

Episode: In Too Deep: Harm Reduction and Nightlife

**Prof. Peter Sobota** [00:00:10] Should drug use be more dangerous than it actually needs to be? From the University of Buffalo School of Social Work. Welcome to the inSocialWork podcast. I'm Peter Sobotka. Good as always to have you along, everybody. Harm reduction efforts are gaining increasing acceptance as a valuable tool in saving lives and reducing the harm and other negative consequences associated with drug use.

**Prof. Peter Sobota** [00:00:34] On today's show, we will speak with journalist and nightlife harm reduction organizer Zoë Beery about her work, helping people minimize the risks of participating in and drug use at raves, clubs and music festivals. Fentanyl, Xylazine, or tranq grab most of the headlines, but when it comes to raves and festivals, overdoses involving these drugs are actually pretty rare. That said, other additives found in MDMA, ketamine, cocaine and other so-called club drugs make their use unpredictable and potentially dangerous. His theory will discuss what harm reduction efforts look like at raves, clubs and festivals. What drugs are most commonly used in these settings, and what can be done in the most practical way to make these experiences less dangerous. You'll hear about rave culture and what and why this community is taking matters of safety into their own hands. Listeners will find thought provoking information for consideration and specific implications for practice, policy and a compassionate, person centered approach to reducing the risks associated with drug use. Zoë Beery, welcome to In Social Work.

**Zoë Beery** [00:01:53] Thank you so much, Peter, for having me.

**Prof. Peter Sobota** [00:01:55] Oh no, no, no. We genuinely talk you into it. Let's call it for what it is. We chased you. The pleasure is ours. As you heard in the intro, folks. Zoë isn't a social worker. She isn't in the helping professions proper. However, those of us who are social workers and a large part of our audience knows that the mission of social work is rooted in a bunch of core values, which include the dignity and worth of all people, a service orientation with a special emphasis on social justice. And the more that I learned what Zoë was up to in her harm reduction efforts, the more and more it was clear to me that she is really doing the work that many of us do, and in fact many of us should be doing. It really is our pleasure to have you on our podcast, so we thank you. So we know you're a journalist. I'm very curious. How did you find yourself working in harm reduction efforts? In, I guess, for lack of a better term, nightlife environments. I don't know if that's the way to say it, but.

**Zoë Beery** [00:03:11] Yeah, yeah, I think that's that's a way I mean, I very specifically work at electronic music events, but there's certainly, you know, harm reduction to be had in all, all nightlife. And it's I mean, it's definitely a surprise to me. When I was a little kid, I wanted to be a journalist as when I was a teenager. I loved music, but I hated electronic music. And I, I really did not expect it to wind up here. I'm very glad that I did. The way it started for me was it's a very specific story. I was at my favorite nightclub in 2018. I didn't start becoming a raver really properly until I was 27, which is like practically geriatric at that point. I mean, it's a very late age to be getting into raving.

**Prof. Peter Sobota** [00:03:55] There goes my chance of ever attending.

**Zoë Beery** [00:03:57] Or it's never too late. It can just be on the later side as it was for me. But I was at my favorite nightclub and at this club it's called Nowadays, it's technically it's in Queens, but it's functionally kind of in Brooklyn. And when you go into this club before

you enter, there's this little. Antechamber almost where there is a staff member who gives you a rundown of sort of the expectations in this space. And they lay out that the club is aiming to be what they call a safer space, which is a place that is as free as possible from any kind of violence, discriminatory language, any kind of non-consensual touching creepiness, a lot of things that people from marginalized backgrounds deal with, the nightlife that are just sort of assumed to be part of the price of admission. It's made clear that that's not tolerated and that there is staff at hand to support anyone who feels unsafe at any time. This was a party that went for 24 hours. I was there. I think it was like 7 a.m. with my best friend and somebody groped me on the dance floor and I hadn't had something quite that physically violating happen to me before, but I had little gross interactions with men. And I think anybody who is read as a woman and has these experiences at clubs and bars and I remember it back to the few times I'd been to this club, and I was like, Well, I guess they care. So I follow the instructions and I found a bartender and I told him what happened. He found the club manager who said pointed out to me and he's gone and 5 minutes later the guy was gone. They didn't make me talk to him. They didn't ask him to explain his side of the story. They didn't kick us both out, which are all things that clubs sometimes do. And I was astonished by it.

**Prof. Peter Sobota** [00:05:49] I'm astonished.

**Zoë Beery** [00:05:51] Yeah. And like, how sad is it that we're astonished by this, right?

**Prof. Peter Sobota** [00:05:54] Exactly. Yeah.

**Zoë Beery** [00:05:56] And so a couple of months later, they emailed their listserv. LISTSERV? I don't know what it is since 1998, but they email their their email lists to say that they were hiring for their Safer Spaces team. And as a freelance journalist, one is always looking for gigs. And then I think it's also really healthy to have something that's in-person. So you're not just sitting behind your computer all the time. And so I started working there in this capacity, and my first shift was on New Year's Day of 2019. And from there, you know, safer spaces is this kind of more umbrella idea. We try to make nightlife as positive of an experience as possible while acknowledging that we can never make it completely safe. That's why it's safer space and not safe space, and an acknowledgment of the fact that sometimes that's not safe. We then try to mitigate the harm, reduce the harm. And this includes. Bystander intervention. It includes offering comfortable environments for people who need like a break from the music and it includes drug production. So it's this kind of larger umbrella that's basically like, we want you to have a great time. How can we do that?

