

Caring in community:

A narrative inquiry into liberatory harm reduction and peer education

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Abstract

This thesis examines peer education-based harm reduction practices for people who use drugs (PWUD) at music festivals and raves in Montréal/Tiohtià:ke. Given the ongoing drug poisoning crisis and the criminalization of PWUD, exploring the under-researched practice of peer education is vital to the health and well-being of PWUD. Using narrative inquiry, this project draws from my personal experiences as a harm reduction volunteer and interviews with research participants to answer the overarching research question: What do these narratives reveal about peer-led harm reduction praxis? Participants are recruited from the Groupe de recherche et d'intervention psychosociale (GRIP). The GRIP offers education and peer support in festival and nightlife spaces to empower people to make informed, less risky decisions in matters of drug use (GRIP, 2023). The conceptual and theoretical frameworks in the thesis are shaped by the literature on enabling environments (Rhodes, 2002; Duff, 2010), liberatory harm reduction (Hassan, 2022), and critical pedagogy (Freire, 2018), which champion bottom-up, community-based empowerment strategies for PWUD. Data collection includes qualitative, semi-structured one-on-one interviews with participants. The data analysis follows Braun and Clarke's (2006) inductive thematic analysis, identifying common themes across research interviews and triangulating them with field notes and existing literature, leading to three conclusions. First, harm reductionists position PWUD as sources of expertise and transgressive power, which is a political act of care. Second, given the emotionally charged nature of peer support and harm reduction, community is an enabling resource that is essential to the sustainability of the work. Third, for these educators, liberatory harm reduction is a way of being that advocates for collective action and community care that goes beyond the dancefloor. These narratives capture the emotional labour, unique teaching strategies, and activism of front-line harm reduction practitioners, to provide an example of effective peer-led liberatory harm reduction praxis.

Résumé

Cette thèse examine les pratiques de réduction des méfaits basées sur l'éducation par les pairs pour les personnes qui consomment des drogues (PQCD) lors des festivals de musique et des raves à Montréal/Tiohtià:ke. Étant donné la crise actuelle de l'empoisonnement par les drogues et la criminalisation des PQCD, l'exploration de cette pratique d'éducation par les pairs, peu étudiée, est vitale pour la santé et le bien-être des PQCD. En utilisant l'enquête narrative, ce projet s'appuie sur mes expériences personnelles en tant que bénévole de la réduction des méfaits et sur des entretiens avec les participants à la recherche pour répondre à la question principale de la recherche : Que révèlent ces histoires sur la praxis de la réduction des méfaits menée par les pairs ? Les participants sont recrutés au sein du Groupe de recherche et d'intervention psychosociale (GRIP). Le GRIP propose une éducation et un soutien par les pairs dans les milieux festifs afin de permettre aux gens de prendre des décisions informées et moins risquées en matière de consommation de drogues (GRIP, 2023). Les cadres conceptuels et théoriques de la thèse sont façonnés par la littérature sur les environnements habilitants (Rhodes, 2002 ; Duff, 2010), la réduction des méfaits libératoire (Hassan, 2022) et la pédagogie critique (Freire, 2018), qui défendent des stratégies d'autonomisation ascendantes et communautaires pour les PQCD. La collecte de données comprend des entretiens qualitatifs, semi-structurés, et individuels avec les participants. L'analyse des données suit l'analyse thématique inductive de Braun et Clarke (2006), identifiant les thèmes communs aux entretiens de recherche et les triangulant avec les notes de terrain et la littérature existante, ce qui conduit à trois conclusions. Premièrement, les adeptes de la réduction des méfaits considèrent les PQCD comme des sources d'expertise et de pouvoir transgressif, ce qui constitue un acte politique de soins. Deuxièmement, étant donné la nature émotionnelle du soutien par les pairs et de la réduction des méfaits, la communauté est une ressource habilitante essentielle à la durabilité du travail. Troisièmement, pour ces éducateurs, la réduction

des méfaits libératoire est une façon d'être qui inspire l'action collective et les soins communautaires qui vont au-delà de la piste de danse. Ces histoires illustrent le travail émotionnel, les stratégies d'enseignement uniques et l'activisme des praticiens de la réduction des méfaits en première ligne, et fournissent un exemple de praxis efficace de réduction des méfaits libératoire menée par les pairs.

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Thank you to my family for always giving me freedom and support, and for passing down your love of live music and festivals. To Ron, Kerry, Phyllis, Charlene, Jen & the Krizsans, thank you for making me feel at home wherever I go.

To Sascha, my heart, thank you for making life so sweet.

To my dearest friends, thank you for all the dancing and all the love. This thesis would not exist without you.

Dedication

For Courtney,

I miss you.

Until we can dance together again.

Chapter One: Introduction

Positionality Statement

My name is Aria Brunetti. My last name and curly hair were passed to me by the grandfather I never met, who immigrated from Calabria, Italy to Robinson-Huron Treaty territory Sault Ste. Marie. My first name was given to me by my mother for her love of music, along with my turned-up nose and fear of big dogs. She grew up in the north end of Winnipeg, and she tells me when she arrived on the west coast it felt like seeing the world in colour for the first time.

I was born on Coast Salish (Musqueam, Tsleil-Waututh and Squamish) territory in so-called Burnaby, BC. Tall evergreens, sea air and the lion mountains towering through cloudy skies were my home. Today, I find myself in Tiohtià:ke/ Montréal, traditional territory of the Kanien'kéha Nation, in awe of the shifting colours of the trees in autumn and the whines of cicadas in summer. I am a settler to these lands, and I am learning the responsibility of that fact.

Harm Reduction: Care and Community

I attended my first music festival when I was three months old. My parents love to tell the story of how I slept through the entire set of the Ramones at Bumbershoot '95. Throughout my childhood, my family went from arts festival to street party to stadium, dancing in crowds and singing at the top of our lungs together. It wasn't until I was older that I realised that this wasn't the norm, and that maybe my parents were a lot cooler than I gave them credit for.

I was introduced to harm reduction at Shambhala music festival in 2018. A group of us drove onto the farm, sweaty and cramped after a nine-hour drive, and were greeted by a staff member who asked, "Do you have any drugs in the car?".

A tense, nervous pause.

Sideways glances.

Finally, a quiet, uncertain, "...yes?".

The staff member handed us a map and pointed out the ANKORS logo, the harm reduction team on-site. She said, "Just be sure to get your drugs tested and don't be scared to ask for help if you need it. Have fun!". And off we went, to begin a long, strange trip of a weekend that inspired me to get involved with harm reduction, and ultimately, qualitative research.

As a white woman, I am aware that this unease did not carry the same weight as if I was person of colour being asked if there were drugs in the car. Was I worried that this question could lead to an interaction with the police? Mildly, but mostly I was concerned that my ticket would be confiscated, and our car would be turned around from festival grounds. While drug use is consistent across races, the consequences of drug criminalization disproportionately harm people of colour (Maynard, 2017; Oriola, 2020; Owusu-Bempah & Luscombe, 2021). I understand that my social location as a white settler woman has increased my access to harm reduction initiatives, and that my experiences of drug use, drug checking and drug education come from a privileged position without the same threat of police violence that Black, Indigenous and people of colour face. Throughout this thesis, I aim to be cognizant of this fact and to highlight the contributions of marginalized communities to harm reduction and the steps we can take to make festival and nightlife spaces safer for gender-diverse, Black, Indigenous, and people of colour.

My experiences, and the experiences of my community of friends has led to a research program that is inspired by the informal learning that happens at festivals,

raves, and parties. These experiences have also fostered within my research a great deal of compassion, care and empathy towards folks who use drugs and their well-being. I have chosen to explore peer education and harm reduction in these spaces because I am a part of this community. I am a person who uses drugs, goes to raves and festivals, and volunteers as a harm reduction educator. In my lived experience, I have seen the impact of peer-to-peer education and grassroots organisations for harm reduction. To me, harm reduction looks like sharing a meal with your friends before a night of drinking or taking a magnesium supplement before bed after dancing on MDMA. Harm reduction is a volunteer handing you a pair of ear plugs and checking that you have a safe way home. Harm reduction is the myriad of practical, caring strategies that keep me safe and that I have learned in community.

Statement of the Problem

The purpose of this study is to explore the experiences of people who teach harm reduction and offer peer support at music festivals and raves in Montréal/ Tiohtià:ke. Harm reduction is a social justice movement, pragmatic public health approach and a philosophy of care that “aims to minimize the negative health, social and legal impacts associated with drug use, drug policies and drug laws” (Harm Reduction International, 2022). Harm reduction, though now widely accepted as a public health framework, emerged by and for people who use drugs (Denis-Lalonde, Lind & Estefan, 2019; Mandler, 2016). Drawing from my own personal experiences and those of the research participants, I aim to capture what it feels like to teach in these non-traditional educational spaces for a deeper understanding of what harm reduction looks like from below.

Studies on harm reduction, particularly in the context of Turtle Island, tend to focus on people who use opioids (Bardwell et al., 2019; Strike & Watson, 2019) or the

various implications of marijuana legalization (Windle et al., 2019; Zuckermann et al., 2021). However, evidence shows that the current drug-poisoning crisis is not limited to only opioid use, with just under half (47%) of accidental apparent opioid toxicity deaths also including a stimulant (most often cocaine or methamphetamine) (Federal, provincial, and territorial Special Advisory Committee on the Epidemic of Opioid Overdoses, 2022). This fact illustrates that people who use drugs “recreationally”, at raves, music festivals or in nightlife also face risk of overdose due to a toxic drug supply. In this context, peer education and support have been identified as key to protecting people who use drugs from harm (Hauspie et al., 2021; Ruane, 2018, Young et al., 2015). As such, describing practical approaches to peer education is vital to the health and well-being of people who use drugs.

Furthermore, harm reduction implementation has been critiqued for overly focusing on individual behaviour change and personal responsibility for one’s health (Brothers et al., 2021; Poliquin et al., 2022). To counter this, a risk environment framework offers a multi-dimensional view of drug-related harm that aims to shift the responsibility for harm and change from individuals to social situations and structures (Rhodes, 2002). As such, this thesis explores the *strength found in a community of harm reduction actors that work to counter these structural harms through solidarity and respect for individual autonomy*.

Research Questions

The three guiding research questions within this project are:

1. How do peer education-based harm reduction practices contribute to creating an enabling environment?
2. What social, material, and affective resources are created and mobilised in their teachings?
3. What do these narratives reveal about peer-led harm reduction praxis?

Tracing the Harm Reduction Lineage of the GRIP

The GRIP (Groupe de recherche et d'intervention psychosociale) is a Montréal/Tiohtià:ke-based harm reduction organisation that has been operating for over 25 years. It is the organisation that has provided me with community as well as training and hands-on experience in intervention since my orientation in the fall of 2021. In this section, I aim to honor the history of harm reduction and struggle that contributed to the formation of the GRIP. In the following quote, research participant Mars movingly describes the political and inherited practice of harm reduction, reminding us that harm reduction is activism and a fight for collective well-being:

Doing harm reduction for me is political in the sense that harm reduction did not appear by itself. It's not a tree, it's not a fruit, it's not a human, **it's a struggle** that was led by people not so long ago. We often have a tendency, I think as humans, to forget about things and just continue on the path that has been made for us and move on because that's what we need to do. And we often find it hard, or we just don't have the time or the strength to look back. But when we look back at the history of harm reduction, whether in North America or in Europe, we realize that

it's only a short time ago and that there is still a lot to be done to continue the fight.

This quote illustrates the need to recognise the work of those who came before us, and to remember that this is a fight that has been ongoing for decades (Denis-Lalonde, Lind, & Estefan, 2019; Tula, 2022). The GRIP was founded by Jean-Sébastien Fallu in 1998 as a response to the need for an evidence-based harm reduction approach to community care in the rave and party scene. At the time, Fallu was attending raves and studying drug addiction prevention at the University of Montréal. Fallu noticed that young people did not have accurate information about the substances they were consuming; from the effects of these substances to what they contained. As a person who used drugs himself, Fallu was concerned about the lack of supports for people in the party scene, most notably a lack of drug checking.

Fallu describes a feeling of disillusionment regarding the anti-drug messaging he received in his education. He had been told that drug use was inherently bad and immoral, and after using ecstasy and other party drugs, he realized he had been lied to (J-S. Fallu, personal communication, February 15, 2023). While the moralizing discourse had been a lie, the risks of substances and the practical approaches to minimize risks were real. After being introduced to the work of Canadian harm reduction scholar Diane M. Riley and learning about drug checking programs in the Netherlands, Fallu began conceptualizing the GRIP. He wanted to bring drug checking to Montréal/Tiohtià:ke dancefloors along with harm reduction information and support for safer party spaces (Fallu, 2001).

Between 1996-1998, Fallu and his contemporaries Simon Cousineau, (an environmental activist), and Lizanne Valiquette (a sexology student researching ecstasy and sexuality), officially incorporated the GRIP. Partnering with local non-profits, schools, nightlife venues and government officials, Fallu and his co-conspirators worked to

establish the first iteration of the GRIP that offered non-formal education on the effects of substances at bars. In its early days, the booth was a projector with a presentation on the effects of substances, and a slogan that said: “an informed druggie is a happy druggie” (J-S. Fallu, personal communication, February 15, 2023).

The GRIP had their initial fundraiser at The Playground, Montréal/ Tiohtià:ke’s first after-hours venue that was open from 2am to noon each weekend. In the beginning, the GRIP faced funding challenges and opposition from event organizers, who were concerned that the GRIP’s presence announced that there was drug use happening at their events. Which there was, and this was no secret. However, club owners’ valid legal concerns and liability laws meant that there was a reluctance to implement harm reduction. Acknowledging drug use at the venues was an acknowledgment of responsibility (and liability), and this was a risk that many event organizers were not willing to accept, and this continues today. While Fallu’s experience speaks to this barrier to harm reduction in event spaces, Shira Hassan explains that this dynamic exists within public health, non-profits, social work and beyond and that “liability laws make the application of liberatory harm reduction almost impossible” (2022, p. 28). It is difficult to offer care and self-determination when there are legal consequences to doing so.

Still, turning a blind eye to drug use at events only put partygoers at greater risk, and Fallu fought for the GRIP’s presence at bars. When they were blocked at the entrance to an event, he would say that he was going to call the media and that usually worked to open doors (J-S. Fallu, personal communication, February 15, 2023). It is interesting to note that the psychedelic-trance scene embraced the GRIP and its mission with open arms, understanding the value of the education they provided. Ravers and partyers also embraced the GRIP and its mission, though with some initial suspicion that the booth at the back of the bar was another iteration of anti-drug or abstinence-only promotion (J-S. Fallu, personal communication, February 15, 2023). Fallu describes

people coming up to the booth and saying, “I don’t care what you say, I’m going to be using drugs regardless”, and the shock when the GRIP would reply, “We know, and that’s okay”. Harm reduction and the approach of the GRIP was radical, partygoers had never experienced a non-judgmental and educational conversation about substances.

