfold. Orlando describes it,

The mushrooms started talking to me, and it kind of was like a magic carpet, like a vision unfolding in front of my eyes. But they kind of showed me what a queer future could be. So, the message I kept on getting from them was, 'Continue following us and continue following this [transness], and you'll arrive at the place you want to be,' and showed me what a queer future can be, like, in a very abstract, beautiful way.

On that Saturday afternoon, Orlando experienced an overwhelming sense of clarity about their purpose and identity. They explain, "It just encouraged me to dive forward with everything. And especially with pursuing psychedelics and being trans, I just went on Erowid<sup>2</sup> every day, learned as much as I could, and explored everything I had access to." Orlando now works as a harm reduction advocate and volunteer. They have published work advocating for the transformative power of psychedelics in trans healing.

That moment also shifted their understanding of themselves as a trans artist— while they still were not out or able to articulate, even to themselves, their gender identity — they felt profoundly connected to SOPHIE. Orlando was already a fan, but they recalled feeling like she had somehow "made her music for like that moment" in their life. Now, Orlando runs a gallery that caters to trans artists. Their personal artistic practice is informed by their ongoing relationship with drug use, especially in relation to their exploration of gender. They consider their life to be manifested— at least in part— in the vision they had tripping on mushrooms as a teenager.

While the other participants in my study have not dedicated themselves as extensively to the topic of queer drug use in professional and public-facing platforms as Orlando has, they view drug use as an essential component of their lives as queer individuals. My research explores how queer individuals experience and make sense of drug use, highlighting its complex role in their lives. It focuses on how they find personal and communal meaning in these experiences and manage the associated risks, balancing pleasure pursuits with safety. Additionally, the study reveals drug use as a tool for queer identity exploration, emphasizing its impact on gender and sexual identity affirmation.

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<sup>1</sup> Gender tripping: describes the experiences of transgender and gender-nonconforming individuals who report gaining clarity and insights about their gender identity while using psychedelics.

<sup>2</sup> Erowid is an online platform that hosts a collection of user-submitted reports detailing experiences with drugs.



## Literature Review

My understanding of drug use subcultures is largely informed by the work of Howard Becker and Norman Zinberg. In *Outsiders*, Becker argues that deviance is not inherent in an act or behavior, but rather a product of social processes that label certain behaviors or individuals as deviant (1964). This is an essential point of my approach because I am not interested in participating in the pathologization of drug users but more focused on understanding the social and cultural experience of queer people who use recreational drugs. Becker and Zinberg have established precedents for studying drug use subcultures that will inform the framework of my analysis.

In his essay, "Becoming a Marijuana User" Becker draws on interviews with people who smoke weed and describes the process of learning to make sense of the hallucinogenic and mood-altering effects (1953). Becker suggests that beginning to use marijuana involves several stages: learning how to use the drug, learning to recognize its effects, and learning to enjoy those effects. This framework can be generalized and applied to other types of recreational drugs and aids in the comprehension of the initial experiences of drug users. Additionally, Becker highlights the role of dose regulation in the context of drug acclimatization, wherein individuals learn to administer the drug in a way that maximizes the benefits while minimizing adverse outcomes.

In "Drug, Set, and Setting," Norman Zinberg presents an authoritative analysis of drug use that highlights the interplay between three key factors: the drug's properties, the user's mindset or expectations (set), and the environmental context in which the drug is consumed (setting). For the purpose of my research, I am most interested in the set and setting of participants during their consumption. Zinberg's work has created fundamental points of observation within social drug use. His work identifies 'social controls' which is the combination of social rituals (drug use that involves both values and rules of conduct) and social controls (patterns of behavior) (Zinberg, 1984, p. 5-6). This framework is particularly well-suited to understanding the various cultural and social impacts of drug use, in conjunction with the individual's psychological and social predispositions.

Research has found that queer individuals use illicit drugs at nearly double the rate of non-minority sexualities (NIDA, 2017). To better understand some of the causes and meanings of queer drug use, it is imperative to explore available data. Generally, research has shown that the majority of illicit drug use is non-problematic (Sussman et al., 2011; Schlag, 2020). Even the use of drugs considered more addictive, like heroin or nicotine, results in dependency only a minority of the time—roughly 20-40% (Schlag, 2020). However, most research on queer drug practices is positioned to further pathologize queer drug use. Research has found problematic drug use and substance use disorder (SUD) rates are higher among LGBT+ individuals compared to the general population (McCabe et al., 2010; Hunt et al., 2019; NIDA, 2017; Kaliszewski, 2023).

Most research on drug use focuses on problematic drug use which is emblematic of an anti-drug bias in society (Schlag, 2020). Research criteria for classifying problematic drug use greatly vary. Much of the existing literature focuses on the physical role of chemical dependence and withdrawal, however, there has been a growing body of work that explores the psychological components of dependence (Schlag 2020). Both indicators are important and imperfect lenses for a complex phenomenon. Problematic drug use is a deeply individualized experience. The implications of categories such as addict, substance use disorder (SUD), problematic drug use (PDU), drug use disorder (DUD), risky substance use, etc. are ever changing with new social and political understandings of drug users. Because of the complicated nature of drug use and the social stigma that surrounds it, the data on drug use and criteria for problematic use are imperfect. This means that the existing statistics are flawed and the use of varying definitions makes this research tricky to interpret. Moreover, there continues to be a negative social and scientific bias regarding drug use which results in disproportionate rates of pathologization.

The dominant theory explaining the high rates of illicit and non-illicit drug use among queer people is the minority stress model, which suggests the stigmatization experienced by LGB people is the leading cause of their substance use (Meyers, 2003). Hendricks and Testa later expanded this model to account for the disproportionate rates of drug use within the transgender and gender-nonconforming population (Hendricks and Testa 2012). Meyer establishes two primary categories for stressors: distal and proximal. Distal refers to those factors that are situated away from the body. They can be understood as “objective events and conditions” that are appraised and evaluated by individuals (Meyers, 2003 p. 5). These stressors might look like discrimination or rejection, whereas proximal stressors are nearer to the center of the body which means they involve the internalization of negative environmental forces.

Meyer's work, and its expansion by Hendricks and Testa, is largely based on Irving Goffman's book on stigma, which proposes theories on how and why stigma is created and consequently internalized by affected individuals (Goffman, 1963). Goffman laid the groundwork for understanding how the reaffirmation of stigma is used to maintain hierarchical social structures. Goffman provides two primary modes of stigmatization: "discredited," which refers to non-normative attributes that are readily known by others, such as a physical disability, and "discreditable," which refers to a stigmatized characteristic that is not readily apparent. Illicit drug use and minority sexual or gender identities are discreditable, according to Goffman. For example, the fear of being 'outed' impacts individuals' mental health. However, Meyers suggests that group support can combat this sense of isolation. If an individual is unable or unwilling to find other stigmatized people and utilize group-level support resources, they are more likely to develop a negative self-image (Meyers 2004, p. 7).

Hendricks and Testa's work showcases the need for mental health services to better address the gap in care in various arenas in regard to LGBT people: mental health support, including culturally competent drug use support services, gender-expansive counseling, and community networks. Meyers points out that “internalized homophobia is a significant correlate

of mental health, including depression and anxiety symptoms, substance use disorders, and suicide ideation” (Meyers 2004, p. 14). Meyers expands on the work of Goffman regarding the “self-perception maintenance” required by LGB people within a homophobic society (Meyers 2003, p. 11). She attributes this emotional labor to the increased use of drugs among LGBT people (Meyers 2003, p. 11).

The minority stress model is the leading paradigm for understanding how discriminatory social and institutional systems impact negative health outcomes for those facing this marginalization. This model is frequently cited in work that explores the higher rates of queer drug use generally, even when referring to patterns of use that are not considered dependent or problematic (Wolford-Clevenger et al. 2021, Parent et al. 2018). This disparity has largely remained unexplored through other lenses, such as queer cultural norms or optimistic psychological exploration. Generally, much of the extant literature fails to explore drug use and queer practices inside the framework of pathologization. While the minority stress model has proven to be valuable in elucidating some of the rationales underlying the higher rates of recreational drugs, there is a marked lack of research on other factors that may also play a role in this phenomenon.

Research on the cultural significance of drug use in community bonding and affirming gender or sexual identity is limited. However, feminist studies on drug use as a means of navigating gender could shed light on how drugs may affirm gender identities. In her work *Doing Gender, Doing Drugs*, Fiona Measham explores the more recent increase of cisgender female illicit drug use as an indication of a wider shift in gender expectations and performance. She attributes the rise in female illicit drug use to transitions in social status, financial independence, and broad change in attitudes toward drug use. Her theory goes beyond analyzing drug use trends causally; instead, it aims to explore how drug use can serve as a means of achieving gender expressions. In other words, Measham explains how drugs can be a tool to either challenge or conform to gender expectations:

... the gendering of drugs cultures is not formed through the polarization of male and female, but in the overlapping spheres of men's and women's accomplishing of both traditional and nontraditional masculinities and femininities through their drug use, the attitudes and behavior of individual users, and the drugs cultures within which they are located (Measham, 2002, 363).

Drug use carries implications not only for gender and social performance but also for gendered beauty standards. Dina Perrone's study of American club drug users investigates how the physical side effects of drug use are intertwined with gender. Perrone observes that cisgender, straight men who feel compelled to conform to muscular and masculine beauty standards may consume protein shakes while using appetite-suppressing drugs like crystal meth or cocaine, whereas cisgender, straight women are more likely to express satisfaction about weight loss resulting from drug use (Perrone 2010, p. 58).

While there is extremely limited research within this arena of LGBT+ drug use as methods of embodiment or queer exploration, there is a study of 42 Queers that presents valuable paths for further exploration. Pienaar et al. (2020) investigate how “sexual and gender-diverse minorities pursue particular drug effects to enhance or transform their experience of gender and/or sexuality.” In their study, they found that drug use played an integral role in their participants' sexual practices and experience of gender. In an interview with researchers, a transgender queer woman describes the transformative experience of taking LSD while having sex:

I kind of forget I have a body, which is a very interesting experience. But I've also had like hallucinatory experiences on LSD, mimicking like a mental perception of, you know, like PIV [penis-in-vagina] penetrative sex, which is something that obviously really appeals to me. And that has been a very interesting experience and again that ties back into the like using [drugs to reduce] gender dysphoria and like coming to terms with things (Pienaar et al. 2020).

Her story exemplifies how drug use can be particularly significant for queer individuals in terms of their sense of embodiment. This suggests that drug use may serve as a means of transcending societal norms and expectations related to gender and sexuality, allowing queer individuals to explore and connect with their bodies in new and liberating ways. However, there is an extremely limited number of studies that focus on queer drug use as purposeful pursuits of self-discovery and sexual expression.

More commonly, of the scarce research on drug use in relation to queer embodiment and sexuality, the focus is on the subculture of gay men who engage in what is known as ‘chemsex’. The term has primarily been used in the context of MSM (men who have sex with men) engaging in sexual activity while using more specialized drugs such as methamphetamine, amyl nitrite (poppers), and Gamma-hydroxybutyrate (GHB). Chemsex drugs make the physical sensation of sex more pleasurable as well as last longer (Carnes 2012). These drugs have particular desirable effects for individuals engaging in anal sex, and as such, have continued to gain popularity in the (gay/cis/broader queer) community (Kurtz 2005; Halkitis and Jerome 2008; Bohn et al. 2020). Research has shown that social connectivity, specifically in sexual contexts, is a major motivating factor among cis-gay men for drug use (Carnes 2012; Bohn et al. 2020; Bauermeister 2007; Kurtz 2005). Because gay sex, and even more so kink practices, can foster a sense of shame, drugs can be used to relieve individuals of inhibiting thoughts and allow them to explore their sexual desires more freely (Carnes 2012; Kurtz 2005). Chemsex research is limited to a specific subculture of queer sexual and substance use practices, yet the use of drugs to enhance or alter sexual experiences has been a longstanding practice across various genders and sexualities.

Pienaar et al. (2020) highlight the potential for further exploration of these queer practices in groups beyond cisgender gay men. More specifically, there is a significant lack of research on the substance use patterns of trans men, non-binary individuals, and lesbians. The existing literature heavily relies on the minority stress model to understand the motivations for higher rates of queer drug use. However, Pienaar et al. (2020) suggest that qualitative exploration paints a more complex story. There is a significant indication that drug use is overly problematized in the existing literature, creating a false sense of dysfunction and misuse. My research aims to begin addressing this oversight through in-depth interviews with queer drug users.

## **Methods**

In the summer of 2023, I conducted interviews in San Francisco, New York City, and the Hudson Valley area. I spoke to 11 people to collect data for this project. To recruit participants for the study, I used a variety of methods. I posted digital flyers on Instagram and placed paper flyers in queer establishments. I also leveraged social networks and used snowball sampling to seek referrals from participants themselves and their friends. I focused on recruiting in queer neighborhoods of San Francisco and New York, and I distributed flyers at queer events.