**Prof. Peter Sobota** [00:07:07] You know, I think a lot of people who might listen to this are going to think about harm reduction in the most traditional sense when it comes to like illicit drugs. But I want to be clear that we're talking and what I want to learn more about is what harm reduction means at the events that you organized and that you serve, that it's really not simply about protecting people from things that can go wrong. For example, if you use drugs, it's way beyond that. So did you just say there's a place where you can actually remove yourself from any kind of the activity of the rave and just kind of relax?

**Zoë Beery** [00:07:48] Yeah. I mean, this is the ideal is that every rave has a. Space, ideally a separate room that's also indoors that is still sort of inside the party. Right. It's not like you're going outside or you're going home or something like that, but is away from this sensory overload of being at a rave. Right. Bright lights, fog, lots of people, loud music, all of these things, even if you're completely sober, can sometimes get overwhelming. It's also

an issue of disability justice for people who are like neurodiverse who might get overwhelmed. There's this really wonderful organization in Toronto called Crip Rave that does accessibility and raving, and I've learned from them about how people who have different accessibility needs, like sometimes being on the dance floor and having a sensory overload is really great. And then sometimes being off the dance floor and being away from it is really great. And that also is the case for people like me who are non-disabled and having those referred to as like chill spaces, sanctuary spaces, people use different terms is it's also harm reduction strategy that often has to do with drugs, but sometimes has nothing to do with drugs.

**Prof. Peter Sobota** [00:08:58] Yeah, interesting things. I'm just going to ask, but I'm sure I probably a lot of dumb questions. But you know, that's no dumb question. It's kind of my wheelhouse in some ways. When you started with your organization, what you did in the story you told us, are you trained? Is it formal? Is it informal?

**Zoë Beery** [00:09:22] At the time, it was very informal. One of the core principles of safer spaces is that we have. Training and knowledge to learn. That's very concrete, but also that a lot of our expertise comes from being members of whatever nightlife community we're in, right? Because different communities have different things that are normal and expected. So if somebody comes from one community that is very outside of mine and then looks at mine and says, Oh well, in my community, doing this would be totally not permissible. But I see everybody is doing it and seems totally comfortable with it. Their idea of what a safer space is is totally different than mine. And so vice versa. Absolutely. So there's the element of getting trains and things like not I mean, I'm not a first responder, but learning how to identify different kinds of drug overdoses. Bystander intervention is another thing. Mm hmm. Social justice is at the root of safer spaces, things like prison and police abolition and recognizing the different experiences of people who are marginalized. Intersectionality. And so there are all of these very concrete things. But then there is also the just learned knowledge that we have from being ravers about how to relate to each other and how to be present in the space in a positive way so that we don't seem surveillance, that we're there to help and we're there to participate. But we are not a strict parent. We're not the cops. We are there to, like I said, make sure everybody has a good time and offers where if you're not having a good time.

**Prof. Peter Sobota** [00:11:05] Yeah, I can only speak from the world that I'm most familiar with, which is in many ways, you know, the social work approach. And I have some expertise in substance use and abuse. But what I love about what you're saying so far is I have not always been enamored with the models that we, for example, treat, if you will, substance use and even other problems formally. But what I'm hearing is that this is like a peer assisted approach and that really the people who have the most power in these settings. I really not. For example, we don't keep people safe through police and security. It's more of a grassroots of a fellowship, if you will, of people who kind of come together and have expertise from being at the raves or the events themselves. And they're the most empowered people in the room. Sorry for.

**Zoë Beery** [00:12:08] Yeah. No, no, it is very much I like that. I never thought of it as peer support, but that it is absolutely what it is. I think the sort of American route and safer spaces as a. A very articulated approach to nightlife comes from this organization called the Audre Lorde Project in Brooklyn, which is a queer and trans black and indigenous people of color organization, and they have this initiative called Safe Outside the System that's specifically about creating community supported nightlife safety efforts and the context that they were developing. And their idea and is very different from mine. They

were dealing a lot more with physical assault and violence and the presence of weapon as a nightlife, whereas I'm dealing a lot more with a particular set of drugs that it sounds like maybe their work was not originally as based in, but their framework is about asking a set of questions of who's in your community, what do they need, what can we do to support them? And so by approaching it out of this curiosity that's based on our own experience, people are able to create safer spaces, guidelines that are particular to their community individually. So I, I really applaud them for creating that. We're speaking about things.

**Prof. Peter Sobota** [00:13:28] It's a wonderfully different way of thinking about expertise than we do in the world that I spend most of my time. So yeah.

**Zoë Beery** [00:13:37] Yeah. And one quick thing I do want to point out about expertise is that especially when it comes to the work that I do there, there are very concrete medical issues that come up. And I think that it is really important for people who are learning in the way that I have this sort of autodidact, community resourced way, instead of going to a formal program, are very upfront about our limitations. There is a really tragic case a couple of years ago of a woman who saw support during a difficult drug experience at work like a Burning Man adjacent kind of music festival, and went to the harm reduction area to get help. And the people who were volunteers, there were peer supporters. They they were not monitoring her properly for her vital signs, and they kept her there for way too long without contacting the EMTs. And she died. And so while the peer support aspect is really vital and foundational to the work, the longer I have done it, the more specific training I've sought out that is very like factual and medically led and things like that.