The founding of the GRIP was not without struggle. While in 2000 the organization received recurring funding from the province of Quebec, the initial goal of creating a legal drug checking service took another 25 years to achieve, with the GRIP getting approval to operate its drug checking service from Health Canada in 2021 (Dunlevy, 2021). The unfortunate reality is that offering legal drug checking was not seen as politically acceptable until the recent and ongoing drug poisoning crisis. How much harm and death could have been avoided over 25 years if drug checking had been supported by the government?

Furthermore, the funding that the GRIP received was never quite enough. Fallu was simultaneously an educator, a treasurer and a secretary, and his apartment was the headquarters of the GRIP. When he began his master’s program, he turned to sex work to support himself and the GRIP. He says, “I had my university studies and I wanted to keep the GRIP going. I wanted easy money to change the world” (Mercure, 2022). The history of harm reduction is intimately intertwined with sex work. As Hassan says, “Sex work is care work. It is a complex way of taking care of ourselves and other people”, and sex workers have often been the architects and supporters of harm reduction initiatives (Crump, 2022, 40:20). Fallu acknowledges that the GRIP may not exist today in 2023 if it were not for his sex work (J-S. Fallu, personal communication, February 15, 2023).

Harm reduction is a struggle that was led by people not so long ago. I arrived to the GRIP in 2021, with its Health Canada exemption and provincial funding, its ongoing contracts with large festivals, its new office on rue St. Denis and its team of over 100 people. I feel a responsibility to acknowledge those who came before me, who

struggled and hustled to make harm reduction at raves possible. The harm reduction practice I describe in this thesis exists because of Jean-Sébastien Fallu, Lizanne Valiquette, Simon Cousineau, and countless others involved who I have not named.

Chapter Two: Conceptual and Theoretical Frameworks

Conceptual Framework: Liberatory Harm Reduction

While there is no universal definition of harm reduction, we can broadly categorise it as a set of practices that aim to mitigate the harms associated with risky behaviours (Denis-Lalonde et al., 2019). In the context of public health and social work, it is an approach that is people-centred and aims to reduce the risks associated with drug use and sex (Harm Reduction International, 2021). Liberatory harm reduction, as defined by Shira Hassan in her book *Saving Our Own Lives* (2022), works both with and against public health and social work, with an understanding that both these systems continue to perpetuate harm. Liberatory harm reduction emerged from grassroots community initiatives and individual efforts to take care and respond to violence and harm without state involvement. Hassan defines liberatory harm reduction as follows:

Liberatory harm reduction is a philosophy and set of empowerment-based practices that teach us how to accompany each other as we transform the root causes of harm in our lives. We put our values into action using real-life strategies to reduce the negative health, legal and social consequences that result from criminalized and stigmatized life experiences such as drug use, sex, the sex trade, sex work, surviving intimate partner violence, self-injury, eating disorders, and any other survival strategies deemed morally or socially unacceptable. Liberatory Harm Reductionists support each other and our communities without judgement, stigma, or coercion, and we do not force others to change. We envision a world without racism, capitalism, patriarchy, misogyny, ableism, transphobia, policing, surveillance, and other systems of violence. Liberatory harm reduction is true self-determination and total body autonomy. (p. 29).

Liberatory harm reduction acknowledges that the root causes of harm in our lives are often systemic. In the context of drug use, liberatory harm reduction recognises that drug use exists on a “continuum of behaviours”, from total abstinence to severe use, and does not label drug use as inherently risky (Hassan et al., 2022, p. 121). Many of the physical risks of drug use are not inherent to the drugs themselves but arise from a lack of equipment or a source of unadulterated drugs (Boyd, 2017, p. 129). What is inherently risky for people who use drugs are interactions with police (Nicholson & Marcoux, 2018), and an on-going drug poisoning crisis that has seen approximately 20 people die each day in Canada during first half of 2022 (Federal, provincial, and territorial Special Advisory Committee on the Epidemic of Opioid Overdose, 2022).

Liberatory harm reduction aims to have a more holistic view of drug use, while not minimizing or ignoring the real health, social, legal, economic, and emotional risks of using drugs. Liberatory harm reduction recognizes that people use drugs for a myriad of reasons, including for pleasure or for survival, and respects the individual autonomy of people who use drugs to do what they feel is best for themselves. Liberatory harm reduction asks, “What do you need? What does your community need?”, instead of, “Are you clean and sober?” (Hassan et al., 2022, p. 35). This approach offers unconditional care, education, and accompaniment, and trusts people who use drugs to be the experts in their own lived experience and to make their own informed decisions.

Liberatory harm reduction stems from the survival strategies and community care of sex workers, the queer community, feminists, Black and Indigenous people of colour and people who use drugs. In Canada, “harm reduction” appeared in the late 1980’s in Vancouver/K’emk’emeláy, Toronto/Tkaronto, and Montréal/Tiohtià:ke as a response to the HIV epidemic (Canadian Drug Policy Coalition, 2022); with CACTUS Montréal being the first needle exchange to open in North America/Turtle Island in 1989 (CACTUS Montréal, 2022). While organising under the term “harm reduction” began in this era,

the ethos of liberatory harm reduction and community care has existed in Indigenous worldviews long before the 1990's. In Tiohtià:ke (Montréal), the Kanien'kehá:ka (People of the Flint) Nation have understood relationality, reciprocity, gratitude (Ohén:ton Karihwatéhkwén), and respect as essential to well-being and community health since time immemorial (Hovey, Delormier, & McComber, 2014; Patton, Ibarra-Lemay & White, 2021). This approach is beyond handing out clean syringes or talking about substances; it is a worldview that understands that we are connected to all things, and that we are all deserving of care, and that care must extend to future generations (Patton, Ibarra-Lemay & White, 2021). Liberatory harm reduction recognises the legacy of Indigenous, Black, and queer resistance that was the precursor to public health harm reduction.

I have chosen liberatory harm reduction as the conceptual framework for this thesis because it showed me where I belong. I am not a public health nurse, nor a social worker. I am a person who uses drugs and goes to music festivals in the era where fentanyl is always on the edge of the party, looking for a way to sneak in. I am someone who learned from other people who use drugs how to stay safe(r) and began volunteering to continue learning and sharing these strategies. Liberatory harm reduction is distinct from public health harm reduction because it works from the ground up. It speaks to the grassroots and activist origins of peer support and critical pedagogy.

Theoretical Frameworks: Enabling Environments and Critical Pedagogy

From Risk to Enabling Environments

Risk reduction is the idea that when given the information and material people can and should mitigate the risks of drug use or other risky behaviours, making risk reduction central to both public health harm reduction and liberatory harm reduction (Hassan, 2022). Public health harm reduction largely focuses on individual behaviour change; for example, risk reduction for a person who injects drugs can look like using sterile equipment and never using alone. However, risk reduction can be difficult for an individual when they find themselves in an environment that does not facilitate individual behaviour change (Norton et al., 2022). If you are a person who hides their drug use from family and friends or you do not have access to a safe injection site, never using alone becomes a risk reduction strategy that is not available to you. Or, if you are someone who lives in a very rural area, access to sterile equipment can be limited or non-existent. Risk reduction with a focus on individual behaviour change puts the responsibility on individuals for structural or socio-political barriers that cause harm (Rhodes, 2002, p. 88).

Tim Rhodes, a sociologist with a focus on access to care for people who inject drugs, has articulated this concept as the “risk environment”: a multi-dimensional view of the intersecting structures of drug-related harms. Risk environments encompass the influence of physical, social, economic and policy factors at both the micro and macro level. This framework “seeks to shift both the *responsibility for harm* and the *focus for change* from individuals alone to the social situations and structures in which individuals find themselves” (Rhodes, 2002, p. 91). Rhodes’ risk environment has become a framework for harm reduction studies that seek to describe the complexity of drug use

with a critical lens on the uneven distribution of drug-related harms (Duff, 2010; Pilarinos et al., 2022; Poliquin et al., 2022; Voon et al., 2018).

Rhodes (2002) states that the goal of harm reduction should be to shift from risk environments to “enabling environments”. Enabling environments “seek to maximize harm reduction effect at the *community* (rather than individual) level” (Rhodes, 2002, p. 91). This aligns with the values of liberatory harm reduction, which aims to empower us to collectively transform the systemic roots of harm in our communities. From a liberatory harm reduction perspective, this reframing of the world “enabling” within the context of drug use is important. To be an enabler, according to the Twelve-Step language of Alcoholics Anonymous, is to support someone’s “unhealthy” behaviour directly or indirectly. Liberatory harm reduction asks us to move away from the stigmatizing language of 12-step programs, which have made “enabling” and “codependent” undesirable or harmful terms in our popular culture. Instead, “terms such as codependency and enabling should be able to describe relationships that we all deserve; relationships that have empathy and a healing influence on each other” (Hassan, 2022, p. 145). In this thesis, I use the term enabling to describe the resources that enable people who use drugs to care for themselves and for each other and push for collective action to combat stigma, violence, and systemic sources of harm.

Cameron Duff is an Australian political scientist who in 2010 deepened our understanding of enabling environments as *places* that encompass diverse social, material, and affective resources. These resources “support the maintenance of health and wellbeing; the mitigation of specific risks and vulnerabilities; and the creation of health promoting or “enabling” places” (Duff, 2010, p. 338). Places where in community, people are empowered to enact strategies that “reduce the negative health, legal and social consequences that result from criminalized and stigmatized life experiences such as drug use” (from the definition of liberatory harm reduction, Hassan, 2022, p. 29).

Enabling environments seek to maximize harm reduction effect at the community level, and as such considering the connections between people within the community can help us better understand the unique strengths and harm reduction strategies of that community. To do so, Duff suggests three units of analysis: social, material, and affective enabling resources. Social resources are the creation and support of personal networks of trust, community, and reciprocity. Material resources include education, transportation, health care, housing, and harm reduction supplies like naloxone. Affective resources are the felt and lived elements of everyday life; the experiences that fill us with hope, anxiety, joy, curiosity, etc. Affective resources are not only our emotional states, but “a distinctive variation in one’s willingness or capacity to act in response to this state” (Duff, 2010, p. 341). Affective resources speak to agency and its influence on wellbeing. Agency is the “ability to be aware, to choose, and to act”, and is an essential feature of wellbeing and social justice (Maynard & Stuart, 2017, p. 95). Agency depends on being knowledgeable about the conversations, resources and issues existing in your community (Maynard & Stuart, 2017, p. 90), which connects to Freire’s concept of critical consciousness and the theoretical framework of critical pedagogy.

Critical Pedagogy

I have chosen to work with critical pedagogy as my theoretical framework for this thesis as I argue that harm reduction education is a form of critical pedagogy. Freire states that people who are oppressed are dehumanized, as they are “regarded as the pathology of the healthy society, which must therefore adjust these ‘incompetent and lazy’ folk to its own patterns by changing their mentality” (Freire, 2018, p. 74). People who use drugs are often “othered”, their choices are stigmatized and criminalized and seen as unhealthy, deviant, and in need of reform (Engel et al., 2021).

Paolo Freire asserts that teaching is a political act, and that the role of educators is to create dialogues with learners that empower them and create a more socially just world (Freire, 2018). Critical pedagogy questions the power dynamics inherent to the traditional “banking” model of education, that positions learners as passive objects to be filled with information that upholds oppressive systems. Instead, critical pedagogy engages in problem posing education, which positions learners as equal to educators in knowing and encourages collaboration to identify and work through real-world problems. The role of an educator is to facilitate dialogues that question the status quo and are connected to learners’ realities. Freire states that there are two essential steps to critical pedagogy, the first being critical consciousness, where learners question dominant norms and systems and gain an awareness of how this dominance shapes their lives. The second step to critical pedagogy is to then move from this critical consciousness to act for the liberation of all people. Freire writes, “liberation is a praxis: the action and reflection of men and women [and gender-non-conforming people] upon their world in order to transform it” (Freire, 2018, p. 79).

There is a dominant narrative of drug use that positions people who use drugs as powerless to substances, as unhealthy, deviant and in need of reform. Liberatory harm reduction disrupts this narrative of drug use and instead respects the autonomy and power of people who use drugs. This approach emphasizes the importance of listening and understanding a person’s perspective and respects their self-determination. The praxis of harm reduction educators that I explore in this thesis is embodying critical pedagogy through popular education. It is relevant to the contexts of where people use drugs (in nightlife or festival spaces), it is accessible to all people and critical of the dominant narratives of drug use. It led by peers with lived experience, who engage in a process of mutual learning with those they teach and aims to address the practical needs of people who use drugs through problem posing education. In both Freire’s

critical pedagogy and liberatory harm reduction, we are all teachers and learners, and we are all agents of change for a more caring and just world (Freire, 2018, p. 73; Hassan, 2022, p. 120).

Chapter Three: Study Design and Methodology

In this methodology chapter, I begin with a brief description of the methodological approach of narrative inquiry and its role in exploring the narratives of grassroots organisations. I then go on to describe the setting of the GRIP (Groupe de recherche et d'intervention psychosociale), the harm reduction organisation that I recruited my research participants from, and which I am a current harm reduction volunteer. I then describe how I recruited my research participants, their demographic information, and the informed consent process. Finally, I summarize my approach to data collection and analysis.

Methodological and Ethical Considerations

A key piece of reading that I kept with me throughout this project was Tuck and Yang's 2014 piece "Unbecoming Claims", which asks qualitative researchers a series of essential questions: "How is (y)our research gaze damage-centered? How is space racialized? How is race spatialized? How is space sexualized? gendered? How is space *haunted*? What is a desire-centered (re)searching gaze?" (p. 815). In my field notes and memos from my own experiences volunteering, I aimed to answer each of these questions to keep a critical eye on the spaces I found myself in, and to hold myself accountable to ethical research practices. Tuck and Yang (2014) stress that when working with marginalised communities, like people who use drugs, there is a tendency to focus on trauma and pain, rather than joy and agency. I do not aim to deny the very real harms of the war on drugs, the current drug poisoning crisis or the experiences of people living with addiction. However, that is not the focus of this thesis. This thesis is focused on the empowering practices of harm reduction volunteers and the counter narratives of drug use that emerge when we care for each other from below and in community.