I invested many hours in distributing flyers outside of queer clubs, walking along the Dyke March and Pride parade routes, and traversing the streets of Chelsea in New York City and the Castro District in San Francisco to reach potential participants. Although I handed out hundreds of business cards and flyers, only three participants were recruited through in-person efforts. After receiving my card or flyer, all of these participants chose to contact me via direct messages on my Instagram, even though my phone number and email were readily available. This preference may have stemmed from the comfort they felt in my personal Instagram account, which offered tangible evidence of my authenticity and a sense of my own connection to the queer community, in contrast to my email address, which linked me to an academic institution, or my phone number, which may have felt impersonal or less trustworthy. There was one participant among my interviewees who responded to a flyer displayed on a community bulletin board in San Francisco's Castro neighborhood and contacted me via phone. Notably, this individual was the only one who reached out without having received a flyer directly from me or having a mutual connection.

The eight other participants are individuals with whom I share some level of personal connection, mostly through mutual friends or from previous encounters at queer events. My personal social network played a crucial role in participant recruitment, especially because many individuals I approached in person were initially skeptical of my intentions as a stranger. I believe this skepticism inhibited many people from following up after receiving my flyer.

While I intentionally refrained from using pathologizing or stigmatizing language in my project description, it's important to acknowledge that queer individuals who use drugs,

particularly those who are people of color or experiencing homelessness, frequently face various forms of institutional harassment—from entities like law enforcement, social workers and media scrutiny. Consequently, it's understandable that many people would be hesitant to engage with an unfamiliar individual seeking information about their experiences related to queerness and drug use. I believe that this hesitancy contributed to an extremely low in-person response rate.

For this research, I conducted semi-structured interviews that were designed to last 60 to 90 minutes. These interviews could occur in person, over Zoom, or via phone. All but one of my interviews took place over the phone or via Zoom and Facetime. This was largely because of scheduling conflicts or my having already traveled away from my recruitment areas (New York City and San Francisco). Many of my participants were not available to speak for the full 60-90 minutes so some interviews were about 30 minutes while two lasted 2 hours. I took numerous steps to ensure the confidentiality of my participants by removing all identifying information from the interviews, such as specific locations, personal details, and names of friends or acquaintances. I also offered my participants the opportunity to choose their own pseudonyms and for those who opted not to, I assigned one.

While an ethnographic or participant observation research approach could have provided colorful insights into the rituals and practices of queer drug use, it was not feasible for this project due to time and confidentiality concerns. Instead, my interview questions relied on the participants' self-reported details of their experiences. I designed my questions to ask about the environmental and social factors of their drug use, as well as the significant internal meanings and inferences that the participants held. The interviews were semi-structured, which allowed for a fluid exchange that granted us the ability to delve deeper into subjects that seemed particularly insightful.

During the creation and dissemination of this project, it's crucial for me to recognize the stakes for the population I am engaging with. As a white, upper-class college student, I am shielded from much of the social stigma and political violence associated with drug use. Being a student researcher inquiring about incriminating and stigmatizing practices places me in a position of asymmetrical power that demands careful navigation. My participants, as drug users, are vulnerable to various social and legal harms, which are often disproportionately imposed on Black and other non-white individuals. While race is not the central focus of my research, the racialization of drug stigmatization is a significant factor and will be integrated into my analysis. As a white individual from an institution, my position may have influenced how participants, especially those from more marginalized backgrounds, perceived and responded to my presence and questions, potentially impacting the dynamics of our interactions.

## Sample Characteristics

To be eligible for the study, participants had to be queer, over the age of 18, and use recreational drugs. Following the practice of queer scholarship, I resisted a fixed definition of queer and understood it as a personal, cultural, and historic category. Individuals who self-identified as queer were eligible for this study, as clarified in the promotional material. Just as individuals self-selected their eligibility based on their connection to the label queer, so too did people who felt aligned with being categorized as someone who used recreational drugs. I did not include alcohol and marijuana in my study as they are widely used and do not generally carry the same social implications as the use of other drugs like cocaine. However, both frequently were discussed in my interviews as many of my participants used alcohol and marijuana in conjunction with other drugs.

All participants were multi-drug users, with ketamine being the most frequently mentioned drug; 10 participants discussed its use. Due to time constraints in the interview, it was not possible to compile an exhaustive list of every drug each participant had experienced. While I occasionally inquired about other drug experiences, the primary goal was to explore each person's unique relationship with their drug use and queerness. As a result, participants often focused on their favorite drug or the one with which they had the most complex relationship or exciting story. Nevertheless, across all interviews, a wide range of drugs were mentioned, including alcohol, amphetamines, ayahuasca, benzodiazepines, cocaine, crystal meth, DMT, fentanyl, GHB, heroin, LSD, marijuana, MDMA, meth, poppers, prescription painkillers, prescription stimulants, psilocybin, salvia delirium, and tobacco.

The ages of my participants spanned from 22 to 46, with an average age of about 27. The mode was 22 and 24, each occurring twice (N=2). Six participants identified as white, while the rest identified differently. One participant identified as both Black and white, another identified as Black, one as Middle Eastern and West Asian, and one as South Indian.

In this study, all 11 participants identified as Queer and emphasized the fluidity within their sexual identities. Among them, 8 out of 11 identified as non-binary, often holding multiple identities simultaneously. For instance, Archer, who identifies as non-binary and transmasculine, aligns with the identities of both "dyke" and "twink" in terms of sexuality and gender expression. There were two cisgender participants: Fedra, who identified as a queer cisgender lesbian, and Rabbit, who identified as a queer cisgender gay man. However, Rabbit acknowledged that these labels only partially capture the complexity of his fluid sexuality and gender. Additionally, during the interviews, 4 participants—Eli, Orlando, Archer, and Max—expressed resonance with transmasculinity, while Sada discussed their connection to transfemininity.

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<b>Name (Pronouns)</b>	<b>Age</b>	<b>Gender &amp; Sexuality</b>	<b>Race/Ethnicity</b>	<b>Occupation</b>	<b>Education</b>
Sada (They/Them)	22	Nonbinary, Lesbian	South Indian/Asian	Musician	Some college
Ivy (They/Them)	22	Nonbinary, Queer, Lesbian	Black	Retail Sales Associate	Pursuing bachelor's degree
Archer (He/They)	23	Nonbinary, Queer	White	Barback	Pursuing bachelor's degree
Tru (They/Them)	24	Queer, Nonbinary	Black and White	Youth Educator	No college
Anonymous (They/Them)	24	Nonbinary, Lesbian	White	Bartender	Some college
Max (He/Him/Theirs)	25	Nonbinary, Queer, Gay	Asian	Unemployed	Pursuing bachelor's degree
Fedra (She/Her)	25	Lesbian, Queer	Middle Eastern and West Asian	Corporate 9-5 job	Bachelor's degree
Eli (They/Them)	26	Nonbinary, Queer	White	Government Worker	Bachelor's degree
Sage (They/Them)	31	Nonbinary, Queer	White	Teacher, Nanny, Visual Artist	Bachelor's degree
Orlando (They/Them)	27	Nonbinary, Queer, Transsexual	White	Runs a Queer Art Gallery	Bachelor's degree
Rabbit (He/Him)	46	Queer, Gay, Cisgender	White	Performer	Some college



## Complicating the Minority Stress Model

The extant literature on queer drug use often emphasizes the influence of trauma, stigma, and shame, aspects that are indeed reflected in the narratives of some of my participants. However, my research uncovers a significant limitations in the prevailing discourse. Overwhelmingly, my participants reported that their drug use is not primarily a coping mechanism for escaping homophobia or other life stresses. Instead, it is inextricably linked to positive aspects of their lives, and more specifically their queer lives. Contrary to the implications of the minority stress model— which suggests drug use as a response to social adversity—my research reveals that for my participants, drug use serves as a path toward deepening their sense of self-connection, pleasure, and community. In later sections, I will outline how drug use is enmeshed with my participants' understanding of their queer identities, sexuality, and the ways they establish and maintain community. In the present section, I will address the limitations of current perspectives on queer drug use. In doing so, I will lay the groundwork for my broader findings, which are based on understanding my participants' drug use through the lens of queerness, rational choice, and proactive risk navigation. I will demonstrate how the minority stress model inadequately represents the experiences of many of my participants.

Archer (who uses they and he pronouns interchangeably) came out as trans at the age of 13 to their middle-class, progressive family. His parents were extremely accepting of his queerness, even advocating for Archer's gender to be affirmed by his new high school. Archer's mom recently visited them in New York City, where they showed her around local queer bars. Archer fondly recalls sharing a Jell-O shot with his mom at Stonewall Inn, which they bought from a man in a pink, glittery thong. Although Archer has faced personal hardships and has at times struggled with navigating his transness, they consider themselves extremely lucky to be surrounded by supportive family and friends who help ensure their emotional, physical, and financial safety. Archer regularly uses drugs like cocaine and ketamine to enhance their nights out, but doesn't see them as necessary for a good time. They explain, “I love the camaraderie of doing drugs with friends while out. It's not that we can't have fun without them, but it's like a little secret between us when we do decide to partake. We can excuse ourselves to go to the bathroom and “freshen up” and usually it elevates our experience going out.”

Archer's experience exemplifies a privileged queer perspective that diverges from the minority stress model's narrative. The minority stress model overlooks the presence of individuals who have circumvented harsh anti-queer stigmatization and discrimination. This oversight reflects a common tendency in drug use literature that often indiscriminately labels drug users as dysfunctional. However, Archer is a prototypically well-adjusted young queer who maintains good grades, employment, and deep familial bonds. Archer's story presents an opportunity to explore alternative motivations for drug use rather than pathology.

As a teenager in the 1970s in the South, Rabbit struggled to fit in until he was ultimately kicked out by his father. Before he left, Rabbit endured physical and emotional abuse. He faced consistent, overt, and inadvertent homophobia, on top of a constant barrage of pressure to meet his parents' high academic and social standards. Rabbit had always been eccentric, but the final straw for his parents was the gay teen's interest in witchcraft which they berated him viciously for. Rabbit, who still feels extremely passionate about the important role of magical experimentation in his life, decided to leave his family home instead of conforming to his parent's expectations. Although Rabbit left, he struggled with the trauma he endured at the hands of his father. Rabbit eventually found refuge in a commune of other queer people who practiced magic. He became a part of a constituency of 'Radical Faeries'<sup>3</sup> who sought to bring more joy and unity into the world through spells, rituals, potions, and manifestations. This was also Rabbits' introduction to recreational drugs. He reflects...

It's probably pretty safe to assume that most queer people have, for at least brief periods of their life, if not for long periods, experienced a very intense sense of othering and shame. It was in that community, under the influence of LSD, I had this amazing journey that told me the universe is actually really conspiring to make you happy. You are meant to be loved. You are meant to be celebrated. You are meant to have leisure and safety and good things. Like, be proud of who you are. Do not be ashamed of who you are. Love who you are, if who you are is kind and not cruel, if who you are is strange but amazing, then be that person. Like, if you're not hurting anybody, never question anything about who you are.

This transformation has continued to inform Rabbit's life and drug use. Despite having faced tremendous homophobic violence and rejection, he now strives to live loudly and proudly. This pride is manifest in Rabbit's openness about his queerness, witchcraft, drug use, and kink practices. Reflecting on others' disapproval of his open drug use at Gay Pride Rabbit suggests: "Who is anyone to deny the right to my wine, mushrooms or ecstasy or whatever, on a sacred day? Celebration is how we connect, it's how we reinforce the bonds." Rabbit feels deeply that his innermost purpose is to be as happy as possible, which has often involved drugs. Rabbit describes himself as having used "everything under the sun" when reflecting on his drug use. Rabbit feels that drugs have continued to play an important role in his life and similarly offered insights into other facets of his life like he originally experienced on the Faerie commune. For example, he feels that doing drugs with his husband makes him a better partner, and using drugs to explore new artistic ideas has strengthened his performing skills. Although he has developed an unhealthy relationship with methamphetamine—which I will explore later—generally Rabbit

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<sup>3</sup> "The Radical Faeries are a loosely affiliated worldwide network and countercultural movement seeking to redefine queer consciousness through secular spirituality." (RADFAF.org)

considers drugs to be a profoundly positive part of his life, referring to them as his ‘sacred medicines.’

For Rabbit, drug use is not about escaping homophobia or life stresses; instead, it's deeply intertwined with the positive aspects of his queer existence. While Rabbit's story reflects the trauma, stigma, and shame emphasized in the minority stress model, it diverges greatly in the actual role drugs play in his life. His relationship to drug use is rooted in a proactive pursuit of manifesting and enhancing joyful, novel, and beneficial moments; it is not a means of escaping from or avoiding the challenging parts of his life.

The minority stress model is limited in its understanding of queer individuals who view their lives as multi-dimensional. It disempowers queer individuals in their ability to define their lives beyond their experiences of marginalization. My research will complicate the minority stress model by directly examining how my participants perceive and understand their drug use. All participants in my study reported using drugs to achieve positive outcomes while acknowledging occasional challenging experiences caused or related to their use. They articulated a substantial productive influence of drug use on their identities, as well as its supportive role in various other facets of their lives.