**Prof. Peter Sobota** [00:14:50] Well, the whole notion of being very clear and upfront about your limitations is something I think that we all to learn a lot from. We've been talking about all these risks and the things that can go wrong. But I just want to be clear that people go to this for very joyous, community based and wonderful reasons. I can't imagine why a lot of people would not do this if there wasn't something absolutely wonderful about it. So again, knowing that you can't speak for everyone, I'm curious. We have you here. You're our guest. What do you like? About raves and about the other events that you go to that are this kind of large gathering of, you know. People wanting to have a good time together.

**Zoë Beery** [00:15:43] Yeah. Before I answer that question, I'm going to make a clarification.

**Prof. Peter Sobota** [00:15:49] So when you do.

**Zoë Beery** [00:15:50] I tell people, when I tell you, for example, I'm a raver. I go to raves. Can you give me like a 15 second description of like, what you're imagining? Like, what's the music sound like? What are people wearing? Where is it?

**Prof. Peter Sobota** [00:16:03] First of all, I know my limitations, but I'll I'll take you up on it, Right, Because I. Yeah, that's fair. I think about pulsating, probably electronic driven music.

**Zoë Beery** [00:16:16] OK.

**Prof. Peter Sobota** [00:16:17] Probably whites sensory activation. I think of people moving. Maybe dancing. I think of. What was the other question? What are they.

**Zoë Beery** [00:16:30] Actually most crazy? What are they wearing? Like, what is the what is the visual sort of landscape of the crowd or the.

**Prof. Peter Sobota** [00:16:39] Gosh, you know, I don't know. I in my mind's eye, I see all different things. I see. Like. I've got a really good dad here. Disco. Uh huh. I think. Emo. I think vintage. I think. Plaid.

**Zoë Beery** [00:16:59] Well, I love that your rave welcomes people from many different subcultures. The reason I ask you this is that for a lot of people I'm wrong when they know it's not wrong. But there's a very a much more typical answer that I get is that they're envisioning like a very large event where people tend to the median age is like 25, 26, probably a lot of people wearing really bright colors and maybe accessories that light up. And sometimes you may be waving a flag. It's a really big crowd. The music has these big, big, big build ups and then a big sort of drop where the bass line kicks in and there's a vocal and stuff. And that is one style of rave, okay? And it's the one that I think has become this global multibillion dollar industry, which is the wreaths that I go to are tend to be smaller than that. The music is a little bit more like meditative and repetitive. There's there's less like drama to the compositions of the music. Mm hmm. Than the music specifically that I like the best is techno, which is the stereotypical is the being boom.

**Prof. Peter Sobota** [00:18:13] Boom, boom.

**Zoë Beery** [00:18:15] I with not a lot of ornamentation, a lot of people wearing black. I would say if anybody's seen the movie Blade, if you imagine the opening scene, but without the blood getting rained down on to the crowd, that's a fairly accurate portrayal. I mean. But would and I make this distinction because people go to events for different reasons. And I think that there are sometimes different motivations within different rave subcultures. And the reason that I love it.

**Prof. Peter Sobota** [00:18:43] Yeah.

**Zoë Beery** [00:18:44] Is well, I mentioned earlier that I never expected to wind up doing this work or even in this world because I didn't like electronic music when I was younger. But I had a friend who started bringing me to parties, and once I moved to New York and I've been a dancer my whole life, I studied ballet and did all of that kind of training when I was younger and later became a swing dancer. Is funny that you mentioned earlier. Definitely not. It rains and and she brought me to these parties and I discovered it literally called dance music. This is music that you dance to and I love dancing. And so that started to draw me in. And then as I went more often, I just started meeting people who I really connected with, who were interested in many, many similar things in the world and thought about the world in a similar way. And that's not universal. I mean, all kinds of people come to raves for all kinds of reasons, but I felt like I was really able to find my people and find something that I think I had been looking for since I was a teenager, which was a community with music at its core. And this happens to be the one that I found. And the combination of the kind of people that I met and the fact that it was very dance focused and I just loved the experience. I mean, there is. There's something ineffable. There's something about techno that just gets really deep into my soul and a place that I didn't know existed until I heard it and had that experience. And I do find it very meditative. I can. It can be very joyful. It can also be very inward and sort of contemplative. And just the whole experience of it is is really fine. But the events that I go to are not quite the big explosion of like visible joyfulness that some people expect with like lots of bright lights, lots of bright colors, all those sorts of things going on, although there is a lot of joy and

connection. It's not quite as colorful as people and identity can go on and on about different subgenres and where the music came from. But it is a joyful space. At its best, it's very nourishing.

**Prof. Peter Sobota** [00:20:47] Yeah. And how can you argue with that? I mean, that sounds like a great thing to me. Thank you for taking me up on the question. I do appreciate that. Okay, now, let's do a slight shift here. I'm just going to assume that maybe incorrectly. So you'll straighten me out that in terms of. Enhancing the experience or being part of the whole experience. Alcohol and other substances are part of attending the event, so I'll assume alcohol. But set me straight if that's wrong. What are the most commonly used? If there is such a thing? Drugs at raves and other either nightlife settings like this.