Methodology: Narrative Inquiry

Narrative inquiry centers the lived experiences of individuals and communities in authentic and ethical ways (Clandinin & Connelly, 2004). By understanding the personal as political, stories can become important tools for social change. Glover (2004) communicates the role of narrative inquiry in the exploration of grassroots organisations. Glover (2004) states that community organisations “exist as a form of collective resistance, [and] community narratives offer counter-stories to the dominant cultural narratives” (p. 64). The volunteer educators actively challenge the dominant narratives of drug use, which are rife with stigma. Through the sharing of stories, networks of support can grow, and new visions of the future can begin to take shape (Maynard & Stuart, 2018). Exploring narratives can be “a way of locating and analysing personal experiences as profoundly political” and give insight into the critical praxis of peer education (Ledwith, 2005). In the spirit of liberatory harm reduction and the popular education essential to critical pedagogy, exploring the stories of educators who are teaching in non-formal, community spaces illuminate their embodied experience of liberatory harm reduction. As narrative inquiry is a methodology steeped in creative storytelling (Kim, 2016), I begin each chapter with a narrative vignette that brings the reader, by way of their imagination, into my experience of being a harm reduction educator.

My own voice is very present in this thesis. I am as much telling my own story as telling the stories shared with me. I relate to the stories of my research participants, and I relied on the tools of reflexivity and Freire’s perspective that there is a balance between subjectivity and objectivity within critical pedagogy. Freire (2018) wrote:

To deny the importance of subjectivity in the process of transforming the world and history is naïve and simplistic. It is to admit the impossible: a world without

people. This objectivist position is as ingenious as that of subjectivism, which postulates people without a world. (p. 51)

Freire sees objectivity and subjectivity as being “in constant dialectical relationship” (2018, p. 51), and this is the epistemological approach I take for this thesis. By exploring my own stories and those of my research participants, I recognize the subjective nature of knowledge and the importance of human experience. However, throughout the thesis I also aim to recognize the influence of the social and cultural context of the narratives by looking at objective facts, particularly regarding the impact of drug policy and other oppressive structures. This balance has subjectivity providing the personal and emotional connection to knowledge and objectivity providing the critical and analytical tools needed for liberation.

Setting and Participants

My fieldnotes and experiences teaching harm reduction are drawn from my time volunteering with the GRIP, and the research participants are my fellow volunteer harm reduction educators. The GRIP’s mission is “to empower individuals, especially young people, to make informed, less risky, and responsible decisions in matters of drug use” (GRIP, 2021). The GRIP meets people where they are, at the party, to provide neutral, evidence-based information about drugs and to combat stigma and reduce the risks and harms of drug use. In doing this work, the GRIP typically has three streams of service at events: 1) the education kiosk that provides non-formal learning about substances and sexual health, as well as free distribution of materials such as naloxone, condoms and safer snorting kits, 2) the peer-support “sanctuary”, a quiet care space with blankets, snacks, and shade where people having adverse experiences (like a bad trip or an anxiety attack) can safely rest and be supported by the GRIP volunteers, and 3) the drug checking van, typically parked just outside festival grounds. I began

volunteering with the GRIP in October of 2021, going to raves and festivals as part of a team of over one-hundred volunteers and staff members.

Recruitment, Participant Demographics, and Informed Consent

Participants were recruited via the GRIP's private Facebook page for staff members and volunteers between August and September 2022. I posted a short description of my research project and asked that participants reach out to me via email if they would like to share their stories and perspectives. For the scope of this master's research project, I planned to interview four research participants, but only was able to recruit three participants. This may be because my research is in English, and most volunteers at the GRIP are French speakers.

The three research participants were emailed the informed consent form (see Appendix B) along with a Microsoft Teams invite link approximately one week before the scheduled interview. At the start of the interview, before recording, I went through the consent form with each participant and received verbal consent to start recording, as well as the signed consent form. An optional demographic questionnaire was sent to each participant after their interview along with a link to a \$25 Mastercard gift card to compensate for their time. Initial transcripts of the interviews were generated by Microsoft Teams, and then re-transcribed by me for clarity and accuracy. After transcription, copies of the transcript were sent to each participant to confirm accuracy of translation (Mars) and representation. Participants were asked to signal if they would like any part of the interview omitted. In the spirit of co-creation, I decided to ask my research participants to choose their own pseudonym from the nine planets in our solar system. I chose the planets as they are gender neutral, but also imbued with symbology and meaning, encouraging participants to express a bit of their identity while still maintaining anonymity. Each question in the demographic questionnaire was open-

ended, please see the below table for participants' responses and their chosen pseudonyms.

Table 1: Research Participant Demographics

<i>Pseudonym</i>	<i>Age</i>	<i>Gender Identity</i>	<i>Ethnicity</i>	<i>Languages Spoken</i>	<i>Interview Language</i>
Earth	22	Non-binary	Haitian-Canadian	English, French	English
Saturn	25	Gender fluid	White-bodied	English, French, Russian, Spanish	English
Mars	22	Cis male	White	French, English	French

Data Collection and Analysis

For this narrative inquiry, I used multiple methods of data collection that both explored the stories shared by research participants in interviews and drew from my own experiences as a harm reduction volunteer in 2022; where I volunteered at five music festivals and six raves. After these experiences, I would write qualitative memos and journals reflecting on my experience volunteering and recording the stories of teaching and supporting at these events.

Data collection with research participants consisted of one-on-one, qualitative, semi-structured interviews over Microsoft Teams. Interviews were approximately one hour long for each research participant. Each interview always began with the question, "What brought you to work in harm reduction?" and ended with, "Is there anything else you would like to share about your work or harm reduction that we have not touched on?". It was important for me to begin and end the interviews with these questions to centre

the research participants' stories, to begin with how they found themselves working in harm reduction and to end with space for any other thoughts or feelings that may have come up. Throughout the interview, I referenced my interview guide (see Appendix A) which had a set of five questions relating to each of the research questions that I chose from as the conversation flowed.

Data analysis followed Braun and Clarke's (2006) inductive thematic analysis as it is a foundational analytic method. According to Braun and Clarke, thematic analysis "is a method for identifying, analysing and reporting patterns (themes) within data" (2006, p. 79). Inductive thematic analysis identifies common themes from the entirety of the data (in this case, interview transcriptions), rather than imposing themes using a pre-existing coding frame. I followed Braun and Clarke's phases of thematic analysis (2006, table 1, p. 87), which begins with familiarizing yourself with the data. After I transcribed my interviews, I would relisten to the interviews with the transcripts in hand and highlighted any quotes that I found relevant to the research questions, particularly eloquent or salient, and journalled about my initial ideas and reactions. The following phase was creating my initial codes, where I color-coded all highlighted quotes into broader categories, which began the third phase of identifying themes. The final three themes selected and presented in this thesis represent the themes which contained the most quotes across all three participants. Throughout this process, my themes were triangulated as I reviewed my journals and memos from my own experiences volunteering with the GRIP and took stories that spoke to the three themes identified in the research.

Organization of Data Chapters

The following data chapters illustrate a harm reduction practice that is deeply personal to the research participants and I. Each data chapter begins with a piece of

creative writing drawn from my experiences as a harm reduction educator in the field that sets the tone for each theme identified. My literature review is woven throughout the data chapters, providing context and supporting evidence for the perspectives shared by research participants. In each data chapter, the theme is analysed using Duff's framework for enabling environments (2010), which I use to identify and examine the social, material, and affective resources that are present. In the first data chapter (Chapter 4), I describe the community values of the GRIP, which include diversity, inclusivity, and critical reflection on the moralization of drug use and sexuality. This chapter also describes the materials, education, and services provided by the GRIP at events. In Chapter 5, I explore the emotional challenges of working in harm reduction and the peer support strategies that harm reductionists employ to cope and care for one another. I identify a need for financial and structural support for harm reduction organisations, and stress that without a culture of peer support, harm reduction work is not emotionally sustainable. In Chapter 6, I detail the critical pedagogy that is central to the GRIP's practice, where the roles of teacher and learner are dialogical and fluid. Additionally, in this chapter I acknowledge the interdependency of enabling resources and explore how in the context of the GRIP, these resources create an empowering and transgressive practice of community care.

Chapter Four: The Beloved, Inclusive Community.

Narrative Vignette: What Does It Feel Like to Teach at a Rave?

What does it feel like to teach at a rave?

It feels like butterflies in your stomach on the 10pm metro ride to the venue. It feels like ease when you see the friendly faces of your team members. It feels like awe at the spaces you find yourself in. The concrete basement of an art gallery. An old bank covered in glowing, psychedelic tapestries. Strobe lights catching the snow falling at the Old Port. Giant disco balls glinting in the August sun.

The teaching you do is usually screamed over blasting bass or mimed in the dark. People meet you with shock, curiosity, and gratitude. Thank you for being here they say. I lost a friend to overdose. Thank you for talking about this. This is all for free? Thank you for doing this. Thank you. Thank you.

It is holding hands and doing a breathing exercise with someone who tried MDMA for the first time and fainted from the come up. It is seeing the love friends have for each other when the night takes a scary turn. It is the endless size jokes when handing out condoms. It is the questions that surprise you. Does autism change how you experience drugs? How do I talk to my daughter about safer sex with women? What do you think is in this baggie I found? Do you do drugs?

When the night ends in time for the 5:30am metro, the butterflies are gone. Whether it is from the lack of sleep, the intensity of the night or all the gratitude, you find yourself in a state of content euphoria. Dawn has changed the sky to a gentle shade of blue and the street smells like baking croissants and cigarette smoke. Ravers with glitter on their cheeks sit cuddled on the curb, holding each other and waiting for their ride home. Some step out

and exclaim at the changed night sky before heading back inside the time warp of the venue. Birds sing their morning songs as you head home to sleep.

Introduction

In my interviews with Earth, Saturn and Mars, a clear theme that emerged was that there is a culture of inclusivity and acceptance found when working with the GRIP. This culture is inclusive of diverse identities, life histories and motivations for joining in harm reduction work. It develops the social resource of community, which I explore in this chapter through bell hooks' concept of "the beloved community", paying special attention to its nuances within this context. This community of harm reduction actors mobilize their shared values to educate and provide material resources to people who use drugs in party contexts, working to combat stigma and develop a critical consciousness within their community. Finally, I explore how these practices work to shape counter-narratives of drug use, offering both harm reduction educators and service users the opportunity to rethink prevailing norms, and to develop their own embodied agency for safety and joy when consuming substances.

Social Resources: Community

A prominent social resource embodied by the GRIP and peer educators is that of community. The most common theme that emerged in my conversations with participants is that there is a culture of inclusivity, open-mindedness, and shared values within the community of harm reduction educators. While the peer educators at the GRIP are diverse, with different motivations, life experiences and identities, there is the shared value that people who use drugs deserve dignity, safety, and can be trusted to make their own healthy decisions when given the tools and information. Community builds social capital and strengthens the support systems of belonging, trust, and

reciprocity within drug use contexts, which are so often framed as spaces where social capital is eroded (Duff, 2010, p. 339).

In her book *Killing Rage: Ending Racism*, bell hooks introduces to us the concept of the “beloved community”. The beloved community is one “where loving ties of care and knowing bind us together in our differences” (hooks, 1995, p. 264). hooks offers a vision of community that does not mask difference, but affirms it. The beloved community is an antidote to white supremacy and division, working to join people in their shared humanity, love for each other, and visions of a better tomorrow. Earth eloquently conveys this sentiment, and how teaching at the GRIP has been a transformative experience for them, stating: “At the end of the day, when we're judging it's really just to divide, to make ourselves feel better and to be reassured that what I'm doing is the right thing. But when you understand that there is no right thing... it just makes you feel more at ease and at peace in the way you are. So, before there were boundaries between me and people in a way, so [teaching] changed that in me, and that influences the way you approach people whether you're conscious or not about it.” The culture of inclusivity at the GRIP, of accepting people just as they are and affirming their humanity, is embodied amongst the educators and is projected out into the crowd to support people who use drugs. In the context of a highly stigmatized and politized milieu, this openness and imperative of care is an expression of a beloved community.

However, I do not want to divorce the anti-racist purpose of hooks’ beloved community when exploring the social resources of harm reduction peer educators at the GRIP. In fact, the roots of harm reduction are deeply embedded in racial justice and decolonization. In her 2017 book chapter *Canada’s “War on Drugs”: Drug Prohibition, Black Incarceration*, Robyn Maynard reminds us that the criminalization of drugs was not due to the social or pharmacological harms, but instead motivated by anti-Black and anti-Chinese racism. Maynard asserts that the war on drugs and other fear-based

policies were a reaction to social justice movements that demanded accountability for colonialism. Rather than addressing the generational trauma and harm caused by the Canadian state due to colonialism and slavery, the federal government decided to further exert police control of racialized communities. Drug use remains evenly divided across races, however the war on drugs has disproportionately hurt people of colour (Maynard, 2017; Oriola, 2020; Owusu-Bempah & Luscombe, 2021). Federal drug policies continue to rely heavily on policing and incarceration, when in fact education, harm reduction and sound public health policy are the best evidence-based solutions (Bardwell et al., 2019; Earp et al., 2021; Maynard, 2017).

Furthermore, I cannot ignore that much of this harm reduction work occurs at music festivals, highly privileged and therefore often white spaces (Yuhas, 2022). A general admission ticket to Osheaga music festival in Montréal/ Tiohtià:ke is \$375 CAD (Osheaga, 2023), and a ticket to Shambhala, that shining example of harm reduction and drug checking in action, costs \$525 CAD (Shambhala Music Festival, 2023). While the ethos of harm reduction at the GRIP mirrors that of hooks' beloved community, it is important that we do not lose sight of the unequal access to festival spaces and the shifting contexts of drug-related harms. The social resource that research participants identified with most closely was that of a beloved community amongst the peer educators at the GRIP, which does not come with a price of entry. This sense of community celebrates their diverse identities as harm reductionists; and is motivated by a shared desire to combat stigma and care for all people who use drugs, not just those who can purchase a festival ticket.

It is interesting to note that both Earth and Mars were hesitant to identify as part of a community because they wanted to avoid falling into the trope of "us vs. them". Earth caught themselves when talking about the shared values of the GRIP, saying "It's like a we're a...um, it's kind of like a group. Not a group, because if I say, "group

mentality", it seems really off". This sensitivity to the potential divisions that can emerge when we identify ourselves as part of a group speaks to the self-awareness and desire for inclusivity amongst these educators. Mars recognized that their hesitancy about the word community comes from their cultural background, explaining: "It's funny, because I have a French and European perspective, where the idea of community is not at all the same as in North America. "Community" is almost perceived in a negative way because people are grouping together and there is no universalism, there is no living together". Mars goes on to explain that their experiences working with the GRIP changed this perspective, saying, "The fact that I went to North America and worked on these issues and even did some research, it really made me realize how much yes, community makes sense. And yes, there is a sense of community that exists".