#### **Four Typologies of Drug Use**

Researchers such as Howard S. Becker and Norman Zinberg have delved into the study of drug use subcultures to dissect the societal dynamics of drug consumption. This framework has been crucial in elucidating how social contexts mold drug use patterns, giving rise to distinctive rituals and symbolic systems that frequently deviate from mainstream societal norms. The scope of my study, defined by its broad sampling parameters and a limited number of participants, has not allowed for an in-depth analysis of specific subcultures of drug use within the queer community. However, some preliminary findings have emerged that suggest valuable avenues for more focused inquiry in future research.

In my study, participants described four primary reasons for their drug use: utilitarian function, hedonistic pleasure, introspective exploration, and building interpersonal connections. At times, these motivations intersected. For instance, some individuals sought both deeper interpersonal connections and the functional benefits of reduced fatigue from the drug. However, more frequently, participants showed a distinct preference for specific experiences influenced by the drug's physical and psychological effects, the places and people surrounding them when using, as well as their personal intentions and beliefs. In essence, participants expressed that their drug use was often a highly intentional and purposeful act, driven by their unique desires and expectations for the experiences they sought to achieve. Moreover, each participant spoke passionately about how they navigated the various risks associated with drug use, and while some individuals mentioned engaging in risky behaviors, all had given substantial consideration to the implications of those decisions.

## **Utilitarian Function**

As described by my participants, utilitarian use is a mode where individuals consume drugs to accomplish specific objectives or enhance certain activities. This group's focus lies on the desired outcomes of drug use rather than the immediate sensations the substances evoke. For instance, Eli and Tru utilized ketamine as a means to alleviate chronic pain. Eli, who suffers from chronic Lyme disease, experiences severe fatigue during flare-ups and has discovered that both cocaine and ketamine can mitigate these symptoms, particularly when socializing late at night. Similarly, Anon often uses amphetamine powder at home alone when they have particular goals or tasks to complete. Explaining, "I have a hard time focusing... Like, I think there's a reason why I enjoy methamphetamines as like a form of stimulant." However, they also note that sometimes they do not complete the task they planned on and feel like they wasted their time on amphetamines: "Then other times, I'm like, I did not take care of my shit. You know? I just put my body through some chemical bullshit and didn't even get what I hoped to get done, or needed out of it. You know? I accidentally watched TikToks for hours, or tumblr.com, or like, why didn't I just read a book on my shelf, you know?"

The concept of utilitarian functional drug use emerges from these narratives, highlighting a pragmatic approach to substance consumption where the primary objective is task-oriented or therapeutic rather than purely recreational. Eli's use of cocaine and ketamine is aimed at managing the physical symptoms associated with chronic Lyme disease, suggesting a self-medicating aspect within this mode of use. Anon's experience highlights the unpredictability and potential inefficacy of using stimulants like amphetamines for productivity; although intended to aid in focus and task completion, the outcome can deviate substantially, leading to unintended and unproductive activities, thereby underscoring the complex and sometimes contradictory nature of utilitarian drug use.

## **Hedonistic Pleasure**

I have selected the term 'hedonistic' to capture a typology of drug use that is geared toward maximizing pleasure—a pursuit highly valued by many of my interlocutors. Rabbit reflects on his formative years with substance use: "Every weekend, we were at some club, or some rave, or some party doing ecstasy, then shrooms, LSD, ketamine, and eventually... And, you know, it was a very hedonistic, very decadent period of my life." This reflection indicates a time in Rabbit's life defined by indulgence in sensory and pleasure-seeking behaviors, painting a vivid picture of a subculture steeped in the immediacy of experiential gratification. As Rabbit has aged, he does not party as often, yet he still considers it a significant part of his life where he can enjoy himself and dive into new experiences, substances, and environments.

Participants pinpointed two predominant environments where their drug use was principally for pleasure-seeking: within the energetic atmospheres of raves and large clubs, and

during sexual encounters. While the intersection of drug use and sexual enhancement is significant and will be examined in detail later, this section will zero in on the use of MDMA to feel good. Even though various drugs were mentioned by participants in contexts where the aim was to maximize pleasure, MDMA stood out as the most frequently cited substance for this objective. Additionally, when participants described using other drugs for pleasure within similar environments, they also described those experiences as phases of their lives that were not continuous. In other words, participants who described hedonistic drug use explained that those experiences were unsustainable long-term due to fatigue, other life responsibilities, and burnout which was a phenomenon commonly described by MDMA users. Therefore, for the sake of clarity and focus, this section will specifically explore the use of MDMA in the pursuit of pleasure.

MDMA, commonly referred to as "molly" when in its pure crystalline form, and as "ecstasy" or "E" when pressed into tablets, is a stimulant and psychedelic known for its euphoric effects. Rabbit, Eli, Fedra, and Orlando recounted periods of intense MDMA use, aligning with times they frequented raves and parties. The use of MDMA was primarily linked to the pursuit of enjoyment and euphoria at these events. Fedra describes her experience: "Molly, or ecstasy, that's a great time for you to really see the beauty in things and feel really warm and kind to people, and really, like, be very loving." However, when I asked more about the feeling of love and connection to others she felt while on MDMA, Fedra did not have any concrete stories of connection— she instead reiterated her general feeling of pleasure. This sentiment was shared by other participants who, unlike the profound and conceptually connective experiences they had with psychedelics, described MDMA as providing a warm and comforting feeling that, while enjoyable, may not have been as deeply transformative as their experiences with other substances.

Rabbit, Eli, Fedra, and Orlando all eventually scaled back or stopped using MDMA, driven by worries about potential long-term brain damage and a reduced sense of excitement and pleasure from the drug. This reduction in use underscores a typical pattern among the participants: an initial period of intense, enjoyable MDMA use at social events gradually transitions to a more cautious stance as the potential negative consequences become more apparent. Despite this, most participants, even those who did not experience a phase of heavier use, spoke of their experiences and views of the drug in positive terms. Eli puts it plainly, "Obviously, I still love Molly; it's a great drug, but you know, you can't take it all the time."

Generally, participants who engaged in pleasure-seeking drug use often exhibited more extroverted tendencies, with hedonistic drug use being most prevalent among regular party and clubgoers. Conversely, those who described their drug use in introspective or utilitarian terms tended to have fewer opportunities for frequent partying, often due to financial constraints or career and lifestyle commitments that limited their social outings.

## **Introspective Exploration**

Throughout my interviews, participants reported using a wide array of drugs for self-discovery, exploration, and gaining insight. Those who I classify in this section as seeking clarity or introspection through drugs predominantly used psychedelics—the most commonly mentioned were LSD and psilocybin. However, some participants also referenced using ketamine, MDMA, marijuana, DMT, and Salvia divinorum. These experiences often took place in intimate settings such as bedrooms, amidst nature, and generally with few people present. Many of the participants in my research utilized drugs as catalysts to address emotional or other personal challenges. They approached these substances with the deliberate intention of working through emotionally and intellectually complex things that arise in their sober lives. However, some participants discovered the transformative properties of drugs serendipitously and found that specific substances help affirm aspects of their identities or encourage introspective thought. Later, I will dive deeper into the role that drugs have played in shaping participants' experiences and perceptions of their sexuality and gender. This exploration will detail the various ways in which substance use has facilitated individuals realizing and embracing their identities through self-discovery and the process of coming out.

More broadly, many of my participants view the experiences and perspectives explored while on drugs as deeply intertwined with their identity. Rabbit's statement, "Ecstasy, LSD, and mushrooms are drugs that help us contextualize ourselves in the cosmos. They create ego death; they allow for massive barriers to be broken down within ourselves, between other people," captures the essence of using psychedelics to gain a broader, more interconnected perspective of the world and one's place within it. Rabbit mentioned experiencing an 'ego death,' a phenomenon reported by many of my other participants<sup>4</sup>. For many of my participants, this was an overwhelming and at times deeply uncomfortable experience; however, most felt it was ultimately positive for their personal development.

In my discussion with Rabbit, he emphasized the use of drugs as a means to deepen his understanding of human existence, focusing on the pursuit of pleasure and connection. This transformation profoundly impacted his general mentality, extending beyond when he is high to his everyday life. Rabbit explains, "I mean, those experiences were foundational, fundamental. Like, I could not, I would not be the person I am if I had not found those sacred medicines, when and how I did." This highlights the enduring influence of these experiences on his personal development and self-conception.

Fedra's perspective aligns with the broader theme that emerges from my participants' experiences—that psychedelic drugs, particularly LSD, can act as powerful tools for self-examination and psychological healing. She suggests:

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<sup>4</sup> Ego Death describes a state where an individual experiences a loss of their sense of self. In this state, the boundaries between the self and the external world become blurred, leading to a profound shift in perception and consciousness.

With acid, I think it's the best one to use if you've got some real deep-seated issues. You have to approach them, and you have to be vulnerable with yourself, and you have to be honest. Because with acid, it just breaks you down entirely. It tills all of your ego and makes you confront yourself, finally, and confront things. Like, really see the reality of things and accept things about yourself. That's what I liked the most about it. The week after you do acid, you're just so calm.

Fedra's perspective implies that LSD can kickstart and accelerate the journey of dealing with emotional and personal issues. She believes that LSD has a distinct capacity to bring hidden or subconscious issues to the surface, compelling users to confront and process their thoughts and feelings. This, in turn, often leads to a state of greater inner tranquility.

Ivy describes a similar sense of calm brought on by psychedelics. They reflected on a time in their early years of college when they broke free from religious, personal, and familial trauma while on magic mushrooms. Ivy described, "It was just really beautiful. Like, I just remember saying to myself, 'You're good, like, you are a good person, and you always will be. No matter what happens, no matter who you are, your identity,' I think it really soothed some of the thoughts I had been having." The long-lasting positive effects of Ivy's transformation have carried into their life years later. This experience is aligned with clinical research which shows promising efficacy rates for PAP (Psychedelic-Assisted Psychotherapy) in the treatment of numerous mental illnesses' (Schenberg, 2018). Ivy's story contributes to a growing body of anecdotal and scientific evidence suggesting the beneficial use of psychedelics in mental health and personal growth contexts.

Orlando, who strongly advocates for the transformative impact of psychedelics, particularly on queer and trans individuals, has developed a personalized approach to their use. This involves an understanding of how different doses of LSD and psilocybin affect them. At lower doses, Orlando experiences the euphoria and curiosity that these drugs can induce, while higher doses lead to profound states of ego death and deep introspection. Their experimentation extends to DMT, a potent psychedelic, with which small quantities evoke bodily sensations and visual hallucinations akin to high doses of acid. However, Orlando approaches higher doses of DMT with reverence, describing these experiences as "abstract," and recounts being visited by spirits. They regard such experiences as sacred, opting for higher doses only when feeling adequately prepared. This careful and deliberate approach to psychedelic use allows Orlando to regularly integrate these substances into their life, using them as tools to explore and address personal issues.

Not all participants had positive or productive revelations while using psychedelics. For example, Eli's initial experience with mushrooms triggered a cycle of negative emotions, leading to suicidal ideation and extreme anxiety. Similarly, Sada has encountered distressing and unpleasant experiences with various psychedelics and, as a result, now exercises greater caution

when using them. Eli and Sada's experiences underscore the unpredictable nature of psychedelics. These substances can lead individuals to confront thoughts and emotions they may consciously avoid or reject in their sober life. They can also induce hallucinations and inspire thoughts that are not necessarily rooted in true desires or predispositions but are instead a product of the drug's influence. While this unpredictability can be highly conducive to personal growth, it can also be deeply triggering and potentially cause long-term emotional distress.

### **Building Interpersonal Connections and Community**

Just as being queer drug users deeply influenced my participants' sense of self, it also had a significant impact on how and with whom they formed interpersonal and communal connections. All of my participants described their friends and immediate community as being predominantly LGBT which influences the spaces they choose to use drugs. I will explore the implications of location and scene on queer drug use practices in a later section, particularly in relation to safety and community norms. The following section will outline the various ways in which drugs have facilitated and influenced my participants' community connections, as many cited drugs as an integral component of their social lives.

Tru, who is extremely extroverted and has always emphasized community values, feels that drugs have played a significant role in fostering deeper and more emotionally vulnerable connections with their queer community. They have found that using drugs alongside their friends has wielded a profound influence on their perception of their relationship with others. While they felt close to their friends even before incorporating substances like ketamine and mushrooms into their shared experiences, these substances have transformed their connections with friends into something more closely resembling life partnerships. They describe these instances of taking ketamine with their friends: "In those moments with my friends, I feel very much like, I'm like, those people are like my partners, and like, we're doing life together." Tru perceives these relationships as akin to romantic partnerships, most often devoid of sexual dynamics but characterized by a similar depth and intimacy.

Anon, who is sober from alcohol and experiments with total sobriety occasionally, reflects on how drugs can paradoxically facilitate and inhibit queer people's ability to form a community:

I really like the way that not using allows me to be present with the people who are in the spaces. I especially, like, the drag queens who I see every week. You know, like, it's easier for me to remember their birthday. And like, I guess, I think, sometimes I feel like we do drugs because we're nervous, and sometimes it diminishes our capacity to make community. But sometimes I feel like in certain settings, it can increase your capacity to make community, and that's like a weird thing to navigate.