**Zoë Beery** [00:21:37] Yeah. Some again talking really pretty particularly about electronic music when it comes to hip hop or rock music, there's a lot of overlap. But in the events that I go to. Alcohol is very common, although that's more a function of the fact that alcohol is what keeps commercial businesses open. Those sales. Yeah, it's a. Now I got a joke, but it's a well acknowledged fact that really hardcore ravers can't keep a venue open on our own because we don't drink enough. If you're going out dancing for 8 hours, you're going to get tired. It's going to drain you. It dulls your senses. It can, for some people, make them very antisocial. It just isn't a great match with the setting.

**Prof. Peter Sobota** [00:22:24] Yeah, a central nervous system depressant doesn't seem like the ideal drug for me.

**Zoë Beery** [00:22:30] Alcohol is not an ideal drug for the nature of raves, but because alcohol sales are what keep commercial endeavors going, it is very commonly used. So you'll just find that the longer people are raver is the less likely it is that they primarily or at all use alcohol. Mm I know a lot of very hard core ravers who abstain from alcohol also taking other substances. And I myself, I barely drank and I think part of the decline in my own alcohol use has been. Going to raves. But in terms of the other substances that people consume, MDMA is a huge one. The preconceptions people have about raves, including people taking Molly as some people are for a new it, or ecstasy is 100% correct. It's very popular and I definitely credit my. Falling in love with raving for the first time to taking MDMA at parties. It really does in a lot of cases, click the music into focus and in a particular way in it for me, then just permanently altered my appreciation of it. Although I will note that a lot of the people who create in techno, which is a black art form from Detroit, were themselves heavily religious, and when MDMA became associated with electronic music in the nineties, they were very disappointed, which is something that a lot of people don't know. But yeah, MDMA is very common. Psychedelics, like psilocybin, magic mushrooms or LSD, are very common. Some people also take to CBD, which is a lesser known psychedelic that was also synthesized by Alexander Shulgin, who is the person who essentially brought MDMA to the masses. Then we've got ketamine, which is like a dissociative, mildly hallucinogenic anesthetic. And GHB is more common in specifically queer parties or parties that have like a larger queer contingent at them. That is very much the world that I operate in. So GHB is commonly used. People use cocaine fairly regularly. Those are really the main ones with the biggest ones, I'd say, being outside of alcohol, MDMA. Ketamine and LSD, probably.

**Prof. Peter Sobota** [00:24:56] Yeah. Well, what's interesting to me, and I'm sure you know all about this, but obviously there's more and more research coming out almost every day. In the behavioral sciences about how these drugs are proving very useful to people who are struggling with trauma. Depression that hasn't responded to other more conventional

treatments. So it seems like ravers are kind of on to something way ahead. I mean, that's part of the appeal of drugs is, as I understand it, is that they they help create experiences that. And many of us value. And you know, I can't get my head around that. Yeah.

**Zoë Beery** [00:25:45] It's fine.

**Prof. Peter Sobota** [00:25:46] Yeah. Like everything else. Right. There are also probably inherent risks. And. I know that that could be like a podcast in and of itself, but draw on your experience or what you know. How did people get in trouble with some of these drugs? When does the good part switch?

**Zoë Beery** [00:26:10] Yeah, I mean, a lot of the drugs that I just mentioned, especially when we're looking at hallucinogens or MDMA or even ketamine, a lot of the drugs that people take at raves when taken in like moderate doses under kind of average conditions are like pretty physically safe.

**Prof. Peter Sobota** [00:26:31] Mm hmm.

**Zoë Beery** [00:26:31] But what can make them less safe? Can be a grave environment because it's, it can be very chaotic. Mhm. There are a lot of variables. We look at MDMA for example, a very, very safe drug, recommended doses which is like 100 to 120 milligrams. You can go up higher than that and it's still relatively safe. But in a rave setting I was thinking about this. You have. For example, like a really big festival of the type that I was describing earlier, where people tend to be younger. There's a ton of people. It's going on for multiple days. You know, people who have not been eating enough, have not been sleeping, have not been hydrating properly. Who may be using other substances in some cases are a lot younger and know less about drugs, have less access to drug distributors, and so can't purchase drugs in advance, can't get it from a source that they know is reliable. Maybe they're buying drugs at the festival. All of these things, especially in combination, can take a drug that is, I don't want to say harmless, but like a lot less sort of intrinsically dangerous than, say, alcohol and put people at risk of heat exhaustion or heat stroke or it's rare over hydrating. Certainly under hydrating, sometimes people take intentionally or unintentionally in very large doses of MDMA, especially when it comes to like a pressed pill form, which doesn't tell you anything about dosing. So some people who are very young might have a heart condition they didn't know about, and then they take a very large dose of MDMA or they take it and it feels strange to them and they get overwhelmed and they start hyperventilating. And people it's extremely rare. People can have cardiac events even when they're pretty young from taking MDMA. It can also happen with LSD. I've seen people have seizures from taking a really massive dose of LSD at a at a festival. Again, very rare, but it's it's a very unpredictable environment. And sometimes in an environment where people are trying a drug for the first time and the experience they have is not what they expected. And if they are with friends who maybe aren't looking out for them, which unfortunately does happen fairly often, or they're with friends who don't know what to do all of a sudden, something that was supposed to be just like a fun experiment and becomes a very difficult, scary event that can be physically or psychologically damaging.