The social resource of community that I witness in my harm reduction work with the GRIP extends beyond the educators themselves. I feel a sense of community with the party-goers who express gratitude for our services and often a desire to join in the work themselves. Standing behind the booth watching people dance, hug, laugh and stumble over each other in the euphoria of the night feels familiar. I feel an affinity and an understanding that even though they are strangers, I do know what it feels like to be on that dance floor. There is often a sense of community at large festivals with the medical team, support staff and security guards as we share the goal of ensuring a successful and safe event for everyone, and the agreement that none of us could succeed without the work of the others. Smaller event organisers at the underground raves in obscure venues across the city foster a beloved community by inviting us in to help take care, and they care for us in return. Organisers do this by checking in often, giving us snacks and energy drinks and making sure we have a safe ride home. bell hooks asserts, "community is about what we bring to it, and community is based in knowing. I cannot really be with you in genuine community if I am not willing to know

you” (Brosi, 2012). The shared values of openness, acceptance, and freedom from judgement fosters honest conversations about drug use, sexuality, and other taboo subjects, which assists in building a community where we can begin to know others in all their differences.

Material Resources: Education and Equipment

The hub of material resources exists at the information booth. Typically set up next to the bathrooms or the water-refill station, the information booth has a team of volunteer educators at the ready to have judgement-free, evidence-based conversations about substances, sexual health, and well-being. As Mars describes, “Well, the booth is the basis of everything... When you are really no other service [such as drug checking or peer support], you just have the booth. And for me it is a kind of refuge space where people can come if there is a problem, and so to me it’s really important that we are well identified. I have this idea that the booth allows us to create a space where people can come for help, but also a space where we can think about or discuss subjects”. The information booth acts as both a beacon for those who need harm reduction supplies or peer support, and as an introduction to harm reduction principles that de-stigmatize and de-mystify drug use. Personally, working behind the booth is my favourite part of the work. You see partygoers eyeing the material, curious and questioning. “What’s this all about?”, they ask, or “Is it all free?”, and this is where the teaching and learning begins. The material resources typically presented at the booth include:

- Ear plugs
- Condoms, internal condoms, and dental dams
- Water and silicone-based lubricant
- Candies (for the teeth grinding that is common with stimulants)
- Safer snorting kits (clean straws, a plastic “key”, alcohol swab and vials of distilled water)
- At-home fentanyl test kits
- PH test kits (for GHB)

- Crystal meth and crack smoking kits (glass pipes and screens)
- Naloxone nasal spray (to reverse an opioid overdose)
- French and English information cards on 20+ substances, consent, bad trips and psychosis, hearing health and the law of effect

All the material is free, and partygoers are encouraged to take extra supplies with them to share with their friends who may need it. Some attendees are familiar with the supplies and the GRIP, but others are surprised by our presence and ask to be introduced to the material. The safer snorting kits and Naloxone are particularly popular, starting conversations about the importance of using your own clean equipment for snorting, and information on how to identify and respond to an opioid overdose or drug poisoning. Many people are shocked to have such stigma-free conversations about snorting, and this is the equipment I typically see partygoers take extra of to share with friends.

While there is more awareness of Naloxone and overdose prevention within the nightlife scene, the fact that the GRIP is distributing naloxone kits and training at bars and raves is what makes it so popular. In Québec, naloxone is available for free and without prescription at any pharmacy (Santé et Services Sociaux Québec, 2023). However, for the pharmacist to order and distribute Naloxone, the service user must provide their RAMQ (provincial health insurance) number. This is a barrier for those like me who do not have a RAMQ number, or for people who are concerned that they will be stigmatized for accessing Naloxone at their local pharmacy. By providing Naloxone and overdose prevention training on the spot, the GRIP increases the number of people who can respond to an opioid overdose. This embodies a foundational principle of harm reduction of “meeting people where they are at” to provide contextually relevant and accessible harm reduction information and supplies (National Harm Reduction Coalition, 2020). Mars articulates the liberating power of mobilizing these material resources, saying, “For me, the simple fact of being behind a stand, of being able to provide people

with information on practices, substances and more broadly to open up the conversation on things that are criminalized, stigmatized, and that are not at all accessible in other settings... is a political act of care". This is an example of critical pedagogy, as the educators are developing critical consciousness in people who come to the stand. As Mars says, being behind the stand and talking about criminalized and stigmatised topics (such as how to make snorting cocaine safer), raises awareness about the harms of drug prohibition. People are usually surprised to see the safer snorting material, and then even more surprised to learn that sharing a rolled-up twenty-dollar bill with friends puts you at risk of hepatitis C. People will often ask me, "Why did no one teach us this?", to which we respond, "Why do you think no one taught you this?". In the fast-paced environment of a rave or music festival, these short problem-posing interactions can have a deep impact in both caring for people's health and starting political conversations about drug laws. People can almost always see clearly that drugs being illegal is the reason why no one talked to them about safer snorting before.

The information booth would not be as an effective material resource for partygoers if it was not run by a dedicated team of peer educators with both lived and learned experience of drug use. The GRIP generates material resources through education and training for its volunteers and staff. While most peer educators come to the work with lived experience, the GRIP ensures that everyone teaching from the education booth has the same baseline knowledge about substances, crisis intervention and harm reduction principles. Despite the value of experiential knowledge in this work, the reality of stigma and taboo surrounding substances is insidious and can continue to "other" certain people who use drugs.

The training that GRIP provides volunteers creates a de-stigmatizing culture and ensures that service users receive evidence based and judgement-free care. Earth shares the transformative nature of this training, saying, "[Training] really changed my

perspectives on drugs in a good way, because it normalizes it. It's not like, oh, you're doing cocaine so you're a druggie, versus you're an alcoholic just go to AA and you should be okay. It's more inclusive the way I see it now and I will keep that honestly for the rest of my career and personal life". What Earth is highlighting is the dissolution of the hierarchy of drugs ("hard" vs. "soft" drugs) that so many of us carry. These hierarchies can inflate or understate the risks of substances, and further stigmatize people who use illicit drugs. By presenting facts about substances that are morally neutral, and encouraging critical reflection on the preconceived notions of substances we all carry (from the media, our friends and families, and beyond), this dissolution is a development of critical consciousness.

To illustrate how this learning develops critical consciousness, let me share how I was confronted with my own biases regarding GHB (gamma-hydroxybutyrate) one of the first nights I volunteered. To me, GHB had always been "the date-rape drug", and I could not imagine that anyone would consensually use it and have fun on a night out. However, after learning that GHB was a depressant, like alcohol, and gives users a similar feeling of euphoria and lowered inhibitions, I started to unpack why I felt so differently about GHB and alcohol. I have seen the effects of alcohol create situations where my friends and I were not safe, including sexual assault. Studies confirm my experiences, that the voluntary consumption of alcohol is the most common sexual assault situation (Champion et al., 2022; Kilpatrick et al., 2007; Lawyer et al., 2010). And yet, I have never considered alcohol "the date rape drug" like I did GHB. To be clear, this realisation did not inspire me to try GHB the next time I went out dancing, as there is often a misconception that de-stigmatization promotes drug use. Rather, it prepared me to support people at the information booth when they arrived asking about strategies for the safer consumption of GHB. One of the first nights I volunteered at a rave, there were many people consuming GHB. Because of my training, I was able to meet them with the

practical advice of putting food coloring in their dosed water bottle to avoid accidental ingestion and a graduated syringe so they could accurately measure their dose. I give this example to illustrate how the training provided by GRIP is a material resource that goes beyond the physical material at the booth to support the health and safety of people who use drugs by deconstructing biases regarding illicit drugs. This deconstruction is liberatory harm reduction in action, as it does not deem any substance or behaviour as inherently harmful, but rather existing on a spectrum from recreational to chaotic use; and that distinction is decided *by the person consuming the substance*, and not imposed on them (Hassan, 2022).

Affective Resources: Counter Narratives to Drug Use

The social resource of community and the material resources of education and equipment create a space where counter narratives to drug use can emerge. The shared values of diversity, access to evidence-based harm reduction information and material, and resistance to punitive approaches to substance use are exemplified by the community of harm reduction actors at the GRIP. These counter-narratives form an affective resource as they are “priming one for action and presenting a series of pathways and strategies” to communal safety and wellbeing (Duff, 2010, p. 341).

Mars explained, “You don't just show up out of nowhere, you show up because you have things to deal with. And I don't think we all have the same goals and the same perspectives, but ultimately that's what creates a community as well in all its diversity”. Mars is recognising that we arrive to the work with different experiences and intentions, but the power of this community of educators is its diversity and its openness to other's realities. This is an affective resource, as “the more diverse one's encounters, the greater one's capacities to affect (and be affected by) these encounters are likely to be” (Duff, 2010, p. 341). The GRIP's community value of openness and judgement-free support

works to combat dominant narratives that treat substance use under an abstinence-based disease model (Brown & Stewart, 2021), which pathologizes people who use drugs and conceals their agency and valuable lived experience (Poliquin et al., 2022). Consider Éduc-alcool Quebec's 2022 poster that reads, "Drinking and driving is against the law. *Drinking until you drop is a character flaw*" (emphasis added) that I came across at a Montréal/ Tiohtià:ke CÉGEP's drug and alcohol awareness day. This messaging obscures the intersectionality of drug-related harms and places the blame for problematic use on the individual with no recognition of what that individual has experienced (Jenkins, Slemon & Haines-Saah, 2017). By providing morally neutral information on substances and opening judgement-free dialogues with learners, the GRIP creates a space where learners can think critically about the messaging that they see regarding substance use and draw their own conclusions.

By developing critical consciousness and offering a counter-narrative to substance use in both its harm reduction teams and its service users, the GRIP is advocating for the affective resource of "embodied agency". Embodied agency emerges not from health authorities, but from people who use drugs themselves (Race, 2009). Embodied agency involves modifying and building off "official" recommendations for safety that are realistic for the contexts that people are using drugs. A clear example of this is the intersection of sex, drugs, and consent. Legally and ethically, we know that if someone is under the influence of drugs or alcohol they cannot consent to sex. However, in practice we also know that substances are often a part of consensual sexual encounters and not all of these encounters are considered an assault. Embodied agency would acknowledge this grey area and provide recommendations for safe and consensual sexual encounters when under the influence of drugs, such as setting boundaries before consuming substances, frequently checking in, and using lots of lube.

Embodied agency is essential to harm reduction as it “provides much-needed information about the cultural conditions in which particular dangers and possibilities—both social and physical—take shape” (Race, 2009, p.148). The GRIP facilitates embodied agency by recognizing the diverse personal and social contexts that people bring with them to party spaces and creates room for contextually relevant education interventions. Mars emphasizes the power of the affective resources of embodied agency and counter-narratives, saying “For me, intervening and providing an unconditional welcome, free of charge, especially when you think of the neoliberal and capitalist world in which we live, just providing this welcome and being able to open the discussion on sexual violence in a party environment, substance use, etc. For me, this is activism”.

Conclusion

The harm reduction educators I teach with at raves are motivated by a desire to keep their communities safe. Each of us arrive at this desire from a different place. For me, it arose from my first experience with drug checking. It felt like a revelation, to be able to ask questions about drug use and be met with empathy and openness. For Mars, it stemmed from seeing their friends in dangerous situations when out at raves and wanting to keep those friends safe. Saturn found themselves working in harm reduction after making friends with the harm reduction team at a festival, inspired by the warm and welcoming atmosphere. Earth arrived with a desire to gain more experience in harm reduction to be a better social worker, seeing the value it could bring to their clients in many different settings. Each of us are a part of this community, strengthened by our diverse life experiences and motivated by our mutual goal of taking care of those around us, without judgement, without stigma, without question.

Chapter 5: How We Take Care Of Each Other

Narrative Vignette: At Least We're in This Together

I can feel the bass vibrate through my purple volunteer t-shirt as I walk the length of the front of the stage, passing out neon orange earplugs and water bottles to people's dangling arms pressed against the front gate. Behind me, flames shoot out of the stage as a rapper rips off his shirt and throws it into the crowd. It's a thrill to be so close, to see a crowd of cheering fans spread out before you. My heart is racing from more than just excitement though, as security guards shove past me to pull people who are overwhelmed and stuck in the crushing crowd. I see the guards pull a teenage girl's limp body over the gate and rush past us to medical. Is she overdosing? Did someone spike her drink? Was I in the way? Later, when I'm lying in bed and trying to sleep after the intensity of the day, I still wonder what happened to her.

In the moment, I don't have much time to process before the medical team asks for our help with two other teenage girls. Both crying, they explain that they've lost their phones, their wallets and their car keys and don't know how they're going to get back home. They drove three hours to Montréal to attend the festival and lost everything. My teammate and I pull them to the side and do a breathing exercise, slowing down their panicked sobs. We start to scan the floor, hoping to spot a pink iPhone in a sea of crushed cans, cigarette butts and grime. We don't get very far before we are aggressively pushed aside by a security guard dragging another dazed person out of the crowd. Suddenly, the teenage girl I'm with lunges at the security guard, upset that he shoved us out of the way during our search. Instinctively, I grabbed the back of her shirt to stop her. The girls are inconsolable again, and I'm trying to hold them back as we are physically pulled by security out of the crowd.

The girls walk off, having decided that we can't help them. I'm left shaking, stunned, and feeling like maybe I didn't do the right thing. Should I have grabbed her by the shirt? Should we have gone looking for the phone? Why do I keep having security guards put their hands on me at this event? From the expression on my teammate's face, they too feel shaken from the last twenty minutes. I feel a buzz in my pocket from a text saying it's time to come back to the education kiosk and debrief. As we walk through the sea of people, we see folks on the sidelines puking and flag the medical team to help them out. Someone comes up to us with a bleeding knee and we give them a band aid. As we walk back through all of this, my teammate and I start to laugh, relieving a bit of the pressure built up from the last hour. At least we're in this together.

Introduction

Harm reduction work can be physically and emotionally exhausting, and peer educators must care not only for partygoers, but for themselves and their teammates as well. This chapter describes the emotional labour enacted by harm reduction actors and the peer support strategies that emerge as an ethic of care to each other. First, through my personal experiences and research participant stories, I describe the unique challenges of working in festival and nightlife environments. I then explore how harm reduction actors rely on accompanying each other through the practice of peer support to cope with these challenges. Peer support in this context manifests as the social resources of trust and mutual understanding. Research participants noted that there is a significant lack of material resources to support harm reduction volunteers, educators, and workers, and that often this work is undervalued. Finally, I discuss the affective resource of responsibility and how this sense is a driving force for the research participants. This chapter explores the emotional lives of harm reductionists and how they care for each other while caring for others.