Anon recognizes the paradox that drugs can present. They acknowledge that drug use is sometimes driven by social anxiety or the desire to fit in, which may ironically diminish the quality of connections formed. Yet, in certain contexts, such as those conducive to a shared drug experience, drugs can facilitate a sense of community and interpersonal connection. This dual role of drugs in fostering and inhibiting community-building can be challenging for individuals to navigate, especially those who have a complex relationship with substance use. Anon's reflection underscores the nuanced relationship between drug use and queer communities and brings up the important question of where we make space for queer community that does not involve drugs and drinking—this is especially important for young queers, sober queers, and those who do not use drugs for other reasons. I will explore in a later section the influence of personal sobriety and drug dependency on some of my participants' relationship to drug use and queer community.

Sage feels that drugs have been exceptionally conducive to fostering deeper connections in many of their relationships, particularly with their spouse and close friends. They primarily use hallucinogens and tend to avoid “party drugs,” often choosing to consume drugs when they are in natural settings like camping or intimate environments, typically in the company of individuals with whom they have already established a deep level of trust. Sage suggests, “I mean, like, when you use drugs, especially with a group of people, especially someone you love, and also with friends you care about. The love that you feel after that experience is just so much stronger in some ways.” Sage's perspective highlights the potential for these substances to deepen existing bonds and create lasting emotional connections among individuals who use them together. Importantly for Sage, these drugs are most conducive to positively influencing relationships when taken in the context of pre-established trust.

In summation, the perspectives of my participants, while diverse in their exact definitions of connection and community, converge on a few key aspects. Foremost is the role of drug use in fostering open and vulnerable communication, which participants report as a catalyst for deeper relationships. Furthermore, the shared experience of navigating the health and legal risks associated with drug use has solidified a sense of mutual trust among friends. Lastly, the intertwining of drug use with significant cultural events and rituals, such as queer raves and pride celebrations, has strengthened their sense of belonging within the queer community.

### **Pursuing Queer Joy**

This section will go beyond the four typologies of drug use I have outlined above and delve into how my participants' drug use is deeply intertwined with the positive aspects of their queerness. Their drug use is not just an attempt to escape the trauma associated with being sexual minorities, but rather a practice that further connects them to queer joy. The term 'queer joy' broadly encompasses the positive aspects of the queer experience that uplift, inspire, and bring pleasure to queer individuals. It is an adaption of 'Black joy,' which similarly celebrates the positive aspects of Black life and Black people. Both terms are political, as they highlight and

honor life beyond the oppressive systems targeting Black and queer people. In this context, I will examine how drug use has facilitated these moments of queer joy for my participants. First, I will explore how drug use has catalyzed deepening their understanding of their queer identities. Next, I will look at how my participants integrate drugs into their sexual and romantic lives. Finally, I will explore their experiences with drug use within queer spaces and communities.

**High Affirmations** “A pivotal moment...being able to feel joy in my body”

One time, I took Molly with my friend; it was my first time taking Molly. It was in a little baggie, and we rubbed it on our gums. And I got really, really hot... The friend who I was with was transmasculine; he's a trans man. And I remember we were in the club, and it was hot as fuck because it was packed. It was like one of the most bumping parties of the year... it was so hot, so he had taken off his shirt because he didn't want to get pit stains, or it was just hot. And you wanted to look sexy, so he took it off, but then he was like, ‘Take yours off.’ And I was kind of like, ‘What?’ and then he was like, ‘It's fine. You can be free here.’ And then I took my shirt off, too. And we just danced. And it was like, honestly, like, these events are mostly like cis gay men, majority for gay men. So it was like, honestly, really free to just like, be invisible with him in that room, and like, but also be the most visible I had ever been. And I think that was like a really pivotal moment in me coming to terms and being able to feel joy in my body when I'm shirtless and to not feel the weight of everybody else's eyes on my body.

~ Anon, 24

Anon's story illustrates a deeper aspect of drug use for my participants, showing how it goes beyond simply seeking superficial pleasures or utility to accessing a profound experience of queer joy. This anecdote demonstrates how these meaningful experiences of queer connection, often elusive in daily lives, are made attainable through these chemicals. This section will explore the experiences of my participants, highlighting instances where their drug use facilitated moments of queer revelation and affirmation. These moments form a part of their broader relationship with drug use as a component of their experiences of queer joy. They exemplify how my participants have used drugs to embrace the positive aspects of their lives as LGBT+ individuals, rather than merely as a means to escape the challenges associated with being a gender and sexual minority.

Anon describes the paradoxical environment they experienced during this party: feeling particularly invisible in a space dominated by cis-gay men, as a nonbinary, transmasculine lesbian, yet simultaneously the "most visible" they had ever felt while dancing shirtless. Anon and their friend, differing from the cis-men around them, felt liberated from the pressure to conform to any specific mold of desirability. In fact, their perception of the gay male space as exclusive ironically granted them the freedom to behave as they pleased. The use of molly, combined with the crowded dance floor, made wearing a shirt impractical. Supported by their friend, and perhaps influenced by the lowered inhibitions from the molly, Anon was able to dance without a shirt for the first time. This experience was a turning point for Anon, leading them to the realization that they wanted top surgery and reaffirming their nonbinary identity. Previously, while Anon had always felt connected to the term nonbinary, they lacked tangible experiences to fully conceptualize what this label might mean for them. This moment of MDMA-and sweat-induced gender euphoria provided a clear understanding of their identity and how they relate to nonbinary physicality.

Sada has found similar moments of gender euphoria while on drugs that have transformed their relationship to feminized body characteristics. Before taking mushrooms:

I was still very much committed to this cis woman roleplay. And I was just letting all of this pressure control me, like this pressure to be feminine, and do my body up a certain way and be hairless and all of the other things. And I think, being on mushrooms that first time, just let me view my body free of all of those things. And see my body as beautiful, inherently. Which is something that I've always struggled to do. I think that really helped me to let go of all of those things and just use my body as a tool for expression. Instead of trying to conform it to something.

Sada credits their experience with mushrooms as profoundly impacting their self-perception in relation to gender norms. Prior to taking mushrooms, they conformed to societal expectations of femininity, which felt like a "cis woman roleplay," however, this created a sense of internal incongruity. During this time, they identified as a trans woman, although this label did not feel aligned with their sense of self. However, while on mushrooms, Sada realized that they had been altering their body and ascribing to binary labels in order to conform to social expectations and eventually distanced themselves from a linear narrative of their transition, opting to view their body as an unencumbered site for authentic self-expression.

Sada's profound transformation reveals the capacity of psychedelics to shatter entrenched perceptions of societal norms. Similarly, during their teenage years, Orlando experienced a pivotal moment on LSD that led to an important realization. At the age of 14, Orlando took acid, two tabs, at a county fair and discovered they were queer. "It was like Orlando's Big Adventure, it was like Pee Wee's Big Adventure – Orlando's Big Adventure," they recall. After going over and over on the centrifuge (a ride that they would have never dared attempt sober), Orlando

threw up their berry smoothie and sat recovering. As they sat, they started people-watching, enamored by those who passed. Orlando recalls, “I saw these two women. I mean, they both looked very different from each other, but they were walking, they were holding hands. And I was like, if these two weird-ass-looking ladies can find each other, I don't know why I'm so worried. I'm gonna find somebody eventually, you know, it's like, I suppose that sort of told me like, Dude, it's all gonna be okay.” Further reflecting on this sense of comfort: “That one kinda sticks out to me where it was like, one of the times where it's most in touch with my queerness and like, yeah, I was very positive.”

Orlando always knew they were different but was uncomfortable with fully exploring this sense of dissimilarity with their peers. However, seeing two queer people in a relationship while on shrooms gave Orlando hope that they, too, could find happiness beyond societal norms. Although they had suspicions about being queer, the topic was anxiety-inducing and created a sense of isolation for Orlando as a teen. Nevertheless, they describe their experience with mushrooms as a time of profound connection to their queerness. The drugs not only affirmed Orlando's inner knowledge of being queer but also led them to view the queer couple as an important symbol of a positive queer future.

Fedra was in her early 20s when she made the decision to come out as a lesbian. This monumental moment was spurred during an afternoon spent with her best friend, on LSD. She recalls telling herself, “‘Well, you better do it. You better come out this year.’ That was kind of a revelation. ‘But you better do it this year. You've got to do it sometime. But I think you should really do it this year. You can't keep living like this.’” She describes the moment as profound yet casual, a sort of laid-back urgency with the thought, “Like, you should do it. Just do it.” Though Fedra was already aware of her queerness, the experience on acid ignited an urgency to reveal her truth to her family and friends. Despite being close to her parents, with whom she lived, the prospect of potentially awkward conversations made her hesitant to come out. Inspired by her experience, she came out to her family and friends in the weeks following her acid trip.

During his gap year between high school and college, Archer strengthened his connection with his cisgender male friends while on mushrooms. At that time, Archer identified as a binary trans man and sometimes felt distant from his other guy friends because he was trans. What's more, Archer observed that his male friends often hesitated to share their emotions which led to a lack of emotional closeness within the group. However, Archer found that taking psilocybin mushrooms together deepened their relationships. He described these experiences as having created a sense of “unity” within the group. On the days when everyone took mushrooms, tasks like navigating the bus routes became more challenging due to their altered state, necessitating increased teamwork and communication. The group would spend the entire day together until the hallucinogenic effects wore off, fostering a general sense of trust and support among them. Archer also mentioned that these experiences encouraged more open and vulnerable conversations about emotions, relationships, and the challenges of navigating life as young individuals. In addition to strengthening the group's bond, the experiences Archer had while

using mushrooms with his friends were gender-affirming. They allowed for intimacy and closeness with his male friends, which he sometimes struggled to feel while sober.

Tru reflects on their feelings of connection to themselves and their loved ones while on drugs, saying,

It is true that drugs have an impact and effect where people feel like they can be more open, more themselves. And so, I think that, like, queer people spend a lot of time feeling like they can't do that. Queer people spend a lot of time concealing the parts of them that, you know, they think won't be accepted by the general population. So, drugs are an integral part of being able to be that open person when they're with their loved ones.

The narratives of individuals like Anon, Sada, Orlando, Fedra, Archer, and Tru offer concrete evidence of the positive impact of drug use on identity formation and exploration for queer people. For many of my participants, drugs can serve as a means to be their true selves when societal pressures of cis-heteronormativity make it challenging to do so. These experiences go beyond superficial pleasures, providing profound moments of queer joy. Furthermore, as I will explore in the next section, drug use can foster unity and trust among queer individuals, facilitating open and vulnerable communication and experiences.

### **Chemically Enhanced Sex “Overwhelming Pleasure”**

Many participants in my study articulated the integral role of drugs in their sexual encounters— emphasizing the significance of these experiences in shaping their overall queer identities. This section aims to unpack the complex interplay between drug use and sexuality among my participants. These narratives confront prevailing discourses in queer drug use and sex, which predominantly center on the risks and adverse outcomes. Although there are genuine concerns associated with drug-facilitated sexual encounters — notably, the heightened risk of STD transmission due to reduced inhibitions affecting condom usage (Kurtz 2005; Bohn et al. 2020), and the potential impairment of consent capacity due to drug influence — it is essential to recognize that such literature, when overly focused on these negative aspects, overlooks the broader spectrum of reasons driving drug use in sexual contexts. Furthermore, it risks diminishing the agency of individuals in managing these associated risks.

Much of the existing literature on drug use in queer sexual contexts is centered around the subculture known as ‘chemsex.’ This term refers to specific drug use patterns within a particular demographic. Research and media coverage on chemsex often highlight the use of substances like GHB/GBL, methamphetamine, and ketamine, commonly referred to as ‘chems’. However, these drugs are frequently used alongside other substances, including poppers, alcohol, and cocaine (Poulios 2022; Stuart 2019). The demographic most commonly linked to chemsex is cisgender gay men, with many engaging in group sex and activities related to kink and BDSM.

Because of the rather specific nature of this subculture, the majority of my participants do not classify their drug-facilitated sexual encounters as chemsex. Nonetheless, Eli and Rabbit identify themselves as aligned with these practices. Both have participated in group sex and non-monogamous partnerships and consider themselves, at least occasionally, part of this culture. This perception might also stem from the frequent association of chemsex with white gay men, an identity that Rabbit fits. Eli, who is white and non-binary, does not identify as a gay man. However, they do engage in the cultural norms and practices of gay male sex occasionally.

Eli explains, “Honestly, I go out to dance and be gay, and possibly, like, have gay sex, and I will have sex in the bathroom. I’ll go home, I’ll have a threesome, bring me to a sex party afterward, you know what I mean? I feel like drugs, for me, are entwined with going out and having sex and meeting people and all of that. For me, it’s gay and queer.” Eli, importantly defines the way they party, the way they have sex, and the way those two intertwine as gay and queer. The evocation of these terms indicates that their sex life is reflective of the typical gay (cis-male) hook-up culture, wherein there is a casual and expedited nature to finding someone to have sex with. Eli deeply values the spontaneity and simplicity of a gay hook-up: “I will take Molly, go dancing, and then, like, meet somebody and have sex.” Additionally, their practice is ‘queer’ in its embrace of a certain sexual and gender freedom and resistance to normative limitations. Eli resists defining their sexual preferences and finds that drugs aid in allowing them to freely explore pleasure and attraction beyond the bounds of what is typically expected of them.