**Prof. Peter Sobota** [00:29:00] Yeah. So in many ways, I mean, we've kind of known this for a long time. Your expectations about the drug that you're going to use actually has a lot to do with the experience that you end up having, but not always. And especially in an environment that is, you know, one that you've described so far. That also can have a tremendous impact as well. Actually, that's what I was going to ask, how the rave itself

affects us. But you've kind of addressed that. So how about this one? Everybody seems to be. Perhaps justifiably freaked out about Sentinel and. You know it, just leave it at that. And one of the things that was really well articulated in your letter in The New Yorker was when you pointed out that especially fentanyl overdoses are way more common in settings other than raves and at festivals that. We can just acknowledge that. So how common really is fentanyl? How much of a player is it in the drugs that you mentioned earlier? Yeah, well, I'll just stop right there.

**Zoë Beery** [00:30:22] Yeah. I mean, I'm really glad we were talking about this because it was the impetus for me writing this letter. The short answer is that for the drugs that are most common, it rains. In most cases. It's exceedingly rare, rare to the point of being almost nonexistent. If you go online and search fentanyl, MDMA, you'll find a lot of articles, often from like. More, maybe local news publications or online publications talking about it. But if you really read them, you'll notice it's not the cops saying we did a drug bust and seized MDMA that tested positive for fentanyl. It's not people saying, my friend died from a fentanyl overdose from taking MDMA. It's the sort of like nebulous there is fentanyl floating around and MDMA. But yes. A little while ago, I talked to Dance Safe, which is the leading nightlife harm reduction organization in the U.S. about this. As I started to learn more about the presence of fentanyl and club drugs and they said that they have only ever been able to lab confirm two instances of fentanyl contaminated MDMA ever. I was talking to a colleague of mine. His name is Phenix Mohawk, who's in like just visionary nightlife harm reduction organizer. And they told me that in the harm reduction community, there's really only one well-known instance of Fentanyl contaminated MDMA. It was in 2018. And what they were saying in this conversation that I had with them was that certainly there is probably more than what Dance Safe was able to lab confirm, or this one confirmed in Aspen, that if it were really sort of an epidemic, we would just be hearing about it more anecdotally. The same goes for ketamine and like slightly more common cocaine is a real issue. I have several friends who have friends who have died from fentanyl, contaminated cocaine, but they are they were more in sort of like the indie rock, like noise experimental world where cocaine use is a lot more widespread than it is in real world. And also just want to make a clarification that when we're talking about fentanyl in club drugs, we aren't talking about overdoses, we're talking about poisonings. And we're not. We're talking about contamination. Mm hmm. Because. People don't ever take MDMA expecting it to contain an opioid in it, and the instances of fentanyl showing up in MDMA or in ketamine. The assumption is that it's from cross contamination during the distribution process. It's never intentional. People are not putting it into these drugs on purpose the way that people are now putting fentanyl into opioids. So I think it's a really important clarification.

**Prof. Peter Sobota** [00:33:19] They are.

**Zoë Beery** [00:33:21] It's a poisoning and it's contamination. It's not intentional. And.

**Prof. Peter Sobota** [00:33:30] Again. Let me let me bring out another what sounds like it might be a dumb question, but. Is the rave world. Worried. About that? No.

**Zoë Beery** [00:33:46] Yeah. I mean, so despite the fact that fentanyl is exceedingly rare and the drugs that people take at clubs and I also just want to clarify, I'm not saying that they're not opioid users who come to raves, just that it's not the setting where people are typically using those drugs. So people in nightlife are very freaked out about it. And the path that led me to writing to The New Yorker about this issue started with me being very freaked out about it. And they came from, I think, a really beautiful impulse, which was that during lockdown, when nightlife had gone away and we had all lost seeing each other and



going to parties. There is this, I think, very general understanding. Well, while outside the rave community of the fact that people are very vulnerable and that we need to be taking better care of each other, you see the explosion of free fridges and other mutual aid projects. And so when Nightlies came back in the summer of 2021, I think that there was this newfound interest in community care and in looking out for each other in a more significant way. And this coincided with, I think just in general, also more awareness of the opioid crisis of fentanyl as a really dangerous sort of unknown, and especially within the rave world. Certainly there are people who had been affected by the fentanyl crisis, but a lot of people who hadn't. And the ways that maybe other communities, even other music communities had it. Mm hmm. And this thing seems to happen where there were a few anecdotal instances of people having fentanyl poisoning happen to them in a nightlife setting, and then combined with this desire to better care for each other, people kind of latched on to getting Narcan trained as an opportunity to learn community care skills.

**Prof. Peter Sobota** [00:35:51] Mm hmm.

**Zoë Beery** [00:35:53] The problem in that the the hype with overblown essentially and it was really also fueled by social media people reposting screenshots of people as Instagram stories saying my friend died of an overdose from fentanyl from using cocaine, and then those would get spread around and you hear, Oh, well, it's in the ketamine in Philly, but it's in the Molly in Chicago, and a lack of really good information about what was actually going on combined with these kinds of like scaremongering news records that were mostly just fueled by legislators and police who just want to scare people about drugs generally led to this panic. Where people were, I think, looking for something to pour their care into. But it being given a target that wasn't really accurate.