Unique Challenges of Working in Festival, Rave and Nightlife Spaces

Music festivals, raves and club nights are unique risk environments. There are large crowds, music far above the recommended decibel limits, flashing lights, and environmental risks such as the hot sun or temperature drops at night. With large groups of people gathered there are also risks of interpersonal, sexual, and gender-based violence, as well as potential conflicts with law enforcement or security (particularly for people of colour and people who use drugs) (Safe OUTside the System Collective, 2020). Furthermore, when we consider that people often arrive with intentions of experimenting with psychoactive substances and to initiate sexual encounters, party spaces become a risk environment with a wide array of potential harms. These potential harms extend not only to partygoers, but to the harm reductionists who work to mitigate these risks. Being a harm reduction actor in these spaces is a physically demanding role with long hours, often overnight or over multiple days for large music festivals. There are physical risks to all involved due to heat exposure, crowding, over-exertion (Palamar & Sönmez, 2022), and damaging noise levels that put folks at risk of hearing loss (Tronstad & Gelderblom, 2016). What emerged in the conversations with research participants was that in addition to these physical risks, the emotional labour of this work can take a toll.

Often, we as peer supporters are talking to people on their worst night. There are tears, there are disclosures, and often there is a lot of shame surrounding consumption of substances. And sometimes, we talk to many people in a row who are having their worst night. That is a lot to carry, a lot of empathy to express, and if harm reductionists were to do this work alone, compassion fatigue would be inevitable. Compassion fatigue is an emotional exhaustion that affects people who do care work and frequently witness the trauma and suffering of others; it can result in lowered empathy, distress, and burn out (Hunsaker et al. 2015; Winstanley, 2020). While there is a degree of personal

responsibility in this emotionally charged work, all three participants stressed that they could not effectively educate and intervene in these spaces without the support of their fellow harm reduction actors. There can be a lot of self-doubt in this work because every situation is unique, and it can be difficult to know if you did the right thing. All three participants stated that when they began volunteering, they had a fear of escalating a situation when intervening. Saturn explains, "I think in the beginning I was very scared of making things worse and ruining someone's experience or saying something wrong, but then with practice you realize that you're not here really to save anyone... You're just being a good friend, as they say".

In addition to compassion fatigue and self-doubt, research participants all expressed that the greatest challenges are the times that we feel powerless. As Saturn explains, "I think some of the challenging parts are seeing when there's nothing you can do really. For example, if someone is having a psychotic episode. You know, you could just really be there for them and then maybe at some point refer them to another resource". There are times when the intervention is beyond our capacity or control, but we feel responsible for the well-being of the people we are caring for. It can be difficult to accept that there is nothing more we can do, as Earth describes it: "It's like someone who is in palliative care and you're there for the end of their life, but you can't really do anything about them dying. ...So I felt like sometimes it was as if I was helping the person maintain in that state [of a bad trip]. I mean, the person has consumed, let's say MDMA. I can't take that away from the person. So now it's how to manage that... and I find it challenging."

I have experienced this feeling of powerlessness as well multiple times in the field. At a large summer festival, a group of friends came up to the kiosk asking for help with their friend who had taken LSD. We went to find him lying on the ground, acting aggressive and in distress. It was hard to have a conversation with him because he was

hallucinating, and simultaneously laughing at and suspicious of us. My teammate tried to get him to move to sit on a chair while I talked to his friends who were also on LSD and check in with how they were feeling. They were all very scared for him, and we reassured them that the medical team had judged him physically safe. They asked us if he could wait in the GRIP's quiet sanctuary space, which unfortunately sat on the opposite end of the expansive festival grounds. We sat and talked with the friends a little longer and tried to coax him to start the journey across the festival to the peer support space. Finally, it became clear that it was not possible for him to get to the sanctuary. My teammate decided that we had done all that we could do, and that since he was physically safe and with good friends, we had to move on. It did not feel good in my gut, and later we saw that same person at the medical tent surrounded by security. I felt upset, like we failed someone who needed us. I talked it through with my teammate and she was sympathetic, but reminded me that part of the work we do is encouraging independence, and that we need to establish boundaries when there is nothing left to be done.

Another instance where I felt powerless was at an event where we did not have the drug checking van present. Throughout the night, people were handing us baggies and asking us to test their drugs on the spot before they took them. Normally, if the drug checking van was present, we could have sent them outside to test their substance(s). In this instance where the van was at another event, the only option we had was to give them the fentanyl test strips and explain how to use them. While not overly complicated, the fentanyl test strips do have multiple steps that can be difficult to do when under the influence. As such, many party-goers asked us if we could do the test strips for them to avoid making a mistake. I understood the logic and could see that people were motivated to make a safer decision, but we had to decline because legally we are not allowed to do the fentanyl tests for them. The drug checking van has a

special legal exception from Health Canada that allows drug possession inside the van and protects both the organization and individuals who use the service (GRIP, 2022). Outside the van, these legal protections do not exist. This felt frustrating to me, as I saw many people decide to skip testing with the fentanyl strips altogether, and others waiting in a long line to the single-stall bathroom to test their substances in private.

I share these stories, feelings, and frustrations to illustrate the complex and demanding emotional labour that harm reduction requires. It is certainly a labour of love, one that tests our boundaries and teaches us our limits. It is also an opening for communal support and mutual learning. This work cannot be done in isolation; as liberatory harm reduction is the “idea of keeping our community safe from harm through the practices of abundance, love, and welcoming each other as whole people” (Hassan, 2022, p. 31). Whole people hold complex emotions, even when in caring roles. Harm reduction educators and peer supporters understand that there is a responsibility to yourself, to the crowd, to your team and to the ethos of liberatory harm reduction to take the extra time to decompress and emotionally regulate. To support each other in the work, especially when things feel completely beyond control.

Peer Support Amongst Harm Reduction Actors

“What I’m really grateful for that I’ve learned, beyond the facts and the knowledge, is that relationship building with people. In the holding space which doesn’t even have to be about consumption or anything, it’s just about being there for someone and having that active listening. It’s actually changed my relationships with everyone in my life just being able to be present, and there, and to listen”. -Saturn

Peer support is emotional and practical support provided by someone who shares a similar life experience. As a practice, peer support holds a philosophy of “empowerment, mutuality and the honouring of the peer’s experience” (Scott et al.,

2011, p. 199). Peer support emerged as a reaction to barriers and shortfalls encountered in the healthcare system for mental health and addictions care, and “often involves consciousness raising about injustices, comparable to its use in other social movements such as the women’s, disability or queer movements” (Cyr et al., 2016, p. 12). The GRIP at its core is a peer support organisation. While the work behind the information kiosk involves health promotion and destigmatizing sexuality and drug use, the separate peer support conversations are also powerful learning spaces. When someone arrives at the peer sanctuary in distress, the GRIP volunteers listen and support with the goal of transforming the crisis into an opportunity for harm reduction. In an ideal situation, the person in distress can recover and return to the party or gain the knowledge to avoid repeating the circumstances of the crisis. Of course, this does not always happen, but often a glass of water and an empathetic conversation in a quiet space can be a simple yet transformative intervention practice.

Scott, Doughty and Kahi (2011) highlight this transformative feature of peer support, explaining that peer support reformulates “a crisis [as] a learning opportunity. This is accompanied by a willingness to allow peers to find their own way through the crisis while being supported through open conversations” (p.198). While Scott, Doughty and Kahi’s 2011 study looked at peer supporters in the context of suicide, self-harm or harm to others, there are links to be made to peer support in harm reduction. There is risk when consuming substances and peer supporters are put in the ambiguous liminal space that champions the self-determination of the person who is receiving support while at the same time evaluating if that person is safe (Scott et al., 2011). This can be difficult, and again speaks to the emotional challenges of self-doubt, compassion fatigue or traumatic triggers that peer supporters experience in this work. To address these challenges, harm reduction educators at the GRIP have cultivated social and affective resources to enable them to support each other and effectively cope with the

emotional labour of intervention. Despite this cultivation, there is still a significant lack of material support for harm reductionists that makes the sustainability of this emotionally charged work precarious.

Material Resources: An Undervalued Service

Harm reduction work is care work. Drawing from feminist economist Nancy Folber's definition (from her aptly titled article "Holding Hands at Midnight"), care work is "labor undertaken out of affection or a sense of responsibility for other people, with no expectation of immediate pecuniary reward" (1995, p. 75). Harm reduction educators and peer supporters are often volunteers, showing up with a genuine desire to care for others without the expectation of payment. Those who are paid are often community workers, people trained in intervention or people with lived experience of drug use. Their salaries can be funding dependent, short-term contracts that do not provide stability and often face challenges due to understaffing (The Care Collective, 2020, p. 15). Furthermore, people who use drugs, often referenced to as "peer workers", experience low pay, precarious labour conditions, minimal employee benefits (Olding et al., 2021) and a lack of opportunities for advancement or decision-making power (Poliquin et al., 2022). This feeling of being subordinate is so strong that in a Toronto/Tkaronto study, people who use drugs working in harm reduction felt that the term "'peer' had a negative connotation, to mean someone who is not treated well by their employer; someone who is looked down upon" (Klinger, 2021, p. 25).

Saturn expressed that in their previous work as a street-outreach harm reduction worker, they felt the hours and the pay were not sustainable, saying: "When you're in community work, the pay is lower and the work hours are more intense. And so, I think that at some point if you don't take care of yourself, then you can't really give back". Care work is often devalued for its association with women and the feminine, and

therefore “remains consistently subject to less pay and social prestige, at least outside its expensively trained elite echelons” (The Care Collective, p. 8, 2020).

The precarious nature and lack of material resources for these services is illustrated by the fact that harm reduction services are not equally supported across regions in Canada. Conservative provincial governments in Alberta and Saskatchewan refused to provide funding to harm reductions services, which led to the closure of the only supervised injection site in Lethbridge/ Sikoohkotoki, Alberta (Harm Reduction International, 2022, p. 111). Nevertheless, harm reduction programs continue to be implemented due to the concerted efforts of people who use drugs advocating, educating, and providing holistic care within their communities (Hyshka et al., 2017). Duff stresses that “material resources underscore the maintenance of health and human development, shaping access to services and enabling all manner of health-promoting practices” (2010, p. 340). A lack of funding, undervalued labour, and stigma surrounding drug use results in uncertainty and burn out for harm reduction practitioners and lowered access to services for people who use drugs. Therefore, it is important that we advocate for the value of this work and continue to express to local and federal governments that harm reduction and care for our communities needs material and structural support.

Social Resources: Trust and Mutual Understanding

The lifeblood of harm reduction work is the social resources it mobilizes. Despite the material and legal limitations, successful harm reduction initiatives stay afloat due to solid networks of peer support and trust. According to Duff (2010), trust is an essential social resource in enabling environments. Trust is present in the support that harm reductionists provide each other through the difficulties of the work. There is trust in each other to communicate needs and boundaries. There is trust that as a team, we will

adhere to the responsibility of being present in the space and providing the best care that we can. There is also trust that mistakes will be forgiven, because there is a mutual understanding of the complexities of intervention work. Earth talks about when they started volunteering with the GRIP, they felt safe to discuss their doubts with the team and learn from interventions that may have gone awry: "During the shift, you can talk about how you feel because it's so inclusive and open that it feels like they accept that you are just learning. And even if you made a mistake, it's okay in the sense that you'll learn from it. It could put a lot of added pressure if you felt like it was an environment where you had to be top notch or perfect. And you know that no intervention can be perfect because you're dealing with humans and you yourself are a human". This is liberatory harm reduction exemplified, as "harm reduction happens in the pockets of exquisite care we show our loved ones, without questioning or judging their life choices, or imagining that we know better than they do" (Tourmaline in Hassan, 2022, xviii).

Acceptance of the messy, murky aspects of the human experience is a shared value amongst peer educators. Many of us have had personal experience with trauma, loss, substance use and abuse, and mental illnesses. This experiential knowledge is often what motivates getting involved in peer support work and education, even though at times it can be difficult or even triggering (Wilson et al., 2018; Pauly et al., 2021). Saturn said: "A lot of people working this job have probably gone through some pretty intense moments... So, I think that's the sense of community I can see surrounds me more". My own personal experiences of trauma and loss have motivated my intervention work and has given me the experiential knowledge to support people with empathy.

Transformative justice advocates offer the following reassurance: "We know how to intervene and de-escalate because we've done it before. Often, intervention skills are about naming and sharpening the ways we've done this effectively before" (Safe OUTside the System Collective, p. 177). I arrive at raves carrying skills I have honed by

simply living my life and trying my best to move through difficult situations. I learned how to listen when supporting a friend healing from the trauma of sexual assault. I learned the power of humour in hopeless environments when visiting friends and family members in the psych ward. I now understand that there is no moving on, just moving through grief after losing my best friend to suicide. These are my experiences, but I know that they are not unique. I know that these are what I carry with me when I arrive to teach and offer support, for better or for worse. I know these experiences motivate me, educate me, and trigger me. I also know that everyone I teach with at a rave is carrying their own experiences of trauma, loss, and love.

When Mars shared their motivation for working in harm reduction, they said, “I’m someone who likes partying a lot, and who quite young, around 15 to 16 years old, I used to go out a lot to concerts, to raves and free parties. I listened to a lot of electronic music with my friends and inevitably when you go to these places, when you have practices, especially around the consumption of substances, whether legal or illegal, you are faced with things that are not necessarily fun, like seeing friends in complicated states”. I can relate to this, as Mars and I both got involved in harm reduction due to our lived experience of raving, using drugs and navigating unsafe situations and environments. We have seen the risks and the potentials in our own circles and wanted to work towards making party spaces safer for everyone. This is echoed by studies from Vancouver/ K’emk’emeláy and Toronto/Tkaronto that find that harm reduction workers are motivated to work in harm reduction due to lived experience, a desire for personal growth, and to help and inspire others (Klinger, 2021; Pauly et al., 2021). This shared understanding of the realities of drug use and nightlife help build up the social resources of trust and mutual understanding within the GRIP.

The GRIP has a team of over 100 volunteers, so every shift you are almost guaranteed to be meeting a new person. Yet, even if it is our first meeting, I trust that

my fellow educators are comfortable diving into the more painful or taboo topics, and so I feel at ease. Saturn reiterated this feeling, saying “I think that it just creates this automatic bond of sorts. I think there's definitely trust with the other people who work in the field. I think that for example, if I'm going through something, those are people who I would look for to support me. More than maybe people who don't do this work because I know that [they] have some practice in holding space”.