Rabbit has similarly used drugs to allow himself to indulge in sexual urges that, while sober, felt intimidating because of internalized anti-kink sentiments. Rabbit explains, “I will say that ecstasy, in particular, has helped me remain feeling centered and comfortable in exploring my sexuality, because, you know, some of my sexual desires may be deviant, but they’re not aberrant. It’s not like I have any kind of kink that involves non-consensual harm or anything like that.” The process of unlearning the stigmatization around sex and kink has been facilitated by ecstasy for Rabbit. Through this, Rabbit has established that his kink practices do not involve violating anyone’s consent, and are therefore safe, and okay for him to pursue, even though they still may be stigmatized within the larger context of an anti-sex, anti-pleasure, and anti-gay society. He elaborates, “I find that anytime I get anxious about testing my own sexual boundaries, ecstasy and psychedelics are beautiful tools to help lubricate those situations. They make me feel less afraid and allow me to embrace what is happening.” For Rabbit and Eli, drug use is deeply enmeshed with their lives and identity formation as queer individuals. Many of their practices align with the norms of ‘chemsex’, but importantly, both Rabbit and Eli are not exclusively interested in gay male sex. Their drug use has led them to realize that they are attracted to all kinds of people. As Rabbit puts it, “If you’re hot, you’re hot. And if we’re in a moment and it’s a thing, then I’m just going to go with it.” This perspective somewhat diverges from the predominance of gay cis male sex in the chemsex scene.

Participants who did not classify their drug involved sexual encounters as 'chemsex' also reported enhanced sexual exploration. For example, During Ivy's freshman year in college, away from the influence of homophobic religious rhetoric they encountered at home, LSD use provided a liberating opportunity to explore their emotions and desires without external pressure or judgment. Ivy recounts their first love: “We would take acid and then, like, have sex for like 12 hours. And it would be like amazing and like, just crazy.” They go on to explain how impactful this was,

I think that I mean, this girl that I had all those like trips with, like it she was like my first true love and like she was like, the like catalysts to like why I had realized I was like a lesbian. And I think that, like, with acid, it's like, you're in this whole like, time where you know, and everything feels so much bigger than it really is. And every touch feels more like, on fire than it really is. And I think that like, in those moments where I was like tripping with her, I was like, really? Like, there was no guilt attached to it, there was no guilt. We were in our own world, and it was just us.

Ivy characterizes these experiences as profoundly “amazing” and “crazy,” emphasizing their intensity and the immense pleasure derived from them. These moments are described as devoid of any guilt, creating a perception of existing in a distinct reality, an intimate world shared exclusively with their first love. They describe the sensory effects of the drug enhancing both feelings of love and connection, as well as the physical pleasure of sex. Through these positive experiences, Ivy gained a clearer understanding of their sexuality.

Orlando mirrored much of Ivy's experiences, as they too emphasize the profoundly pleasurable and connective nature of using drugs in intimate settings. Unlike many of the partygoers whom Orlando watches over as a consent monitor<sup>5</sup>, Orlando personally prefers to establish a deep connection and trust with their sexual partners before engaging in drug-enhanced sexual experiences. One of the major considerations of this decision is that Orlando understands many of the drugs they enjoy using intimately, to be consent-altering drugs. While they appreciate the culture surrounding chemsex and circuit parties, they opt to only use weed and more “tame” drugs, which, in their perception, do not impair their ability to provide informed consent when engaging in casual or anonymous sex. Orlando expresses, “I love doing Ketamine with someone I'm in love with—like, I really do—and having sex on MDMA or ketamine, too, can be great. But it's like, you have to know somebody well.”

Ivy and Orlando's experiences of deepened intimacy while on drugs do not necessarily demonstrate the creation of new relationships or feelings but rather highlight how drugs are used

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<sup>5</sup> Consent Monitor: Someone who oversees sex clubs and parties to identify and assist in situations where someone might be engaged in a nonconsensual sexual experience, or requires help due to being too inebriated to function appropriately within the space. Orlando, describing their role, says, "It's like hanging out in basically the dungeon area, and just making sure that everything looks okay."

by some of my participants as tools to enhance their existing connections. They articulate having already established a sense of trust, safety, and attraction, which is then further developed through the use of drugs. Their experiences show the potential for drugs to deeply influence psychological and emotional facets of intimacy. However, Ivy also observed LSD's ability to prolong their sexual experience through the creation of novel sensory sensations and the alteration of time perception caused by the drug. Anon rarely uses drugs during sex but will occasionally take amphetamines to "function, have sex and not be exhausted" because they work opposite schedules as their partner. My participants commonly expressed using drugs during sex for the physical and sensory effects.

Sada has decided to be celibate for the moment due to a feeling of dissociation with their sensuality. They attribute this, in part, to their neurodivergence and to the higher-priority things they are currently focusing on in their life, such as finding a job and building community. However, they do not classify all forms of intimate touch as sexual and continue to derive enjoyment from certain aspects of physical intimacy. Sada explains, "Ketamine is very nice with a romantic partner. It's such a tactile drug. So, like, doing a line of ketamine and then, like, watching [a] movie and fooling around is like so fun."

Eli felt a similar desire for touch as Sada when they took GHB for the first time saying "I was just feeling like, I felt very touchy. Very much like wanting to be touched, or even like wanting to touch other people, if that makes sense...I mean, there was a portion where I was feeling just very actively turned on." Eli struggled with this sensation however because they were in a social setting where it was inappropriate to act on their impulses. Although they were eventually able to have sex while on GHB, it was not at the peak of the drug's effects because they were navigating complicated social dynamics with their friends and ex-partner. Eli described this experience as being frustrating but ultimately positive.

My participants articulated different strategies for ensuring the safety and consent of themselves and their partners. Rabbit's sex parties involved a casual culture of boundaries during group sex. He would actively choose to join or initiate an act or withdraw participation amidst a room of various sexual scenes. Eli says that they and their partner/s "can't be too fucked up, like can't be too fucked up for the situation" while on drugs and having sex. Ivy and Orlando generally feel most comfortable having sex while on drugs with someone whom they have already navigated sexual boundaries with while sober, although neither believes this is a fixed rule. The effects of drugs vary greatly, for example, GBH is a common sex drug but in high doses can lead to total incapacitation. Because of this, drug literacy and personal knowledge of appropriate dosage is a key to being safe while using drugs during sex. While the substances and settings vary greatly, the majority of my participants described using drugs to heighten sensory perceptions and emotional connectivity during sex. These chemicals enhanced the pleasurable aspects of sex and disinhibited thoughts of internalized shame.



## Queer Space and Safety

Drawing from Zinberg's work, the setting emerges as a critical factor for my participants in deciding both the location and the company for drug use. My participants underscore the significance of engaging in drug use within predominantly queer spaces. Despite having straight friends and occasionally visiting straight bars, there is a pronounced preference among my participants for the presence of queer individuals during these experiences. They attribute this preference to a combination of cultural compatibility, safety considerations, and a sense of community belonging. This section delves into the specific spaces they frequented, shedding light on the integral role drug use plays in shaping their identities as queer individuals and defining their places within the queer drug-using community.

When I asked Tru about their first time using ketamine, they responded, "I mean, wait, for starters, I only have queer friends. So just start there. But yeah, I got into it in the rave scene. When I first started, I never had my own supply. It was other queer folks who were kind enough to share some of theirs with me, in a very community-oriented setting." Tru went on to explain that their introduction to ketamine was influenced more by norms of use within their social circle than by personal curiosity or motivation towards ketamine. They highlighted how their friends not only shared the drug but also provided a detailed list of its potential effects, ensuring Tru, who was skeptical of drugs, was well-informed about what to expect. This supportive approach not only facilitated Tru's initial use of ketamine but also shaped their approach to the drug, turning them into someone who now regularly shares with others and is passionate about disseminating drug-related information in rave and queer scenes.

Further reflecting on the importance of queerness in the spaces where they use and try new drugs, they explain: "It's a safe environment for me to partake in things that I normally wouldn't, for safety reasons. That community guarantee of my safety is such an incentive to try new things and do things like that. So, I think it's very important. There's no way I'm feeling safe with anybody else, except for queer people. And I think that's just a thing that all queer people feel." Tru emphasizes that the presence of fellow queer individuals is a cornerstone of their sense of security. They go on to explain that this assurance stems from an understanding of community support. This manifests in an expectation of mutual care — a belief that if they were to become overly impaired or encounter difficulties, they could rely on their peers for assistance. This reliance is rooted in a shared sense of belonging and responsibility within the queer community. Tru also feels safer in queer spaces from the risk of facing harassment, whether it be homophobia or unwanted sexual advances, or a combination of both.

Fedra similarly prioritizes using drugs in queer spaces, she cites two major reasons for this: queer spaces being more 'chill' about drug use which minimizes the risk of getting kicked out or reported, and that she will not be subjected to conversations with straight men who she does not want to talk to: "I almost every other time I go to a lesbian bar, I am always ducking under the chairs and just doing ketamine. I feel like it's really easier to do it in queer spaces, not

just because you won't get caught, but it's just that I feel so much more comfortable and much more chill, and there are the people that you actually want to talk to. You don't want to talk to a straight man; nobody wants to talk to a straight man, it's a terrible situation to be in.”

Fedra's preference highlights the extent to which queer spaces not only provide a more comfortable environment for her drug use but also resonate more closely with her personal values. Her perception of queer establishments as being less antagonistic toward drug use aligns with her advocacy for the destigmatization of drug use. Furthermore, Fedra finds assurance in the fact that the lesbian bar she frequents is devoid of straight men, with whom she lacks a desire for romantic or sexual interaction, and perceives a fundamental disconnect due to the absence of a shared queer identity. This aspect of her preference suggests a deeper layer of community belonging and value alignment that transcends mere comfort when using drugs, reflecting her inclination towards spaces that mirror her identity and principles.

Eli reflects a similar desire for LGBTQ+ spaces, “I feel like I go out in exclusively queer spaces; I'm not interested in going out in spaces that don't feel queer. Because I find straight people to be so boring in every way, and I find men who are out and about and drunk to be like literally aliens. I'm just like, well, what can we even talk about? Which may be uncharitable.” When I asked what constitutes 'queer-feeling' spaces, Eli clarified this encompasses a range of factors: venues managed by queer individuals, clubs employing queer DJs, and most importantly, places predominantly filled with queer people. Eli also reflected on the restrictive culture within heterosexual spaces, noting a predominance of cisgender individuals adhering to traditional gender and sexual roles. In these settings, typical social interactions involve men pursuing women, and individuals who deviate from gender or sexual conformity, like Eli, are excluded from these binary social rituals. Eli also expresses concerns regarding excessive alcohol consumption and its impact on social awareness, particularly noting instances of inappropriate behavior often exhibited by men under the influence. For Eli, the act of drinking seems counterproductive to their objectives when socializing, which primarily includes engaging in conversation and dance, often with the intention of establishing sexual connections. They feel other drugs, such as ketamine and cocaine, are more conducive to achieving these connections compared to the binge drinking culture they have observed in bar settings.

In exploring the dynamics of queer social spaces, a recurring theme among my non-white participants was the challenge of navigating environments dominated by white queers. While these environments can be validating for aspects of their queer identity, they are often incomplete in this validation as they still prescribe an expectation of queerness that is rooted in whiteness and white supremacy. This creates a significant struggle for non-white queers, who seek environments that affirm and celebrate their entire identity without imposing the need to assimilate or compromise themselves.

When I asked Sada what advice they would give to their younger self in relation to their experience as a queer drug user, they responded: “I feel like my biggest advice would just be to work harder to not let yourself get surrounded by white people. Yeah, it's a struggle, for sure.

Because I feel like when my reentry into the Bay Area community started, it was with a lot of white people, and that's a problem. Yeah, that's a problem for me.” Sada explains that this environment created social pressures to conform to white standards within the contexts of lesbianism and non-binary categorization. They remark,

When my experience of lesbianism was as a, quote-unquote, binary woman, that gave me a particular experience of lesbianism. But it also, when I was going through that phase in my life, made me spend a lot of energy trying to fit in very hard. And in my communities, that meant trying to act white and trying to assimilate, in the trans sense. And those things definitely, I think, blocked me from understanding so much about myself as a lesbian. Because lesbianism is so much more than that. And the lesbianism I experience now has nothing to do with those things.

Sada’s experience exemplifies the pervasiveness of white-centric norms in shaping the perceptions and expectations of lesbian and non-binary identities. White supremacy has not only established a binary categorization of racial identity, distinguishing who is white and who is not, but it has also ingrained deeply racist and patriarchal interpretations of gender. These interpretations persistently influence gender norms, even within communities that are seemingly opposed to traditional gender expectations, like queer spaces.