**Prof. Peter Sobota** [00:36:42] Yeah.

**Zoë Beery** [00:36:43] And and this has from a harm reduction perspective, a really negative effect because it planted in people's minds that if something bad happened to them at a party, it must be a functional poisoning. And so I had multiple instances that summer and the subsequent summer of having to help people who were in a K hole, which is the colloquial term for taking more ketamine than you intended to. Maybe even people who had been using GHB or combining other drugs or who just had been partying for 10 hours without eating anything. Passing out and then their friends immediately being like, Oh my God, it's getting old. Yeah, they got fentanyl. Somebody got Narcan saying freaking out and like, they're getting really anxious and kind of getting in the way of me or my colleagues actually assessed on trying to get information from them about their friend and the people around them are just in like panic mode. And obviously there's there's never really a reason not to give somebody naloxone because it doesn't have a detrimental effect on people who aren't overdosing on opioids like nothing will happen and discussion for another time. As the experience of being pulled out of an opioid overdose by analog stone. But that's a different discussion. And so, yeah, sure, I will give your friend Dirk, and if that's what you decide, decided like so necessary to do. But it's really getting in the way of of harm reduction organizers. If people are fixating on this thing that that is not actually probably what's going on.

**Prof. Peter Sobota** [00:38:18] You just like you just said when you're bringing out your blunt instrument or your one tool that you've fallen in love with, you're not doing other things during that time, which might be the very things that are really needed, as you just said. You know, I would guess. That we probably we both agree that perhaps drug or pill testing would probably go a long way toward preventing people from getting into trouble at

a rave with drugs that either contain maybe, maybe not even so much fentanyl, but other adulterants. Can you talk a little bit about that? What does pill testing entail? What? What happens? What do people do? How do they use it?

**Zoë Beery** [00:39:09] Yeah, I. I think before I answer your question, I want to tie it a little bit back to the previous one, which is that, you know, people were full of this desire to help and had only this one vessel to direct it toward. And I also want to clarify. Everybody should get trained on how to use naloxone easily. Everybody there's everybody shouldn't learn how to use it. But they're home for much longer time than known strategies for drug harm reduction in nightlife context that would be much more useful but are not accessible to us for various reasons. So pill testing, as you call it, or in our world will be called drug check in can kind of take two forms. There's a sort of less advanced version, which is called reagent testing. Basically, you take a tiny little sample of a drug, just a crumb, and you put it on a white plate or some sort of bright like white hard surface. And there are these little dropper bottles that have different chemicals in them and you drop a drop onto the substance and then it'll turn in it a particular color. The chemical turns a particular color. And what reagent testing does is confirm the absence or presence of one substance within a drug sample. The reagent testing. It's limited. Yeah. I mean, it's it's in a sort of quick and dirty festival setting or at home if it's what you have access to, that's great, because if you bought what you were told was Molly and you do a reagent hasn't, doesn't have any Molly in it. We don't know what else is in there, but it doesn't have the thing you wanted, so maybe you shouldn't take it. Yeah, and it's a useful instrument, but as I just said, all it tells you is what is in that sample. It doesn't tell you how much of that substance is in the sample and it doesn't tell you what else is there.

**Prof. Peter Sobota** [00:41:04] You got to make a judgment call without hard information.

**Zoë Beery** [00:41:09] Yeah, exactly. Exactly. It's much better than nothing, but it's not everything. Whereas the more advanced option that we have is called S.T.A.R. testing for air transport, infrared spectrometer testing, which is where someone who has been trained on how to use spectrometer. Gets, again a crumb sized sample of the drug and puts it in the machine. And it does a full analysis of the chemical makeup of the substance. So with the infrared spectrometer, you get so much more information to base a decision. And also you find out, okay, there is MDMA in this, but it's not as much as I want where you find out, oh, this is like 95% MDMA, which is about as pure as you can get. And then maybe it has things in it that you weren't expecting, but you're okay with taking those as well, and you just adjust your expectation of what the experience is going to be like.

**Prof. Peter Sobota** [00:42:06] Mm hmm.

**Zoë Beery** [00:42:06] So with the infrared spectrometer. It's here like a major level up in terms of the amount of information that you get and more importantly, the power of that information to inform people's decisions about whether to take a drug.

**Prof. Peter Sobota** [00:42:24] Okay. So this seems really rational, extremely helpful.

**Zoë Beery** [00:42:30] By far.

**Prof. Peter Sobota** [00:42:31] Especially the you know, the latter example you gave could probably help a ton of people. What's the obstacle? I'm assuming that it's not in place. I think in most places and I was not going to assume. Is it cost? Is it the you know, is it this whole low hanging fruit argument that, oh, we're going to encourage people to use drugs?

You know, we're going to they're going to hand us drugs, we're going to test them and we're going to give them back to them. You know, that freaks a lot of people out. So I'm going to stop talking. What's your what's your take on all this? This seems like a wonderful tool that we don't use.

**Zoë Beery** [00:43:10] It is absolutely a wonderful tool that we don't use. The main barrier is the admission that it requires that people are using drugs at an event. Gotcha. In the U.S. organizers of events face a lot of scrutiny if they so much as hint at the idea that maybe they know people are doing drugs at raves. Oh, my God. Have you heard? People are doing drugs at raves like everybody knows people do drugs at raves like.

**Prof. Peter Sobota** [00:43:39] This, that this is the time where we need video so we could see the looks on our faces right now. But sorry, go ahead.