Affective Resources: The Responsibility of Being Present

While evidently there are a myriad of emotional experiences in harm reduction work, affective resources move beyond emotion to identify how these emotions influence our actions. As Duff explains, “these resources not only assist in characterizing or clarifying one’s feelings, their provenance and intensity; affective resources also transform an individual’s capacity to act on or with these diverse feelings” (2010, p. 341). My research participants all communicated that there is a complex sense of responsibility that is present in this work. Hassan reminds us that liberatory harm reduction is a high-accountability and high-responsibility model, and “the path to healing is charted by living into our power through taking control of our choices and being responsible to ourselves and others in the process” (2022, p. 130). The research participants highlighted that there is a sense of responsibility for your own well-being, to take care of your physical body and to emotionally self-regulate. Simultaneously, there is also a feeling of responsibility to the other harm reductionists in the field, to be present and available to work with and support them. Finally, there is a feeling of responsibility to the crowd to provide accurate information and an empathetic welcome, which is a driving force to liberatory harm reduction work.

Mars eloquently describes this affective resource as the responsibility of being present. They explain, “It’s important not to be in a posture of just ‘doing for the sake of

doing'. Because afterwards you become a person who could be at risk of giving advice that is not necessarily relevant because you are tired, because you are not there, you are not present. You can be behind the stand physically, but your mind is elsewhere. I think that it comes back to this idea of responsibility, which I don't see at all as a moral responsibility and all of that... But more as a responsibility of being present". The nuances of responsibility are always playing together and motivate action for harm reduction actors. For example, if you feel yourself starting to get tired and irritable because it is four o'clock in the morning and you have spent the last three hours having your chest vibrated by dubstep music, it is time to go outside and take a break. As an educator, you feel responsible to practice what you preach, to check in with yourself and take action so that you can be the educator that you want to be. As Mars expressed, if you are not able to take care of yourself in this way, you risk not being able to care for others "because you are not there, you are not present".

During our interview, Saturn shared a story that illustrates how we are also responsible for our teammates' well-being. Saturn was at a music festival as an attendee and there was no harm reduction team on-site. They said they felt "so unsafe" and had to use naloxone to reverse an overdose for another attendee while celebrating the new year at the festival. Saturn said that while they were grateful that they were carrying naloxone and had the harm reduction training to respond, they asked themselves, "Where are the people who are supposed to help? Who do I go to decompress with right now?". Saturn felt alone in that incredibly intense situation where they held the responsibility of saving someone's life.

Saturn said that the feeling of being alone is one of the biggest barriers to effective harm reduction practice, explaining: "It could be difficult when I feel alone in what I'm doing, and that's why for me, teamwork is really important and like, *good* teamwork. I've been in moments where I was supposedly with a teammate, but the

teammate was not present and so even though nothing really happened the whole night, I felt such a weight on my shoulders. And then vice versa, where even if it's something super intense happening, if I know that if someone has got my back, I'm fine". Saturn's story explains why they feel a sense of responsibility towards their fellow harm reduction educators and supporters. Their experience where there was no support or harm reduction team to lean on affected them by showing them how important that "good teamwork" was to their practice. When that mutual support is missing, Saturn explained that they feel unsafe and anxious, even if they do not have to intervene throughout the night. This understanding is an affective resource that motivates them to be present and available for team members because they know what it feels like to be unsupported and alone. Again, there a sense of responsibility to the people you are working with because there is a shared emotional experience where mutual support and understanding is essential. This responsibility is one of the "loving ties" that connect the beloved community of the GRIP together (hooks, 1995, p. 264).

Finally, I would like to reiterate Mars's point where they said, "it comes back to this idea of responsibility, which I don't see at all as a moral responsibility". This is an important nuance to the affective resource of responsibility in this context. Liberatory harm reduction rejects the moralization of stigmatized behaviour such as drug use. Intervention is not true liberatory harm reduction if it is peppered with shame, coercion, or punishment. Hassan writes, "rather than viewing people who use drugs or involved in the sex trade as broken, harm reduction views us as the best possible resources to change ourselves and the world" (2022, p. 130). This understanding is what fuels the sense of responsibility to the people in the crowd. We as harm reductionists want to empower people to make the decisions that are right for them. To do this, we need to be present, informed, empathetic, and willing to listen. This is a responsibility that we take very seriously and requires us to lean on each other and take care of ourselves.

Conclusion

Harm reduction work in party environments is unique, it is a physically and emotionally demanding role without any promise of status, wealth or even job security. The people who teach and offer support at the party face self-doubt, uncertainty, feelings of powerlessness and a multitude of challenging and triggering situations. And yet, we continue to show up to this work because we are passionate about the safety and agency of others. The strength of this community lies in the tremendous feeling of responsibility to care for others, and trust that others will in turn take care of us. In the following chapter, I will explore the reciprocal nature of this practice and how interwoven the roles of educator, learner, practitioner, and partyer really are.

Chapter Six: People's Knowledge is the Basis of What We Do

Narrative Vignette: Raves are a Resistance.

I find myself at a kinky rave. The theme is lace, leather, and latex. The venue is bathed in pink light and throbbing techno beats. The bar is handing out bananas for people to eat, maybe because they are suggestive, but considering the rave is set to end at 9am, offering the crowd a free snack is a simple act of harm reduction. This event also has a safety team of ten people identified by their long, Matrix-like leather trench coats, circling and watching out for non-consensual behaviour. This is a small event hosted by the DJ's, who thoughtfully curate a safe and memorable experience.

Late into the night, a man sits beside me at the information booth and we begin to talk. Slurring slightly, he thanks us for what we do and apologises for "being so old".

How old are you?

44.

That's really not that old.

It is for this scene. I've been raving since the 90's. I can't get enough.

This is a pretty special space. What was it like in the 90's?

I used to organise all kinds of raves. These are the places that I really got to be myself as a young gay man. Raves are really a resistance. Here we can be freaks, we can explore our identities, we can experiment. I always tried to have harm reduction at the events I hosted, but it was a different time. We were all about PLUR (peace-love-unity-respect), but this generation is all about knowledge. It's safer really. We loved each other, but we didn't

always have the right information. GHB was the big thing then. I saw a lot of friends OD. But now I know what to do if someone OD's, even with all this fentanyl shit going on.

Introduction

This chapter holds up and celebrates the work, experience, and collective knowledge that is essential to liberatory harm reduction. I begin by detailing the social resources of respect and reciprocity in the harm reduction teaching that occurs at raves and festivals. These social resources value the autonomy of people who use drugs and recognize their expertise. The social resources then mobilize the material resource of non-formal education, which spreads through networks of friends and strangers to create a culture of harm reduction that goes beyond individual interventions. Finally, I examine the affective resources of gratitude, empowerment and dissent that emerge due to the social justice values of liberatory harm reduction.

Liberatory harm reduction emerges from below, from the practical and caring survival strategies of people with stigmatized life experiences, whether that be drug use, gender non-conformity, participation in the sex trade, or any other experience deemed morally or socially unacceptable (Hassan, 2022). These experiences and knowledge are the basis of harm reduction's transgressive power, and the basis of the work that we do.

Social Resources: Reciprocity, Respect and Knowledge Exchange

In 2023, the GRIP's mission statement is: "if you choose to use, choose to know". This statement affirms the individual autonomy of its service users to make informed and less risky decisions when consuming substances. Partygoers trust that the information being presented to them is accurate and neutral, and in turn the GRIP trusts partyers to make their own decisions. This trust and reciprocity results in the dissolution of the hierarchy of teacher/expert/social worker versus learner/partyer/service user. Just

as our own practices as harm reduction educators are influenced by our personal histories, emotional lives, and the networks of care we develop, the people we interact with at parties carry their own harm reduction expertise. Mars explains, "There is no person who is the intellectual or the person who has the knowledge and the person who receives this knowledge, it is something very fluid. I've been behind the booth and in front of a person who knows a lot about molecules and pharmacology, and I was like, I have no idea about this and you're going to be able to teach me, and that's really cool".

As harm reduction educators it is impossible to have all the information, and we often learn as much from the crowd as we do from our training. Mars explains how these social resources manifest, saying:

"Come to the person who asks you a question and tell him that, hey, I don't have the answer to your question, but *could you maybe talk to me more precisely about what you are living?* And the very idea of telling the person that they can teach you things and therefore be able to establish this knowledge transfer, seems to me to be the basis of harm reduction to the extent that we recognize that people's knowledge is the basis of everything and is the basis of our work".

This invitation to listen deeply and learn from the people we interact with, whether it be behind the booth or in the context of peer support, presents a powerful social resource for social cohesion within these spaces. Social cohesion, as defined by Duff is "the sum total of the relations of connectedness, belonging, security and reciprocity discernable in specific networks" (Duff, 2010, p. 339). Saturn describes this feeling of belonging and respect when asked what it felt like to be at the peer support sanctuary, saying: "It feels welcoming. It feels warm, even though sometimes I'd be there at like 3:00 AM and it wasn't that warm really [laughs]. But they would offer you tea or

Ramen noodles. And so I definitely used their services too, didn't I? Even if it wasn't for, like, a psychological reason. It was more of this sense of community and the sense of support". Saturn's description of the peer support tent further illustrates that the distinction between "service user" and "service provider" in these spaces can be murky, but this murkiness is actually a strength as it builds social cohesion and solidarity within party environments.

Peer educators at the GRIP are trained to center the lived experiences of people who approach the information booth and to offer unconditional support without judgement. As Earth says, "We're inclusive of whatever job you're doing, whatever substance you're taking, who you are or how you identify, whatever... you're included. You can be who you want to be. We're just here to help, if ever you need some". This respect for people who use drugs is radical particularly in party settings, where narratives of drug use often paint people at the party as hedonistic, irresponsible, or deviant (Engel et al., 2021; Erickson, 2022). Offering partygoers a safe space to ask questions and to discuss drug use openly positions them as agents within their own lives and experts in their own right.

To do this, the GRIP introduces the "the law of effect" as a key educational message (also known as "drug/risk, set, and setting") (Zinberg, 1984). The law of effect states that the effect of a psychoactive substance depends on the substance, the individual and the context, and no two experiences will be the same. The law of effect asks the questions: Who is the person? What is the drug in question? In what setting was the drug consumed? (Ministère de la Santé et des Services sociaux, n.d.). These conversations value experiential knowledge by asking partygoers to check in with themselves, to reflect on their consumption and to validate that they know their own limits and desires when taking drugs, whether legal or illegal. This approach is empowering and in opposition to the often-moralistic tone that prevention work can

evoke, which as Mars reminds us, can be counter-productive. Mars says, “we know what it's like to party and we know what it's like to have people who can be preachy. I experienced that for a long time because I was very young at raves... and I hated it”. This demonstrates that often prevention programs for youth are far removed from the lived contexts where young people are using drugs, and that moralistic or abstinence-based approaches do not resonate with young people (Jenkins et al., 2017). Instead, by trusting people (including youth at raves) to make their own informed decisions regarding substance use, the GRIP facilitates an enabling environment that is more effective for harm reduction intervention and prevention.

Duff writes that “enabling environments cannot be understood in isolation of the practices, interactions and behaviours of those individuals and groups who inhabit these places” (2010, p. 342). The interactions between the GRIP and partygoers generate the social resources of reciprocity, respect, and knowledge exchange. By respecting the autonomy of people in party environments to make their own informed decisions, the GRIP’s prevention and harm reduction messaging is situated in the context of peoples’ real-life experiences, which facilitates embodied agency (Race, 2009). The non-formal education and peer support offered softens the divisions between educators and learners, as partygoers are recognised as holding expertise and knowledge. The education that happens in these spaces is reciprocal, we as educators are constantly learning through dialogues with those who come to the education booth. This reciprocal learning environment is an example of critical pedagogy, as Freire stresses that students must be active participants in their own learning; bringing their own experiences and perspectives to dialogues with educators to work towards critical consciousness (Freire, 2018). After learners gain critical consciousness, the next phase of critical pedagogy is to act for the liberation of the collective (Freire, 2018). Through these dialogues at the education booth and peer support spaces, we are recruiting learners to join us in harm

reduction by recognising their expertise. This horizontal approach empowers learners to be active participants in enabling community safety and well-being by sharing what they have learned with their social circles.

Material Resources: Non-Formal Education and The Resource of Friendship

People generally do not arrive at a music festival or a club night with the intention of getting a crash course in the effects of psychoactive substances and harm reduction strategies. As Earth says, “they didn't sign up for that. It's not like they came and they said, ‘I'm coming to Osheaga to see the GRIP!’”. This is both the strength and the challenge of mobilizing the material resource of education within these spaces. It is essential that we meet people who use drugs where they are at, but it can also place constraints on how and what we teach. As both Mars and Earth pointed out, “there's only going to be maybe one chance to give the person information” (Mars), and “the interventions get kind of cut off and the person knows that you're there for only a certain amount of time” (Earth). Often, we are teaching people who are under the influence, who have a show to catch, or are otherwise distracted. How can we know that people are taking up that knowledge and embodying harm reduction practices? Realistically, we can never know for certain.

Nevertheless, because we hold the essential social resources of trust and respect for the people we interact with, we have the confidence that the education we provide has a positive impact. Earth eloquently explains the empowering nature of this teaching, saying, “the limits of the intervention for us is giving you the information and showing you how to use a tool, but then where your power starts is whatever you decide to do with that knowledge or tool”. A common example of this is the distribution of safer snorting kits. This material is very popular whenever I am out a rave, sometimes people know exactly what they are and are happy to take extras to share with their friends. But

for many others, it is the first time anyone has told them that they should clean their key with an alcohol swab before doing a bump or that they should rinse their nostrils after snorting to protect their nasal passages. This harm reduction information and material can have serious positive health impacts, which is exactly why we hand out so many safer snorting kits. Even so, we cannot be following people around the festival making sure they are actually being safer when snorting; and ultimately this would defeat the purpose of our work which promotes self-determination. We trust that given the tools and the information, people will choose to integrate harm reduction practices into their drug use, and hopefully go on to share that knowledge with their social circles and create new norms of drug use within them.

Connecting with others and creating social networks, whether between close friends or strangers, is a key aspect of party culture when taking drugs (Duff, 2008; Duff, 2010), and sharing knowledge of substances is a strategy young people employ to mitigate the risks of substance use (Jakub et al., 2022). At music festivals and raves, particularly in more underground drug cultures, the crowd is a space where people are looking out for one another, with the value of “keeping an eye on your friends, even if you don’t know them” (Van Havere et al., 2015). Friends are an essential part of our intervention practices, whether it be recruiting them to help us in the peer support tent, or when people take it upon themselves to gather extra material to share with their group. Van Schipstal et al. stress the importance of peer involvement in harm reduction, as “practices of drug use generate their own norms and values, and the sharing of information among drug-using peers is widely seen as an indispensable strategy to minimize potential risks and harms” (2016, p. 210).