Additionally, some of my participants articulated the disparity between the social and political implications of drug use by white queers compared to non-white individuals. They observed that BIPOC individuals are more likely to be penalized or harmed by the systems surrounding drug use, resulting in less casual acceptance of such practices. Ivy speculates that there would “definitely be less drugs in circulation” if they didn't go to a predominately white school. They believe that “drugs are so de-stigmatized in white spaces,” especially in spaces like their school where many of the students who are doing them are wealthy and are therefore isolated from a lot of the financial, legal, and social risks of using drugs. Ivy predominately surrounds themselves with other queer people, and at a white school, this means that many of them are white. Tru has similarly observed that when they offer ketamine to their Black friends, more often than not, they say no, while their white, queer friends, especially ravers, are more willing to try it without much hesitation.

Non-white queers often have to do the extra work of resisting the hegemony in predominantly white spaces, or they are tasked with finding or creating environments where white dominance is less prevalent. Furthermore, the few spaces established for and by BIPOC LGBT+ individuals are often co-opted by white queers. This adds complexity to the narrative of drug use as a means for total freedom and exploration within queer communities. As noted by my participants, such settings are not always accessible to non-white queers due to the pressures of white assimilation.

Through extensive searching over several months, Sada has successfully discovered spaces that affirm their gender and sexuality, where they can use drugs and party, free from the pressure to conform to white-centric standards of these categories. Explaining, “There's a few like clubs in in Oakland that that are just kind of claimed by the trannys. I like to be in spaces that are predominantly like, populated by transexuals.” Describing the trans people they party and take drugs with, Sada explains that although these individuals are different from those they regularly spend time with day to day, they are important members of their social network. Sada elaborates, saying, “I would say that I value the connections I have with this strong, rooted community that I interact with every time I go out to functions.”

Rabbit echoes the sentiment of experiencing a deep sense of connection with those with whom he uses drugs:

You know, like, I am very dismissive of people who will say, ‘Oh, those are just your drug friends,’ ‘So they're just your club friends,’ ‘So your party friends?’ No, actually, like these people are my friends. These are people who have been through thick and thin for decades of my life.

For Rabbit, the individuals with whom he uses drugs, as well as the experiences they share, hold immense significance in his life. He refutes the stereotype that suggests his friendships are superficial and dependent on shared drug use, emphasizing that his relationships, possibly in part due to the intense psychological and physical experiences they have undergone together, are enduring and profoundly meaningful.

Orlando describes the importance of trans rave scenes as,

a social space for people, I guess, who have lived life, you know, and who are trying to pursue, you know, some freedom from our daily lives. I'm actually a pretty shy person, like, I usually keep to myself a lot, but those are spaces where I can go out and have a nice time, and people are just so much fun. It's friendliness without them necessarily asking me for anything.

They go on to describe what they feel distinguishes trans ravers from other trans people. They describe it distinctly as “Steven Universe versus Ketamine trans people.” The first group of non-raver trans folks is likened to fans of the popular cartoon Steven Universe. This group, according to Orlando, is “a little infantile, and they're boring,” and “they're people who just stay inside and are scared of worldly stuff.” Whereas the trans ravers, or ‘Ketamine trans people,’ are described by Orlando as being “out there, they're living their life. Like, they're more bold, I think, more courageous, and we get along.” Orlando describes a sense of affirmation when partying with fellow trans ravers, in that they understand some of the challenges of life and are equally interested in having fun and being friendly. They explain that the trans raves are an essential respite from living “bold” lives as trans people.

Orlando is a passionate community organizer who staunchly opposes cis-assimilation. They advocate for bold destigmatization in areas such as transgender healthcare, kink and BDSM, the rights of sex workers, and the rights of drug users. These daily commitments are emotionally demanding. This is one of the reasons why trans rave spaces hold great significance for Orlando – they provide environments where other loud and proud trans individuals can find a sense of community and enjoy happiness free from the burden of political and stigmatizing negativity. Orlando explains, “Especially like with our transness, like people are political. People are aware of what's going on like [political attacks against trans people], and it's a temporary autonomous zone like a temporary Utopia if you will.”

Orlando highlights a sentiment that resonates with many of the participants in my study—the awareness of the political implications surrounding drug use, queerness, and trans identity. For Orlando, trans raves serve as a political act of resistance against a cis-normative world that can be openly hostile to queerness. However, the experiences of my non-white participants are more complex in trans and queer spaces that still uphold elements of white hegemony. This complexity restricts their ability to feel free from political pathologization to the same degree as white individuals like Orlando in these spaces.

When considering the settings for drug use among my participants, the universal priority was queer-dominated spaces. These spaces are preferred due to the shared values they embodied, which included the freedom to exist without the influence of heterosexual and cisgender norms and the avoidance of unwanted advances from straight men. Additionally, queer spaces commonly displayed greater tolerance for drug use, knowledge of harm reduction practices, and awareness of potential risks such as police involvement. My participants are drawn to these spaces and understand the social and political implications associated with drug use and queerness. They actively participate in maintaining and creating these "utopias," free from the pathologization of these practices.

### **Navigating Risk** “Unless I know that it's safe.”

The practice and theory of harm reduction arose out of the HIV/AIDS epidemic of the 1980s when the disease was spreading among people who used intravenous drugs and those who engaged in unprotected sex. This began with clean needle distribution, sexual health supplies, and education campaigns and has since become a worldwide movement that aims to make drug use and other risky behaviors safer. This section will explore how my participants perceive and address the risks associated with drug use. The major factors contributing to risk reduction engagement were access to drug safety supplies and accurate information and personal experience with a loved one who is drug dependent or has overdosed.

Harm reduction encompasses a wide array of practices, from simple things like drinking water while high, to formal drug administration sites where medical staff aid in facilitating substance use. Drug testing was the most concrete example of harm reduction that all of my

participants were aware of. Drug testing serves as a tool that equips individuals with crucial information about their drugs, enabling them to make informed and safer choices regarding their substance use. Essentially, this approach recognizes the autonomy of individuals; by understanding the exact contents and potential adulterants in their drugs, users are better positioned to anticipate and avoid potential negative side effects or adverse reactions

Contemporary harm reduction organizations and activists prioritize drug testing, especially for substances that may be unintentionally or intentionally laced with the potent synthetic opioid, fentanyl. Due to fentanyl's extreme potency, it attracts individuals who have developed an opioid tolerance, but it is also used to cut other drugs and has contaminated the non-opioid drug supply, leading to individuals unintentionally overdosing (CDC 2023). Despite the existence of various drug testing methods, such as single-use strips for specific drugs, at-home chemical reagent tests, and professional full-spectrum machine testing, just one of my participants, Orlando, was familiar with all these options. The majority of my participants were only familiar with fentanyl testing strips, which corresponded with the high rates of concern about unintended fentanyl exposure.

### **Orlando, the exception** “There's meth in this shit.”

Orlando, who has dedicated much of their life to harm reduction has a somewhat unprecedented amount of access to testing and a wealth of knowledge of drug information. They have personal and professional experience using all three forms of testing and their ability to keep themselves and their community safe is a uniquely privileged experience. Firstly, Orlando has been able to dedicate much of their free time to educating themselves, taking classes, and volunteering for harm reduction initiatives which has equipped them with an exceptional level of expertise and access. They also live in one of the most progressive cities in the United States, in terms of drug policy, and are equipped to navigate the bureaucratic process of requesting free fentanyl test strips from the city. The at-home chemical reagent kit that they use to test their supply costs 90 dollars which is prohibitively expensive for many. Orlando also has access to an SAS machine which is an extremely expensive and sensitive machine that is able to determine the percentages of drugs, additives, and adulterants in drugs.

Orlando has used the machine to test the contents of drugs that they have purchased from individuals they are skeptical of. This access prevented them from mistakenly using a powder they believed to be ketamine — which turned out to contain methamphetamine:

There's this one time that somebody was trying to sell me something that was K [ketamine]. And like, I just wasn't buying it. So it's just sort of like: ‘Well, why don't you give me like half a bag, and I'll go SAS machine it and if it's real, I have your contact, I will Venmo you’ And I had to tell this kid later, I was like, ‘I'm

just gonna give you this bag back because there's meth in this shit.

I was like, I wasn't anticipating that'

Orlando's access and position are atypical for many queer drug users who lack access to machine testing. Often, machine testing is not readily available in smaller cities and rural locations and involves interactions with an organization acting as an authority or bureaucracy, which can be intimidating for illicit drug users. Additionally, There is a documented disparity in access to harm reduction services between people of color and white individuals (Rosales et al. 2022). As a white drug user, Orlando has likely faced less friction when gaining access to these spaces and services. Finally, within their social sphere, Orlando leveraged their influence, enabling them to 'borrow' a sample of the drug. This is likely because they are a well-known and trusted figure in the rave scene. It is unprecedented for a dealer to allow a customer to walk away with drugs having only promised to pay if it turns out to be the actual drug. However, their authority in the community enabled this unusual arrangement.

**Cocaine** “I'm actually terrified of certain drugs...or anything resembling a white powder”

Because there are countless risks and risk mitigation strategies that vary depending on the drug and individuals' predispositions, I have chosen to use my participants' relationship with cocaine to unpack how they understand and navigate the risks associated with drug use. Cocaine generally evoked the strongest fear of harm and examples of risk navigation for my participants. Many of my interlocutors expressed various negative sentiments regarding the use of the stimulant cocaine. There were a number of reasons for this negative association. It appeared to be the drug most associated with fentanyl adulteration according to my participants, although it can be found in many of the drugs they discussed using, particularly other powders and pills. Many disliked the drug because of the physiological or psychological effects such as sleep disturbances or increased anxiety. Moreover, some of my participants believed that cocaine led to irritability, excessive assertiveness, or aggression in its users which caused them to avoid interacting with people on coke. Finally, cocaine evoked a fear of dependency because of its similarity to crack cocaine, which two of my participants' parents had a history with.

Throughout my interviews, it became clear that managing the potential risks of drugs was a major consideration for my participants when they reflected on their drug use. They frequently mentioned harm reduction practices and the fear of drug overdose or adulteration in our interviews, often even before I directly asked their opinions on the topic. The vast majority engaged in proactive measures to ensure that they minimized the risks of their drug use. These measures vary in efficacy, as I will discuss. The primary discovery of this section centers on how my participants socially construct the risks associated with drug use. In other words, much like how drug use itself is a socially learned practice, the perceived risks and the methods for reducing these risks are also deeply embedded in social contexts and understandings. I attribute this phenomenon to the strong queer drug-using communities to which all of my participants

belong. These communities shape the acceptable levels of risk, the sense of community responsibility and accountability, and the dissemination of information regarding drug use.

Before Eli discovered ketamine, their preferred drug was cocaine. However, they decided recently to decrease use dramatically after hearing numerous rumors and reports in New York of cocaine being discovered with fentanyl in it. Eli:

Nobody I know, closely, got bad shit and then has had bad consequences. But I think what happened, what did happen, was—I'd been hearing a lot and feeling a lot in the last year and a half that Coke is unsafe in the city. That's just very commonly talked about and said and felt. So I've absorbed that; okay, coke is unsafe. And I like coke, so I want to be able to do it. But I don't; I'm not willing to do it anymore unless I know that it's safe.

Eli became aware of rumors about high rates of cocaine being laced with fentanyl in New York City. It's not known if there was a quantifiable increase in fentanyl-laced cocaine in the city during the period Eli describes. However, hearing similar information from multiple friends and acquaintances led Eli to internalize the belief that cocaine was unsafe and change their relationship with the drug.

Prior to this decision Eli, like many of the drug users I spoke with, would accept cocaine when offered to them in a club bathroom or dance floor. Because the use of drugs is technically prohibited (though tolerated to various degrees) in most clubs, those who want to participate often have to rush to the bathroom or quickly dip below the sightline of security to take the drugs. None of my participants reported themselves or anyone they knew testing drugs in traditional club or bar spaces. This is likely because the time, materials, and privacy required to test for things like fentanyl are unavailable. As an employee of a queer bar, Anon speaks about the inevitability of drug use: “If everybody has to walk through the door naked, someone will still hide the bag of coke up their ass. Like, it literally does not matter; you know, people will always bring drugs into a queer space.” However, these spaces continue to enforce policies that inhibit drug testing and endanger the safety of their patrons.

Max describes a bathroom ritual known as 'bag for bag' or 'bump for bump' when reflecting on some of his concerns regarding his friends doing unknown drugs. He only uses drugs when he knows the supplier well because of these concerns, but he has friends who will go into the bathroom with someone and each take some of the other's drugs. “I always tell them to make the other person do their own shit in front of them first,” he explains. This way, if there is something that is highly concentrated and dangerous, the provider will experience the adverse effects, and his friends will know not to take it. Additionally, he mentions that this method is sometimes employed when individuals buy drugs in clubs or bars that they plan on using that night. Although this does provide some peace of mind, the method is not foolproof considering that some adverse drug reactions may occur minutes or even hours later. Moreover, the unknown person may have a drug tolerance that Max's friends do not have. For example, they may have



developed a fentanyl tolerance that allows them to withstand more of the drug than someone who does not.