**Zoë Beery** [00:43:45] It is not a myth that people are doing drugs at raves. That assumption is very accurate and yet to stay open. A lot of nightlife establishments, they have to uphold this like absurd charade that that's not going on because otherwise they will lose their liquor licenses. And as I mentioned earlier, your liquor license is how you stay open as a venue or how you're able to break even as a party. And so it's this thing where the infrared spectrometer testing is not illegal. It's. It's a machine that anybody can buy. It's what the police used to analyze drugs when they seized them in drug busts. It's more the admission that goes with it that there are drugs on the premises that draws unwanted scrutiny. The machines are also very expensive. So it may not be something that every event or every club could invest in. Not every club or event cares that much about the safety of its guests. They might not want to spend ten or \$20,000 on a piece of equipment, but if, for example, dance day, if this organization that we can all learn so much from about nightlife safety, we're able to always bring one of these to the events where they offer harm reduction services. It would be transformative. Not everybody has to have and still are. But if you know the nightlife community in a city decided, okay, we have a harm reduction organization here and they're going to buy one, and then you can hire them for a fee to come to your party and do drug checking. That would be all we need, like we.

**Prof. Peter Sobota** [00:45:20] Do with everything else.

**Zoë Beery** [00:45:22] Exactly.

**Prof. Peter Sobota** [00:45:23] Yeah. All right. Well. I believe the studies that I've read are largely based in Europe and probably I think Australia may have seen studies where this testing is used and when people have accurate, useful information, the evidence, at least in the study said I've looked at, is pretty clear that people actually do alter their behavior based on the information they get. Some people even pass on using the drug. If that's something that, you know, they're making informed choices, let's put it that way. And keeping themselves safe.

**Zoë Beery** [00:46:05] At the supposedly accurate. Yeah. The main drug checking organization, the UK thing is called the Loop. And then in Australia there is pill testing Australia. I think there's a couple of other organizations and what you said is 100% true when people take a drug in and get it tested and it doesn't contain what they want, a lot of the time they just decide not to take it.

**Prof. Peter Sobota** [00:46:27] Yeah.

**Zoë Beery** [00:46:28] It is such a pure example of harm reduction. If they had taken a substance that they didn't want to take that maybe contained unsafe ingredients, they would be harmed. And by being given information about that substance, the harm was, in that case eliminated.

**Prof. Peter Sobota** [00:46:45] Now, Boy, I have a lot of comments that I'm holding in the bag here, but, you know, harm reduction approaches. Have seemed like a no brainer in terms of the approach, at least to me, for probably at least 20 years. You know, especially once we can kind of let go of framing drug use simply as kind of a moral, you know, judgment call or criminally based behavior. It also seems. Strange that our government sometimes seems especially willing to take on those. It sounds like this work is being done by volunteer organizations like yours. You're.

**Zoë Beery** [00:47:33] You're kind of so sorry. I just want to interject. I'm not part of an organization. When I do say first cases work. I have worked at specific clubs, but it's often these sort of temporary coming together of people with the experience that I have for specific events.

**Prof. Peter Sobota** [00:47:52] So is that closer to volunteerism?

**Zoë Beery** [00:47:56] We're paid or.

**Prof. Peter Sobota** [00:47:57] You are paid. Okay.

**Zoë Beery** [00:47:58] Dan Safe is a volunteer based organization that I am not part of that have a lot of respect and appreciation for. Whether or not people should be compensated for care, work as its own conversation.

**Prof. Peter Sobota** [00:48:13] While viewed, get a quick answer from social workers and psychologists and nurses and.

**Zoë Beery** [00:48:18] Yeah, yeah. I mean, I'm of the belief that care work needs to be compensated because it is. And as a laborer, it's important. And I think it also emphasizes that it is a necessity and not just like an amenity in a nightlife context, then. I digress slightly. You were talking about.

**Prof. Peter Sobota** [00:48:38] Oh, no, no, you don't. No, I'm. My point isn't coming out very well, but it seems like our government in many ways at certain points and in certain areas, is very willing to insert itself and make itself part of the response and even dictate, you know. How people live their lives right here with available tools. Government seems to be wary and kind of. Backing off a bit, which I think says a little bit more. I hope. It doesn't, but it seems like it says a little bit more about us as a society. In terms of how we feel about the value of human life and and whose life it is, who we're talking. About at that moment. Do you even want to bite on that, Zoe? You can disagree completely if you like, but. I felt like I just got on my soapbox there for a second. Sorry.

**Zoë Beery** [00:49:41] Now, of course, I mean, it does. Any discussion of drug use comes back to how we as a society treat drug users. I think that raves can be kind of an interesting case study because the people who attend them are often less like. Visibly. Stigmatize maybe than other drug users, or we're using drugs that are not as stigmatized as others. I had a conversation with someone recently about life harm reduction who drew

a line between MDMA and psychedelics, and then what she described as quote unquote, hard drugs like GHB and ketamine. And so we can see that even within the drugs that people use in a nightlife context, some are more or less stigmatized than others. But you compare that whole category of drugs to methamphetamine, which some people do also use in nightlife context for opioids. And we see the absolute, like vitriolic hatred that people rain down on users of those drugs, specifically users of those drugs who don't have homes to use their drugs in or to. His drug use is not contained. It's more chaotic, as people say. The reason that nightlife harm reduction can be so difficult is because our legal and policing systems punish all drug users and we stigmatize all drug use. But the tools that are available to us, I think that. As the drugs that people use it receives in part has become less stigmatized because of this sort of like capital and technology industry fueled, quote unquote psychedelic renaissance as those become less and less stigmatized. I think that we may see more access to harm reduction that is really useful around things like drug checking in real settings. But the fear that I have there is that it's continuing to create the stratification in this hierarchy of different drug users. And this comes back to what I was saying earlier about the panic over fentanyl and the club drug supply. All the trainings that I've gone to about Narcan and they are specifically Narcan, which again is a whole other conversation about how emergent Biosolutions creates naloxone market. Those trainings usually don't emphasize that you are most likely in New York City as a river to use Narcan for someone who you don't know, right in a setting that is very far outside of a party?