However, as Mars points out to us, intervening as a friend comes with its own internal negotiations. They explain, “When I’m with friends at a party and even if they know that I’m doing harm reduction, there are some who use a bill to snort, which for

me is totally unacceptable, and there's this thing of how do I negotiate that? I'm not going to start lecturing my friend. And how do I adapt and use my position as a friend to maybe make a better intervention than if I had been behind the booth?". The position of "doing harm reduction" and being a friend can be more complex, but also has the potential to be a deeply impactful intervention. Saturn speaks of these dynamics as well, explaining that "the hats kind of never come off with both [friend or harm reductionist], and that's what I like about harm reduction. It's like, I'm not trying to be a professional saying how to live your life, and when I'm the person at the party, I'm also not going to ignore everything I know just because I don't have the GRIP T-shirt on. So, I think that they're always together". We as harm reduction actors understand both the difficulties and the importance of sharing this information with our friends, and in some ways, we see everyone at events as our friends that we want to take care of. This is where being a part of a beloved community can be transformational. The love and acceptance between friends breaks down barriers and creates space for us to listen closely and empathise with one another, no matter our differences (hooks, 1994).

The material resource of education is mobilized in many forms, and at times it can be difficult to separate the social from the material from the affective. In our practice, we know that they are not separate at all, but deeply interlinked. The social resources of trust, respect and friendship are necessary for the uptake and implementation of the material resource of education. We are trusting individuals to make their own healthy decisions, and to bring the learning that we share with them into the world. We are reaching out and asking people to become our partners in the mission to minimize and mitigate the harms of drug use and prohibition. In this partnership, affective resources are created that work beyond risk mitigation to promote collective action and liberation for people who use drugs.

Affective Resources: Gratitude, Empowerment, and Dissent

Affective resources are the attitudes, feelings, relationships, and experiences that nurture (or weaken) our capacity to act in the interest of our individual and collective well-being (Duff, 2010, p. 342). The affective resources I identify in this section are gratitude, empowerment, and dissent, which work in conjunction to initiate a future where people who use drugs are protected and respected.

Every time I teach at a rave it is unique, but a common thread in my experiences is that people express an abundance of gratitude for our presence. Mars shares the same observation, affirming: "People are amazed every time, there is not a person who is not amazed when they see the stand, there is not a person who does not thank us for being there and that is the most gratifying moment, when people say thank you for being here". People are affected by our presence because we are expressing care for them in a space where they have been taught that they need to take care of themselves. In the neoliberal colonial landscape of Canada, which is shaped by individualism and economic rationalism (Orlowski, 2012), many of us have adjusted to a reality where we are "less able to *provide* care as well as less likely to *receive* it" (The Care Collective, 2020, p. 7). Mars connects these expressions of gratitude to the political sphere, saying "I think that these simple reactions [of gratitude] that may seem ordinary or trivial, for me they are clearly evidence of this link between politics and the care that we provide by being there". By affirming that people who use drugs are not disposable, are deserving of care, and have valuable experiences to share, the affective resource of gratitude emerges because people feel seen and empowered by our presence. This in turn may motivate them to volunteer, share material or knowledge with their friends, or become a harm reduction advocate.

Empowerment as an affective resource speaks again to self-determination and respect for the choices of people who use drugs. While the care we provide is collective, we are supporting people's self determination. As Earth describes it, "It's really more about accompaniment rather than help. So, you're not helping anyone cause helping is like doing the work for them, but it's more that you're there for the person while the person is doing what they need to do for themselves. We could say you're helping the person help themselves". Earth is describing a tenet of liberatory harm reduction, that people who use drugs are trusted to make the decision(s) that are best for them and recognizes them as agents in their own lives. Hassan et al. write, "harm reduction practitioners will never ask someone to admit powerlessness over a behaviour. Instead, a harm reductionist will ask people to step into their power and to take control of their behaviour" (2022, p. 130).

Saturn shares a story that illustrates how "accompanying" someone through a drug experience can break this narrative of powerlessness to a substance and shift to an empowering experience. They remember, "We were in Costa Rica for this festival, and I remember there was this one guy who had his first acid trip. And you know, just telling him this is normal, everything you're experiencing is normal, and then him being like, wow, thank you so much. It went from this very intense, lost moment, to "Oh, I'm feeling empowered and not judged". Saturn's story shows how offering care, reassurance, and a safe and judgement-free space to move through an intense experience is transformative. The feeling of empowerment and control over one's life is an affective resource that works with gratitude to build the final affective resource of dissent.

I use the definition of dissent conceptualized by sustainability scholars O'Brien, Selboe, and Hayward (2018), who write:

Despite diverse expressions, all forms of political dissent suggest a belief or presumption of agency, that is, the ability of individuals to imagine a different future and a sense of purposeful expression of opinions or actions that are at variance with dominant or commonly held beliefs. (p. 8)

The GRIP team is dissenting against the commonly held belief that people who use drugs are hedonistic, irresponsible and a burden to the state (Race, 2009); and that drug use is a criminal issue. Saturn explains that this harm reduction practice is dissenting “how we as a society collectively view addiction and substance use... Why are we dehumanizing humans like that?”. This question highlights why harm reduction work affects us: we love people who use drugs and we are frustrated at policies and attitudes that continue to marginalise and endanger communities that we are deeply connected to. The affect of seeing harm reductionists at raves, providing care and working in solidarity, motivates people to get involved to build a different future for people who use drugs and those who love them.

Conclusion

Enabling resources, whether social, material, or affective, are constantly playing together and are interdependent for creating enabling environments for harm reduction. The legacies of harm reduction organising, and the lived experiences of survival, community, and drug use have brought us to where we are today. This practice is a practice of dissent, of a desire to push for a different future and to imagine different narratives of substance use, education, and care.

Chapter Seven: Discussion and Conclusion

Discussion

Through stories, this thesis explored the peer education-based harm reduction practices of volunteers at the GRIP, and identified the social, affective, and material resources that enable community care. Through this research, I address the rave and nightlife scene which has been overlooked in the literature on harm reduction and peer education. Moreover, harm reduction discourse tends to focus on individual behaviour change (Brothers et al., 2021; Poliquin et al., 2022). While this is an important aspect of harm reduction, it can mask the structural sources of harm that surround us and the practices, behaviours, and interactions within communities that protect people who use drugs from harm (Duff, 2010). Through the conceptual and theoretical frameworks of Liberatory Harm Reduction (Hassan, 2022), Critical Pedagogy (Freire, 2018) and Enabling Environments (Duff, 2010; Rhodes, 2002), this thesis presents three important conclusions:

1. Liberatory harm reduction is a political act of care.
2. Community is an enabling resource we build together.
3. Liberatory harm reduction is a way of being that has implications beyond drug use.

The narratives presented in this thesis have revealed a harm reduction praxis that emerges from below and develops counter narratives that enable community safety, solidarity, and positive social change. This addresses the problem at the center of my inquiry, that while peer education and support have been identified as essential to protecting people who use drugs from harm (Hauspie et al., 2021; Ruane, 2018, Young et al., 2015), practical descriptions of this work are underrepresented in academic publications. However, as Hassan stresses in her book and is demonstrated by the

GRIP's presence at raves for the last 25 years, liberatory harm reduction has existed for decades (Boyd, 2017; Fallu, 2001; Hassan, 2022). Liberatory harm reduction is a resistance and practice of community care that has been on-going, even if it has not been officially recognised by public health, social work, and academic versions of harm reduction. This thesis gathered stories of harm reduction educators and celebrated the liberatory harm reduction praxis they embody with the following overarching tenets.

Political Acts of Care:

Employing narrative inquiry as the chosen methodology, this thesis understands the personal as political (Hanisch, 1969) and that personal stories give insight to the merging of theory and practice. The stories in this thesis present counter narratives to drug use that are not "damage-centred" (Tuck & Yang, 2014). The stories illustrate drugs and people who use drugs as more than sources of risk; instead, people who use drugs are seen as sources of expertise and transgressive power.

As Mars clearly stated, "For me, being able to provide people with information on practices, substances and more broadly to open up the conversation on things that are criminalized and stigmatized... *is a political act of care*". In the Care Manifesto, the authors write: "'Care' is a social capacity and activity involving the nurturing of all that is necessary for the welfare and flourishing of life. Above all, to put care centre stage means recognising and embracing our interdependencies" (The Care Collective, 2020, p. 9).

The GRIP's peer education relates to this manifesto, as it is a practical application of critical pedagogy and liberatory harm reduction that recognises our well-being and liberation as interconnected. This is done as educators initiate dialogues that encourage learners to think critically about drug use to develop critical consciousness; the recognition that punitive drug laws and stigma harms us and our communities. This

approach positions learners as experts in their own life experiences and accountable for their own decisions. This practice of peer education also enacts liberatory harm reduction by recognizing the agency of people who use drugs and rejecting judgment, stigma, and coercion, and as Hassan writes: “We do not force others to change... Liberatory harm reduction is true self-determination and total body autonomy” (2022, p. 9). These values represent a political act of care that is a source of transgressive power not for only people who use drugs, but for anyone whose life experiences are seen as morally or socially unacceptable (Hassan, 2022).

A political act of care is showing up for those whose life experiences are not seen as the “ideal” in society. It is telling people who use drugs that it is okay to talk about their drug use, to ask questions and to learn. Stigma and the criminalization of substances presents a “critical barrier” to people who use drugs accessing harm reduction services like drug checking for fear of policing and social repercussions (Wallace et al., 2022). By openly providing harm reduction services and initiating destigmatizing dialogues in public spaces like music festivals and raves, the GRIP is engaging in a political act of care that declares that people who use drugs deserve safety, joy, and respect. It is a practice that “reflects that our individual control over our choices builds our resilience and is the basis for empowerment that goes beyond the individual to encompass *all of us* surviving” (Hassan, 2022, p. 31). In the context of a drug poisoning health crisis that has seen higher rates of death for youth and young adults under 40 years of age, providing care, overdose prevention training and drug checking at music festivals and raves is a caring practice that saves lives (Wallace et al., 2021; Wallace et al., 2022). By examining the personal stories of harm reductionists, this thesis challenges damage-centric narratives of drug use and celebrates the power of this peer-led practice.

Community is a Resource We Build Together:

As Rhodes (2002) communicates, enabling environments aim to enhance harm reduction impact on the community level rather than just at the individual level. The resource of community is built by the harm reductionists at the GRIP, along with the people in the crowds, event organisers, artists, and activists. It is a collective effort that is stitched together by a shared love for music, dance, counterculture, and connection. As everyone brings their own unique life history and perspective to the whole, there is a sense of interdependence and shared responsibility. This is an example of a beloved community, “where loving ties of care and knowing bind us together in our differences” (hooks, 1995, p. 264).

Building both solidarity and true diversity into community makes for an enabling environment where harm reduction can move beyond individual interventions to spark political power and caring communities. To achieve this, solidarity and true diversity are essential. True diversity means we do not all think alike and requires a “reflective solidarity” which allows us to connect even when we disagree (Dean, 1996, p. 17). Jodi Dean presents “reflective solidarity as the openness to difference which lets our disagreements provide the basis for connection... [and is] the kind of solidarity that grows out of intimate relationships of love and friendship” (Dean, 1996, p. 17). The values of openness, tolerance, and friendship within the community of educators at the GRIP creates a space where we can be open to support and care for those with different life experiences from our own. Liberatory harm reduction is “grace in action”, as sometimes it is “the only way we can stay in community with people we really love and be able to offer grace and not judge them” (Morgan, as cited in Hassan, 2022, p. 324). This thesis presented the emotional labour and challenging nature of this work. Supporting and accompanying people through the spectrum of drug experiences, mental health crises, violence, and structural harm is heavy work that cannot be done in

isolation. The community found at the GRIP provides the acceptance, diversity, and grace that is essential to the sustainability and resilience of harm reduction actors.

The GRIP'S values mirror those of liberatory harm reduction, which is a collective effort that draws on the experiences of marginalized communities; including people who use drugs, sex workers, people of colour, queer and gender expansive communities. These communities were integral to the founding of the harm reduction movement (Boyd, 2017; Hassan, 2022). By recognizing their contributions and listening deeply to their needs today, we can learn from their survival strategies and enable practical, equitable harm reduction for our communities. Furthermore, advocating for the rights of these communities is key to harm reduction praxis; as we are reminded that "the so-called 'war on drugs' is a lens through which wars on people of colour, on young people, and on the poor are fought" (INPUD, 2014, p. 3). Advocating for the rights of people who use drugs is ultimately a form of peer support, as it involves consciousness raising, social support and the identification of common goals (Cyr et al., p. 17, 2016).

This thesis also identified a notable lack of support for liberatory harm reduction activities; including a scarcity of material support, a need for the recognition of the emotional labour of harm reduction, and a lack of acceptance that people who use drugs deserve unconditional care. As Saturn expressed, "I wish that our government or just society in general would view this work as important and not as a waste of time". The GRIP's work of building a caring community for people who use drugs and providing peer support and education is a labour of love. It embodies critical pedagogy and advocacy work to build up the resource of community, and ultimately build a collective movement towards a more just and inclusive society.

Liberatory Harm Reduction as a Way of Being:

Looking forward, to build the just and caring world that the harm reductionists in this thesis are working towards, harm reduction needs to move beyond the dancefloor. As Duff wrote, "a harm reduction practice more attuned to these enabling resources will be a harm reduction more intimately entwined in the fabric of everyday life. This intimacy is arguably the goal of most existing harm reduction policies and programs" (2010, p. 342). Liberatory harm reduction strategies need to be tailored to the specific needs and realities of the community, by the community, rather than being imposed from outside. This way, harm reduction can become way of being through embodied agency and praxis. Queer scholar Kane Race defines embodied agency as a way of modifying and building upon the official safety recommendations in ways that are practical for drug-using contexts (2009). Embodied agency is not something that is imposed by health authorities or non-profits, but rather from the people who use drugs themselves. This empowers people who use drugs to intertwine harm reduction into their daily lives and to be agents of positive change within their community (Duff, 2010, p. 342). To be an agent of change, it is essential to have a deep understanding of your community and its issues.

The educators in this thesis are implicated in the communities they work with and are enabling embodied agency through their teaching and support. This non-formal learning empowers people to make informed decisions that consider the unique circumstances in which they use drugs. Moreover, embodied agency encourages learners to become harm reduction advocates in their social circles. This builds a community of support and a meaningful harm reduction praxis led by people who use drugs that can move beyond individual interventions at a festival or rave. Furthermore, bell hooks (1994) reminds us that praxis is not an abstract concept, but rather something we can show up for in our daily lives. We can embody liberatory harm

reduction praxis by creating supportive spaces for others to explore their needs and make decisions that are right for them, without judgement or coercion. How could we improve or dismantle the fields of social work, education, and public health through a liberatory harm reduction way of being? How could we respect the self-determination and total body autonomy of students, seniors, or people in need of care? What would a caring and harm reduction approach look like for our natural world? By seeing liberatory harm reduction as a way of being, we take the lessons of the pioneers of the harm reduction movement and work towards a collective praxis that values and prioritizes the care and flourishing of all beings.