Sage's approach to drug use is defined by a heightened sense of fear, stemming from personal loss: "I'm actually terrified of certain drugs, especially cocaine and opiates, or anything resembling a white powder. I've lost at least one friend to either an overdose or fentanyl, so I'm extremely cautious about that. Additionally, I've never been able to snort anything because I have a sensitive nose that tends to bleed, otherwise, I probably would have." Sage fears the possibility of unintended fentanyl exposure when using drugs like cocaine that involve snorting. They say, "I don't use cocaine, or I mean, drugs like Ritalin or Adderall, anything like that. I have lots of friends who do, and I'm always like, 'Alright, so these are your prescriptions.' So, you know, they're getting them legally. But if you bought them on the street, please make sure to use a test strip, and I have test strips and Narcan with me."

Because Sage has lost a friend to overdose, they have an intense fear of drugs they associate with opioids and potential adulteration. This has also emboldened Sage to be proactive with other friends to ensure their safety. Sage, Max, and Eli's narratives are examples of various ways in which direct community knowledge has impacted their harm-reduction efforts.

Another common concern that my participants articulated was the fear of acting irresponsibly. There was a general disdain for some of the characteristics that are commonly associated with people who are on cocaine. More broadly, the risk of consuming too much, or 'overserving' oneself, was a frequent topic of discussion in relation to other drugs. The possibility of behaving embarrassingly or unpleasantly led individuals to reconsider the types and quantities of drugs they used.

Bartender, Anon: "Whenever people do cocaine, they just get really loud and annoying. You know, at least that's my experience when I'm bartending. And I have a little anxiety, so I'm like, 'Oh my God, I can't do cocaine and yell at people.'" Anon's position as a bartender situates them in immediate proximity to fellow members of the queer community who engage in drug use, while also maintaining an external perspective when behind the bar. They frequently work while sober, allowing them to witness the impact of drugs and alcohol on people's ability to communicate effectively and politely. Anon has endured unfavorable situations involving bar goers who are 'coked out'<sup>6</sup>, leading them to recognize that their own social interactions could also be adversely affected if they were to use cocaine, potentially leading to outbursts or heightened anxiety.

Similarly, Tru describes the way people act on cocaine as 'embarrassing,' and recalls experiences when friends acted chaotically subsequently ruining many of their nights out. As someone whose drug use journey has been deeply affected by their mother's addiction—causing them to experiment cautiously and later than their peers—cocaine use remains a limit that they enforce for themselves because of its molecular similarity to crack, which their mom was

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<sup>6</sup> Coked out refers to a state of being heavily under the influence of cocaine which often results in hyperactivity, erratic behavior or paranoia.

addicted to. Sada echoes the worry of cocaine addiction and feels the drug is lackluster compared to other drugs. “I've tried coke. I am not a very big fan. It doesn't do anything interesting for me and I'm thoroughly uninterested in getting addicted.”

Within their social arena, Tru has observed that “when people do coke, they'll do line after line after line,” adding, “In my experience [with other drugs], there comes a point where you're like, ‘I don't want any more of that, like, I'm good. I feel so good’. And I have not seen people be able to do that with coke.” This observation further exacerbates Tru's fear of cocaine addiction. Tru has observed coke users perpetually seeking more and more throughout the night which is a pattern of drug use they actively attempt to avoid. Tru and other interlocutors also believe that cocaine is an unreasonably expensive drug.

Cocaine is one of the more expensive drugs discussed by my interlocutors, with Max citing its cost as the primary reason he rarely buys it for himself. Cocaine retains social associations with class and race, as noted by many of my interlocutors. It tends to be more commonly used by privileged white gay men within the queer community. As Ivy notes: “Coke is like a white people drug...So like, white gays will use it. But like, Coke isn't just like a queer drug overall.” Ivy uses the term 'queer' to suggest the perceived lack of subversiveness that they believe characterizes white gays and cocaine. Because coke is widely used by straight partiers as well, Ivy seems to insinuate that the use of cocaine aligns with broader themes of assimilation among white gay men. Many of my participants echoed the sentiment that cis-male drug use and partying norms are reflective of heterosexual culture. For instance, Max compared what he classified as “gay mating rituals” to how men approach women in bars, suggesting that although these practices prescribe a different standard of beauty and sexual performance, they are still rooted in normative behaviors.

### **“I Trust My Dealers”**

Among the eleven participants, five expressed a strong belief in a strategy for preventing unpleasant drug reactions, which was placing trust in their dealers. This trust was discussed primarily in the context of ensuring that they were receiving drugs free from substances like fentanyl. It was also mentioned in terms of drug quality, fair pricing, and community accountability. For instance, participants believed that a dealer who is part of their community would be more accountable for the well-being of their patrons.

Tru has personal relationships in which they have been able to suss out what kinds of practices their dealers engage with when it comes to safety. “Yeah, so first and foremost, I trust my dealers. These are all people that I know personally, who I've spent time with, people who have been in the scene for a really long time, have been doing it for a long time. And you know, they're doing these drugs themselves, they're giving it to their friends, and they know that they test their drugs.” By knowing their dealers personally, Tru gains insights into their character, reliability, and commitment to harm reduction through testing. The fact that these dealers use the

drugs themselves and share them with friends demonstrates a personal investment in the quality of their drugs.

This trust is mutually earned for Tru; they recognize the responsibility of protecting their dealers from individuals who might pose legal or safety risks. They explain that this litmus test is largely influenced by their understanding of queerness as a political ideology.

I'm like, there are queer people, and there's queer culture, and you can be integrated into that. It has a lot to do with your politics; it has a lot to do with your moral standings. And then there are people who say that they're queer, but then you sit at the dinner table with them for a little bit too long, and you're like, 'I would not share my ketamine with you or my drug dealer's number.'

Tru is acutely conscious of the political connotations attached to the labels of 'drug user' and 'drug dealer,' understanding that these labels can expose individuals to risks of institutional or social violence. As the child of someone who's faced anti-drug-related legal violence, Tru deeply understands the consequences of drug use laws, especially considering compounding vulnerabilities like race, class, and identity. They believe that queerness transcends mere sexual and gender identity, viewing it as a political stance in opposition to hegemonic systems, like drug law enforcement. Therefore, if they feel like someone identifies as queer but does not subscribe to abolitionist ideology, Tru is hesitant about vouching for or facilitating their inclusion in their close-knit drug-using community.

Sada echos the importance of shared queerness as a component of trust within drug using networks. They reflect on how sharing a transfeminine identity with their dealer provides them with a sense of mutual security: "I get my ketamine from the same girl every time. And, you see, to me, I think she's a very trustworthy source. Obviously, no sources are foolproof, but I mean, she's a transsexual, she's in our community. She is not going to actively, like, try and do anyone wrong. And she also just seems very, very knowledgeable and competent." Sada outlines numerous reasons to trust their drug dealer's reliability. Like Tru, they see their dealer's participation in the community as an indicator of good intentions. Due to prohibition, even dealers aiming to provide consistent products may struggle, as supply chains are inherently elusive by design. Nonetheless, Sada believes their dealer is competent at ensuring the quality of their products and possesses the integrity and accountability necessary to prevent the distribution of dangerous drugs. Eli similarly trusts their dealer to test their supply. They explain, "I'm not testing my drugs as much, partly because I only have random testing strips, and also because I trust my dealer." While intra-community accountability shows promise in ensuring drug safety, as Sada notes, "no sources are foolproof." My participants would be better equipped to use drugs safely if they had consistent access to testing strips and reagent chemicals, and if they utilized these tools regularly.

Fedra employs a litmus test for her dealers to ensure that they test their drugs. She explains: "I'm very big on finding a good dealer. I have three dealers currently. And one of the

things that I like to do is, if I have a new dealer or if I've only met with a dealer a few times, I always ask them for testing strips. Because if, when I pick up from them, they say, 'Oh, sorry, I couldn't get any testing strips,' then I'm like, 'Oh, they definitely don't test.'" By asking for test strips, she seeks assurance that her dealers prioritize the safety of their products. If they do not she proceeds with extra caution when using the drugs.

Strategies like these, in which individuals acquire drug use literacy and safer practices, were mentioned by many of my participants. Sage recalled being taught as a teenager to always have a trip sitter<sup>7</sup> when using psychedelics, a practice they still implement to this day. Anon learned to place cotton or crumpled paper towels in their poppers after burning their nose at a club. This strategy prevents the toxic liquid from splashing onto someone's skin when used in high-movement areas like dance floors or sex parties. Many of my participants described acquiring these strategies not only through direct instruction but also by observing more experienced users. For instance, Max described an eye-opening experience at a house party: alongside the usual cups and alcohol, he noticed a jar filled with cut-in-half straws. This observation led him to the realization that using straws, rather than paper money, to snort drugs was a safer practice. Now, Max carries extra straws with him, giving them out to his friends.

My interviews with queer drug users highlight the integral role that community plays in addressing and mitigating the risks associated with drug use. By fostering information sharing, building relationships with trusted drug suppliers, and using drugs in the company of others who can provide assistance in case of adverse reactions, my participants actively enhance the safety of their drug use. Within the diverse landscape of queer drug use communities, social norms vary from scene to scene. However, a common thread is the practice of sharing knowledge about drugs, including their proper use and effects, especially among newcomers. These communities also exert social influences on drug choices and levels of intoxication, adapting drug use to different social contexts. For instance, some individuals may avoid drugs like cocaine due to concerns about potential damage to their reputation within their community. Personal experiences with individuals who have had negative relationships with drugs or have overdosed have a profound impact on my participants' risk assessments. Some participants choose to abstain from drugs they perceive as particularly dangerous or habit-forming, influenced by the real-life consequences they have witnessed. While the informal sharing of drug information within queer drug use communities is valuable for learning how to navigate risks, access to professional information and equipment would significantly improve my participants' ability to use drugs safely.

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<sup>7</sup> Trip Sitter: refers to an individual who stays sober or mostly sober while others are using psychedelic or hallucinogenic drugs. The trip sitter's role is to offer reassurance to those under the influence and provide assistance in the event of a negative reaction or emergency.

**Queering Addiction** “I don't have a drug problem; I have a meth problem.”

While all of my participants expressed the generally positive impact of drug use in their lives, it is important to highlight that the majority of them grapple with challenging relationships with at least one substance. Seven out of the 11 participants recounted instances in which they felt they had developed an unhealthy bond with a drug, some even considering themselves drug or alcohol addicts. Among these participants, two have independently addressed their concerns, while the remaining individuals have either chosen to participate or have been forced by penal decree to engage in some type of institutional intervention. It's worth mentioning that these seven participants self-identified as having problematic relationships with drugs. There were two other participants who were required to go through some form of drug counseling but did not feel they had a negative relationship with their drug use and therefore will not be included in this analysis.

Each person's intervention looked different but most of them engaged with tenants of the two predominant philosophies for addressing problematic drug use: abstinence-based programs like Alcoholics Anonymous (AA) and harm reduction. AA and similar programs are designed to assist individuals in recovering from alcohol or drug addictions through a comprehensive 12-step process and community support. These programs emphasize complete abstinence from all drugs and alcohol as a long-term goal. In contrast, as noted earlier, harm reduction philosophies aim to minimize the health risks associated with drug use.

During my interviews, I found that individuals facing challenges in managing their drug and alcohol consumption often employed a combination of strategies from both harm reduction and abstinence-based recovery approaches. My participants displayed a keen awareness of the consequences associated with these differing philosophies and were open about the difficulties they encountered on their journey toward healthier relationships with drug use. Given the scarcity of existing literature and accessible information regarding individuals who identify as addicts of one drug while simultaneously using other substances, I will explore my participants' nuanced approaches to addressing their complex relationships with drugs. I propose that these approaches reflect a sense of queerness that warrants future in-depth investigation. My participants underwent three primary interventions to curb drug use: legally or disciplinarily mandated drug treatment, voluntary participation in abstinence programs, or self-imposed limitations or temporary discontinuation of one or more substances, either indefinitely or for a brief "reset" period.

During a period of heavy methamphetamine use, Rabbit was compelled to reassess his meth use following an arrest for narcotics possession in Los Angeles, California in the late 2000s. Being a first-time offender who was white and had access to legal support, he had the option to complete a rehabilitation program instead of serving jail time. However, he encountered several undesirable choices. Inpatient programs were costly, and he needed to continue working during his treatment. Moreover, many 12-step programs were heavily

influenced by Christianity, which he strongly opposed. Finally, after researching further options, he was able to participate in a program in San Francisco that did not require him to maintain full sobriety; instead, he agreed to counseling and regular methamphetamine drug testing. In making his decision, he remembered thinking, “I’m very clear right now in my life that I don’t have a drug problem; I have a meth problem. So I’m gonna do the meth abstinence program, and that helped me kick my habit.” During his treatment, he recalls attending drug counseling during the week and traveling to sex parties on the weekends, where he would use other drugs like GHB and poppers. Although he has “slipped up” and used meth from time to time since his arrest, he maintains fluidity and personal forgiveness as someone who navigates the messy and, at times, difficult balance of regularly using other drugs and sobriety from meth. Because he continues to participate in the same kinds of parties— which involve a lot of sex and a lot of drugs— he has found that sometimes when he has consumed other substances it is more difficult to resist using meth. However, Rabbit believes the risk is justified by the parties he attends, venues for pleasurable, experimental, and often chemically enhanced sex. He says, “You know, we are open, ecstatic cultists who can easily fall into the traps of abuse and addiction. And I myself am not above that. But I feel that the price is worth the reward.”