**Prof. Peter Sobota** [00:52:33] Mm hmm.

**Zoë Beery** [00:52:34] There's no emphasis on ravers identifying as drug users, as a way to build solidarity with other drug users whose use is more stigmatized and whose lives are more disrupted. And I think part of what I hope to see going forward with nightlife harm reduction is more building of that kind of like solidarity between different drug users and drug users. Yeah, I mean, between drug. Drug is a non-drug user. But I think in this moment specifically, as we are seeing the tech industry and the pharmaceutical industry pushing for psychedelics as healing modalities, there is an opportunity there to resist this sort of gentrification of drug use where if you're using these drugs for this purpose, then you're you're noble and you're healing yourself, unlike all those other people. I was a bit of a tangent, but I have like for the last two years been kind of obsessed with this image of like some rich person on the Upper West Side in the morning going to their ketamine therapy treatment and then being testifying at a community board meeting about why the supervised injection site in their neighborhood needs to be shut down. And just like the complete disconnect between privileged and marginalized and stigmatized drug users. And so all of that is to say in so many contexts we have the tools we need. We know Housing First is what works for people who need to move on from really countries like life destroying drug dependencies. We know that drug checking at raves and festivals is what keeps people safe. In so many instances we have all the tools that we need and the way that we change that, in my opinion, is not by waiting around for people to benefit from drug criminalization, which is to say. Politicians who are supported by like police unions. I think it's like most are still former and and organizations that have a moral judgment of drug users. It's not waiting around for them to change. It's on us to come together and push for the changes that we know we need. Whether it's me as a relatively untrained peer support specialist or you or the people listening to this show who are trained social workers and most importantly, the people who are the most impacted by the criminalization of drugs all coming together and pushing for it together. Because it's not going to change unless we all do it together. And. And that's I mean, that's the foundation of like the overarching safer spaces umbrella that I work under. And it's what inspires me. And I mean, kind of a tie all

together. I think what you asked earlier, why do I love raves? Why do people go to raves? It's because at their best, they're this space where we can feel free of all of these things going on in the world outside that are crushing us in different ways and we can have an experience of relating to each other in a way that's like more equal and more respectful, and in some cases like inverts the hierarchies of marginalization that exist in the world outside. And yeah, sometimes drug use is part of that because mind altering experiences can change your perceptions of the world. And so I you know, I'm inspired by night life. I've learned so much from people who can do harm reduction with much more marginalized and stigmatized drug users. And like even though the the forces trying to literally and metaphorically shut down the supervised injection site are manifold, like our excitement and our power together is like so much more if we can kind of harness it. And that was me on my soapbox.

**Prof. Peter Sobota** [00:56:36] Yeah, well, that was a good soapbox, actually, and just a perfect place to bring it all together. It goes without saying that humans as a species have been trying to alter their consciousness in one way or the other. For. Ever? Pretty much. We. Within a and a society where it's possible to go. Into a grocery store, for example, and grab some cream cheese and some half and half. And just further down the aisle. You know, there's a broad array of central-nervous system depressants. Some of them on sale. If you've got the right bonus card or whatever, and that somehow is rational. And again, the distinctions you made in your soapbox, which I thought was a was a wonderful summary as Zoë You know, from the work that you're doing. With raves and harm reduction and. Your love of that experience. I think what you're doing helps that experience. I think your what you're doing in your story today has implications. And hopefully. Positive implications for how we think about how to do harm reduction as a broader society. I think treatment professionals and policymakers. I hope we're all listening. Thank you once again. It was a pleasure to talk with you about this.

**Zoë Beery** [00:58:22] Yeah. And thank you again for having me. I'm always really elated when people take interest in the work that we're doing, even if they're not ravers, even better.

**Prof. Peter Sobota** [00:58:31] Absolutely. Thanks again to Zoë Beery for joining us in discussion with Zoë after the podcast. So he told me I missed an important point, which is that a big part of Safer Spaces is recognizing that nightlife is full of people to whom the police are an active threat, which is why we have to take care of each other instead. Zoë Barry writes about a lot of things that are of concern to the social work profession. You can find links to her writing and the causes that matter to her and us in our show notes. The Social Work podcast team is Steve Sturman, our all around tech and website guru, our graduate production assistant and guest coordinator Nic DeSmet. Say Hi, Nic.

**Zoë Beery** [00:59:17] Hey everybody.

**Prof. Peter Sobota** [00:59:19] And me. Peter Sabota Thanks again for listening to our show and keep an eye out for our next podcast where our guests will discuss making social work education more equitable for transgender folks. See you next time, everybody.