While Rabbit is able to continue to frequent scenes where meth is present, many of my participants who are attempting to cut down on or stop using a drug found it more difficult to continue to go to parties and environments with heavy drug use. Sada and Orlando, both regular participants in San Francisco’s trans rave scene, have experienced phases of drug use they considered detrimental to their well-being and personal relationships. These periods involved frequently going out and using ketamine, often in conjunction with other substances, resulting in excessive intoxication that required assistance from friends and occasionally led to actions they later regretted.

Orlando describes it thusly: “Ketamine, like that’s, like, my favorite thing in the world. But also, like, I call her, like, my abusive ex-girlfriend. I keep coming back to her, even though sometimes it’s great. But sometimes it’s really bad, and it impacts the rest of my life.” Although Orlando describes the drug as abusive, they do not intend to quit; instead, they have taken tolerance breaks (T-breaks)<sup>8</sup> and imposed self-directed limits on the frequency of their nights out and the volume of ketamine they use so that they can focus on other aspects of their life (currently they use ketamine 4 times per month). Similarly, Sada took an extended break from ketamine and partying because they felt they had overindulged in the summer of 2021. Now, as they gradually resume going out, they are committed to using substances in moderation to avoid becoming excessively impaired and reliant on others. While Sada and Orlando acknowledge that their relationships with ketamine have been troublesome at times, they have chosen to implement

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<sup>8</sup> T-break: refers to a deliberate period of abstinence from using a particular substance. The primary goal of a tolerance break is to allow the body and brain to reset their tolerance levels to the drug and practice experiencing life without it.

harm-reduction strategies such as T-breaks and plan to continue using ketamine in the future due to the connective, euphoric, and pleasurable properties of the drug.

For Ivy, managed use is not an option because of the intense chemical dependency they developed on opioids as a teenager. Ivy characterizes their addiction as an unfortunate combination of circumstances. Due to a natural disaster, Ivy had to relocate and found it hard to connect with others as the new kid in their high school. They eventually found refuge in a tumultuous relationship with a drug dealer named Chad. When Chad and Ivy started dating, Ivy did not join him in anything more than smoking weed. For Chad on the other hand, this time was “very much the height of his drug use, he would run around the school hallways like... He would, like, get coke and just go to the bathroom and stick it up his ass in the middle of the day.” Eventually, Ivy wanted to try what Chad did and asked him for Oxy<sup>9</sup>. They explain: “After that, that was like second semester of sophomore year, I was hooked. I ended up stealing from my grandma, my mom, like from prior injuries they had had, that were just in the back of the medicine cabinet. Just every single day, when I didn't have, when I ran out or couldn't buy from someone else. I would just bring a water bottle, fill it with wine, and that would be good enough for me to get through the day at school. And like, so that was my life for like a year, I guess it was like a year.”

Even amidst their addiction, Ivy maintained straight A's and didn't experience any trouble from their school. Because their grandmother and mother were preoccupied with their own substance misuse issues, their family didn't notice any liquor or pills missing. Ivy's relationship with Chad became toxic and Chad attempted to sexually assault them. They left him and continued to use drugs on their own. They explain that although they were out as bi, they really only slept with straight guys at the time, and identified as a cisgender woman. They grew upset with how they were spending their time and resentful of their dependency on pills to quell their anxiety. They quit cold turkey, and although it was hard, a month after they were clearheaded enough to discover that they were non-binary. Ivy recalls “So that's when I knew that I, you know, didn't fit the gender binary, was like after I quit pills.” They emphasized the importance of being off pills to live fully as themselves. It wasn't always easy, they still struggled with interpersonal issues, familial homophobia, and maintaining sobriety from opioids.

Moreover, as a Black person, people jump to conclusions when Ivy tells them about their history with opioids. Their experience is imbued with a severity that is not imposed on their white counterparts. Not only must they navigate their addiction but the racialized stereotypes that proliferate narratives about drug use and dependency. Drug use is viewed more harshly in Black and brown people than whites, and the label of ‘addict’ is heavily enmeshed in a racist history. Although they identify as an addict, they are not quick to bring it up for fear that they may be subjected to racist comments or assumptions. Additionally, they are hesitant to share their story

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<sup>9</sup> Oxy: short for oxycodone, is a prescription opioid medication commonly used to relieve severe pain.

because they have found that people assume they have a problem with all drugs which leads people to act differently or exclude Ivy from experiences involving drugs.

My sober journey was really like confusing and hard. Because you go to NA or AA, and it's like, being sober is like, there's no harm reduction. Really, it's like, being sober is like, being completely sober and not doing anything. And I knew in my heart that like, opioids, they were the problem. I've never had any other problems with using drugs. So, I had to come to terms with the fact that I can be an addict, and I can be sober of the specific things and still do other things.

Just like Rabbit, Ivy struggled with the binary presented by AA and NA (Narcotics Anonymous). The two programs are free and available nationwide, making them often the most accessible program for people looking for help with a drug or alcohol problem, however complete sobriety is fundamental to their philosophy. In fact, many AA and NA meetings necessitate at least 24 hours of complete sobriety from mind-altering substances to speak in the support group meetings. This is limiting and discouraging for people who feel they do not fit this strict archetype but want support. Moreover, like Rabbit, Ivy felt put off by the religious elements of AA and NA as someone who experienced religiously motivated homophobia. Although they have periodically attended NA meetings when they are feeling unsteady in their sobriety from opioids, as someone who uses other drugs it is often difficult for them to feel fully welcome in the space.

Anon decided to get sober from alcohol in AA after they fell while being drunk during work. They put it plainly:

And then, that was kind of just like a really fast 'come to Jesus' moment. I was like, 'Oh my God, these faggots, the people here that party like this, they have safety nets. They can go to rehab, they can call mommy and daddy, they can beg their rich friends, or do whatever. Yeah, I don't have that option.' So, that's the thing, I'm kind of nervous about. I feel like I'm sober because I have to be, not because I want to be. And I'm nervous for what that means. I feel like I will be compelled to drink again, when I find more, maybe some more stability in my life...I'm afraid to be out of work. And to not make money and to not make rent and to lose my apartment and to be irresponsible

Faced with the possibility of losing their job, Anon realized they could not afford to continue to drink, considering their habit not only negatively affected their personal life but now their career. What was at stake for them was much greater than the wealthy clientele at the bar they worked at. They live in New York City with no family support and are helping to put their younger sister through college, who, like them, was kicked out of their home for being gay as a teenager.



Unlike the affluent gay clubbers who go out and spend hundreds of dollars, Anon works long bartending shifts to barely make rent each month. Although they feel they have a generally unhealthy relationship with alcohol, they worry that their sobriety is conditional and therefore fickle— not really inspired by an internal desire but driven by circumstantial financial necessity.

Nevertheless, Anon went to AA and got a sponsor<sup>10</sup>, who was uncharacteristically accepting of Anon's decision to continue using amphetamines and other drugs. They feel they had “gotten lucky with someone who was a little wise, who might understand some of the principles of harm reduction. She was a straight woman, but she was kind of nice.” However, Anon stopped regularly attending meetings after they had been sober from alcohol for a couple of weeks. They explain, “I'm kind of recovering on my own because the religion aspects of AA make me very uncomfortable.” After AA, Anon experimented with non-traditional recovery strategies. They found that the most helpful thing for curbing their alcohol cravings was taking mushrooms. As they put it “ I would say, like the shrooms. After starting to do them, like, once a month, after I started to recover from alcoholism really helped. I did them and like, and it felt like that it literally felt like night and day the next day. Like, I was just like, okay, cool. Like, I can do other things.” Through a combination of periodically attending AA meetings, using mushrooms to curb alcohol cravings, and finding semi-sober individuals in the queer nightlife scene for support, Anon has maintained sobriety for 8 months.

The mutual identity of addict and drug user is considered paradoxical by the two major theories of problematic drug use intervention, yet many of my participants find these identities to be non-contradictory. My participants challenge the prevailing view of abstinence-based addiction treatment, as seen in AA, which adheres to the idea that ‘once an addict, always an addict.’ This universalizing rhetoric demands total abstinence — a pursuit none of my participants are currently interested in. In fact, in cases like Anon, using another drug (psilocybin mushrooms) helped curb their cravings to drink and remain sober from alcohol. Moreover, my participant's practices do not entirely align with harm reduction principles. A key goal of harm reduction is to destigmatize drug use. By using terms like 'addict', 'junkie', and 'alcoholic', my participants diverge from some fundamental goals of harm reduction, which seek to change the language and perception surrounding drug use. This is not to say that my participants are unaware of the consequences of stigmatizing labels. Rather they personally employ these labels to better guide their own recovery and relationship to healing from self-identified problematic drug use.

I believe my participants' ability to embrace multiple seemingly contradictory identities reflects their queerness. Rather than accepting the rigid categories of drug use and misuse, they have redefined their relationship to these prevailing systems entirely. Just as queer and nonbinary people must redefine the boundaries of conventional identity, my participants navigate their dual

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<sup>10</sup> Sponsor: A sober mentor who guides new AA members through the steps of the program and helps them maintain sobriety through mutual accountability.

identities as both addicts and drug users. They declare their autonomy through redefinition. By consciously choosing labels and practices that contradict mainstream addiction narratives, my participants are asserting their right to define their own experiences. Identity, like addiction and drug use, is not a static construct but a fluid and evolving process, shaped by individual experiences and personal choices. Furthermore, while my participants have faced many challenges due to their drug use, they overwhelmingly feel that drugs continue to positively affect their lives: providing communal and introspective connections, tremendous pleasure, and utilitarian function.

## **Conclusion**

My participants' stories reveal the profound insights gained from directly listening to individuals, particularly those with stigmatized identities like queer drug users. Far too often, drug-related research presupposes disorder and pathology, which results in, at best, an incomplete picture and, at worst, a narrative that justifies further stigmatization, criminalization, and violence against drug users.

More responsible dissemination of information on the practices and significance of queer drug use in daily life will lead to safer and happier drug users. Most of my participants explicitly discussed the significance of having access to accurate information about drug use. By volunteering their time to participate in my interview, they graciously contributed to bridging the gap in the existing queer drug use-related literature. The misrepresentation of queer drug users as lacking rationality, complexity, and positive intentions has profound implications. The majority of the substances referenced in my study fall under the category of illicit drugs, thereby exposing users to potential legal consequences, including incarceration. This is particularly concerning for the wellbeing and safety of queer people, especially those of color, who disproportionately face heightened risks of violence and mistreatment within the judicial and penal systems. Moreover, queer drug users face the compounding effects of discrimination within a society that scrutinizes drug use and marginalizes LGBT+ people. It is for these reasons that my participants spoke exhaustively about the importance of queer drug friendly spaces.

My participants actively worked to keep themselves and their community safe through the dissemination of information about drug supply, proper use methods, and other strategies for risk reduction. Knowledge about safe drug use tended to be disseminated informally within queer drug-using social networks, which posed potential problems when it diverged from recognized harm reduction guidelines. Furthermore, establishments like bars and clubs, where drug use is prohibited, created unsafe conditions for my participants, who continued to use drugs in these settings. These conditions included preventing them from testing the safety of their drugs, restricting their access to clean environments and materials, and exposing them to potential legal repercussions.

Even amidst this anti-drug environment, my participants universally expressed their investment in being safer drug users. Their drug use was extremely intentional, often taking specific drugs to experience a particular effect that would lead to outcomes like heightened pleasure, productivity, connections, or personal exploration. However, this was not without challenges. The majority of my participants described developing unhealthy relationships with at least one drug. Through this, they developed individualized methods for addressing these concerns that diverged from common strategies for drug treatment. I posit that my participants' understanding of themselves simultaneously as alcoholics/addicts and drug users is a reflection of their queerness.

While my participants faced many challenges related to their drug use, they overwhelmingly expressed that the benefits were worth it. Max summarizes this sentiment: “Drugs make things better, like more fun, at least for me right now. Like I don't know, of course, sometimes things go wrong, but anything in my life has the potential to go wrong at any moment, so like really, what's the difference?”

Drug use, which is undeniably complex and often messy, presents a myriad of risks and challenges. However, my participants are evidence that people can effectively navigate these risks when equipped with the right resources and information. My research attempts to step towards a compassionate and pragmatic understanding of drug use rather than one rooted in stigma and marginalization. My participants demonstrate the innumerable potential for drug use to serve as a productive, pleasurable, and connective part of people's lives. Moreover, they provide evidence of the many ways in which substance use can affirm gender and sexual identities.

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