Conclusion

Program of Research

When I began conceptualizing this thesis, I was curious about harm reduction teaching because of my life experiences but had no idea where I fit in the world of research and academia. I knew that harm reduction was a topic I could sink my teeth into and spend the next two years (or beyond) reading, writing, and thinking endlessly about it. However, when I started looking for a thesis supervisor, bringing up the topic of raves and drug use into professors' offices felt uncomfortable. Suddenly, my rough research proposal with the title "How do we take care of each other?" felt very exposing, and I wondered if I was in the right faculty. Should I have done a Master of Social Work after all? Was this more of a public health project than an education one? Does anyone even care about ravers? Will I be judged because I am a raver?

Despite my unease, the faculty of education professors I spoke with encouraged me and guided me to meet Dr. Emmanuel Tabi, whose enthusiasm for this project was instant. His belief in this topic, along with the keenness from my research participants, the coordinators at the GRIP and the Social Sciences and Humanities Research Council, helped me realise that I was exactly where I was meant to be. Shira Hassan's book defining liberatory harm reduction, *Saving Our Own Lives*, being released midway through my thesis work felt like another moment of synchronicity. A reminder and gentle encouragement that harm reduction theory existed beyond the fields of public health or social work. That there was room for me to explore these stories and try and capture a bit of the magic I experience teaching at raves.

Working through this thesis has helped me discover my program of research. My program of research emphasizes the emotional lives of educators, and their role in creating caring and safe communities. This thesis research has highlighted the impact of

lived experience and educator identity in transgressive education. It has enabled me to work in community and learn as much from ravers, activists, and my peers at the GRIP as from theorists or academic journals. This thesis has set the foundation for me to continue working with the concepts of care, community, and critical pedagogy for the wellbeing of people who use drugs.

Contributions to the Field and Research Limitations

Overall, this thesis has expanded the conversation of what education means by exploring the under researched topic of liberatory harm reduction. This thesis presents peer education as a pathway to safety and embodied agency for people who use drugs, and as a deeply personal and emotional practice for peer educators. Additionally, despite the small sample size, this thesis captures the perspectives of gender expansive people and women. Public health tends to approach to harm reduction without gender considerations, or frames overdose as a men's health crisis (Collins et al., 2019). However, (both cis and transgender) women and gender-diverse people experience vulnerabilities relating to their identities, and scholars and activists have called for the consideration of gender identities in harm reduction research (Collins et al., 2019; Perri et al., 2022). This thesis provides a platform for the stories of gender-fluid and gender-neutral people working in harm reduction to be shared. Finally, considering the emotional lives of harm reduction educators is a key contribution to the field, as it illustrates emotion as more than just affect, but as the lived experiences that shape us.

Considering the importance of lived experience in this thesis, the first limitation of this research is that it does not speak to the learners about their experiences of peer education and liberatory harm reduction. An area of further research would be to explore the narratives of people who use drugs and their stories of harm reduction learning to better understand the impacts of this teaching. Another limitation of this

research is the small number of research participants and the fact that they were all recruited from the same organisation, which limits its generalizability, even within the scope of the nightlife scene in Montréal/ Tiohtià:ke. A broader scope of research participants, from organisations across Canada such as Good Night Out Vancouver, or Toronto's TRIP! Project could give insights to harm reduction practice in different cities. A limitation of narrative inquiry is the heavy implication of the researcher in the interpretation and representation of the narratives, which are therefore influenced by my own biases. Future studies may consider an interdisciplinary approach that includes the perspectives of many researchers from the fields of education, social work, public health and beyond.

A Note on Addiction

At the start of this thesis, I make the distinction that I do not discuss addiction in this research project. This was done with the intention of speaking from my own lived experience of drug use and to avoid a "damaged-centered" research gaze. However, I recognize that addiction is a reality of drug use, and that throughout my life my drug use may shift on the spectrum from controlled to chaotic use. Liberatory harm reduction as an approach to addiction care is possible, allowing for self-determination without reducing addiction to a personal moral failing. If we consider the on-going opioid crisis from a liberatory harm reduction lens, it does not label opioid use as inherently risky (Hassan, 2022, p. 124). It does, however, look upstream of the current crisis to recognize how capitalism heightened the risk and harms of opioid use. Jones et al. (2019) describe the origins of the opioid epidemic on Turtle Island, explaining how Purdue Pharma and Abbott began comarketing OxyContin in 1996 and greatly influenced pain-management programs and physician prescribing habits. OxyContin was marketed as a "nonaddictive alternative to traditional opioids", but by 2016 the FDA formally recognized OxyContin's addictive potential when prescribed to patients (Hedgpeth, 2023). In 2016, there were

2861 opioid-related deaths and 16 opioid-related hospitalizations each day in Canada (Belzak & Halverson, 2018). In that same year, Purdue Pharma had accumulated \$31 billion in revenue (Ryan, Girion & Glover, 2016). In the interest of profit, doctors and patients were not given accurate information regarding the risks of prescription opioids, which interfered with the self-determination and informed decision-making essential to liberatory harm reduction.

In 2019, in the wake of civil litigation, Purdue Pharma filed for bankruptcy, allowing the owners (the Sackler family) to “enjoy civil immunity despite their direct role in the opioid crisis” (Hedgpeth, p. 34, 2023). Purdue Pharma has now transformed into a for-profit corporate entity that produces opioid-overdose reversal and addiction treatment medication (Edgell, 2020). Liberatory harm reduction is highly critical of systems of addiction care (within public-health and the private sphere) due a history of corporate interests and corruption, such as Purdue Pharma. Hassan writes, “liberatory harm reduction is a belief that laws, capitalism, and carceral systems (including -gasp- social work and medical settings) are harmful and must be transformed or eliminated altogether so that we can access the kinds of help and healing that work for our bodies and communities” (2022, p. 35). A liberatory harm reduction way of being for addiction care is to understand drug use as a survival strategy for chronic physical and emotional pain, and that total abstinence may not be the solution for everyone, while still a being life-saving option for many. Liberatory harm reduction asks us to heal in community by “breaking isolation, being present, and accompanying each other’s journeys” (Hassan, 2022, p. 129).

Future Directions

At the end of each of my interviews, I always asked the same final question: Is there anything else you’d like to say about harm reduction, your work, or something we

didn't touch on today? All three participants responded by looking to the future with hope, love, and imagination. Liberatory harm reduction is transformative and transgressive. As a praxis it aims to dismantle systemic roots of harm with a vision of a more just and equitable future where everyone's autonomy and self-determination is respected. To conclude this thesis, I would like to leave you with the visions of the future of the three research participants as a reminder of the many paths the future of caring in community can take.

Earth's Vision:

"I hope that it becomes more of a norm rather than an exception because it's really exceptional the type of service that they [the GRIP] offer to everyone... I hope harm reduction will expand to every part of life."

Saturn's Vision:

"I would love to see it more in school settings. I really believe that working with youth and giving them tools from a young age can prevent a lot of negative effects in the future. A lot of it is just, oh, I didn't know this. It was just one step away. I think it's an extra step that could really do a lot of good."

Mars' Vision:

"Well, I imagine that there would be larger meeting spaces, for example before the festival, which would be freely accessible to everyone where there could be discussions, information, people sharing their lived experiences. A space where there could be exchanges that are much more comprehensive or animated by people."

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Appendix A

Interview Guide

Warm up: What brought you to work in harm reduction?

RQ1. What lived experiences motivated volunteers to become community educators?

When did you start volunteering with GRIP? What drew you to the organisation?

How did you get introduced to harm reduction? Was there a moment when you felt like you wanted to get involved?

Do you remember the first time you volunteered? Can you tell me about your experience?

What do you find challenging about this work? What motivates you to keep doing this work despite these challenges? How do you take care of yourself in doing this work?

RQ2. What social, material, and affective resources are created and mobilised in their teaching?

Do you feel a sense of community when you're volunteering? Why or why not? Can you describe what that feels like?

Are there other groups at these events that support you (attendees, medical staff, organisers, security, police)? Are there groups you feel less supported by?

When you're handing out harm reduction supplies, what is most popular? Does that surprise you? Why or why not? What is not popular?

Do you feel confident teaching and supporting at these events? Has your confidence grown since you started? Are there times when you feel uneasy? Why do you think that is?

What skill(s) have you learned working with GRIP? Do you use these skills in your own life? What does that look like?

Do you volunteer with your friends? Have you made friends doing this work?

SQ3. What do these narratives reveal about harm reduction praxis in non-traditional educational spaces?

Describe what it's like to work at the outreach booth or the peer support "sanctuary". How do you feel when you're there? What do you find challenging? What do you find inspiring?

What are some unusual or new harm reduction strategies you've learned from your time volunteering with GRIP?

Do you find there are common situations that come up in festival settings? Do you notice a difference between legal and illegal raves?

Wrap up: Is there anything else you'd like to say about harm reduction, your work, or something we didn't touch on today?

Appendix B

Informed Consent Form and Ethics Certificate

Researchers:

Principle Investigator:

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Master of Arts in Education and Society.

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Title of Project: Caring in community: A narrative inquiry into agency, harm reduction and peer education.

Sponsors: This project is funded by the Social Sciences and Humanities Research Council of Canada (SSHRC) through the 2022 Canada Graduate Scholarships-Master's (CGS M) Program.

Introduction:

I am Aria Brunetti, a student at McGill University completing my master's thesis in education and a fellow volunteer at GRIP. I am doing research on peer education as a tool for harm reduction. This form is to give you information about my research project and invite you to participate. You will be given a copy of the full Participant Consent Form. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. This consent form may contain words that you do not understand. Please ask me to stop as we go through the information, and I will take time to explain. If you have questions, you can ask me at any time.

Purpose of the Study:

The purpose of this study is to explore how peer-to-peer education can be an effective tool in harm reduction for people who use drugs. Using stories, this research aims to answer the question: How do peer education-based harm reduction practices contribute to creating an enabling environment? An enabling environment is one where people feel a sense of community, have the resources they need (like condoms, naloxone, ear plugs, etc.) and are empowered to keep themselves and their friends safe.

I would like to hear the stories of what motivated you to start volunteering at GRIP and talk about if or how this work makes you feel empowered.

Study Procedures:

This research will involve your participation in a single one-on-one interview over MS Teams. This interview will take about 45 minutes to one hour. You are not required to participate by video therefore you may turn your camera function off if you wish. The audio of the interview will be recorded and stored on Aria Brunetti's personal computer, which is password protected.

The interview will have two parts. This first part I will listen to the story/stories you want to share about your experiences teaching at festivals and raves. For the second part of the interview, I will ask you some questions about your experience.

We will not ask you to share personal beliefs, practices or to disclose any details of your own experiences with drugs or alcohol, and you do not have to share anything that you are not comfortable sharing.

I will record the audio of our conversation and transcribe it into text. Only me and my faculty supervisor Emmanuel Tabi will have access to the audio and transcriptions. Recording and transcribing our conversation is necessary because in my research I will analyze these stories and look for common themes and lessons we can learn about peer education and harm reduction.

Voluntary Participation:

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. You can decline to answer any question or take part in any procedure. You may withdraw from the study at any time, for any reason. The choice that you make will have no impact on your position as a volunteer with GRIP, and your choice to participate in this study will not be shared with GRIP.

If you choose to withdraw during or right after the study, all information obtained up until that point will be destroyed unless you specify otherwise at the time of withdrawal. Once data has been combined for publication, it may not be possible to withdraw your data in its entirety. We can only remove your dataset from further analysis and from use in future publications. Identifiable data will be kept for 7 years.

Potential Risks:

There are no anticipated risks to you by participating in this research. However, the subject matter of this research is potentially harmful. Discussion of illicit substances can be sensitive, and sometimes a story shared willingly can unintentionally bring up difficult emotions. I will provide a list of local resources if what is shared becomes

emotionally charged, and remind you that at any time we can stop or pause the interview process. You do not need to give any reason for not responding to any question, or for refusing to take part in the interview. Although all reasonable precautions are taken, there is always the possibility of third-party interception when using communications through the internet (such as MS Teams).

Benefits:

Participating in this study will have no direct benefit for you, but we hope to learn more about the power of peer education as a tool for harm reduction as there is little research describing this work.

Compensation:

To compensate you for your time, we will give you a \$25.00 pre-paid Mastercard gift card that will be sent to you via email. You are entitled to full compensation regardless of the extent of your participation.

Confidentiality:

Your participation in this research will not be shared with anyone at GRIP. However, the GRIP community will be aware of the research project and this may draw attention and you may be asked questions by other volunteers. We will not be sharing information about you to anyone outside of the research team (Aria Brunetti and Dr. Emmanuel Tabi).

The information that we collect from this research project will be kept private. Any information about you will have a pseudonym (a fake name) instead of your name. Only the researchers will know your pseudonym and that information will be password protected and encrypted.

The audio recordings of the interviews are solely for the use of the researcher. They will not be shared with anyone else, and files will be password protected and encrypted. Confidentiality may only be broken in the following circumstances: if you present a serious danger to yourself or another person, or if you report the physical or sexual abuse of a minor. In these circumstances we will contact the necessary authorities.

Please choose the options you are most comfortable with and agree to:

Yes: ☐ No: ☐ You consent to be identified by name in reports.

Yes: ☐ No: ☐ You consent to be identified by the pseudonym (fake name) in reports assigned by the Principal Investigator (Aria Brunetti)

Yes: ☐ No: ☐ You consent for your de-identified data to be used for future, unspecified uses.

Dissemination of Results:

The results of this research will be shared as part of the requirements of Aria Brunetti's Masters thesis and will be presented in academic settings. The thesis will be available to read online and will be shared with participants. Furthermore, a shorter summary will be created to be shared with participants and GRIP.

Questions:

If you have questions about this project, please contact Aria Brunetti at aria.brunetti@mail.mcgill.ca or by phone at 604-328-5254.

If you have any ethical concerns or complaints about your participation in this study, and want to speak with someone not on the research team, please contact the Associate Director, Research Ethics at 514-398-6831 or lynda.mcneil@mcgill.ca citing REB file number 22-07-021.

Certificate of Consent:

Please sign below if you have read the above information and consent to participate in this study. Agreeing to participate in this study does not waive any of your rights or release the researchers from their responsibilities. To ensure the study is being conducted properly, authorized individuals, such as a member of the Research Ethics Board, may have access to your information. A copy of this consent form will be given to you and the researcher will keep a copy.

Participant Name: (please print) _____

Participant Signature: _____

Date: _____



Research Ethics Board Office
James Administration Bldg.
845 Sherbrooke Street West, Rm 325
Montreal, QC H3A 0G4

Tel: (514) 398-6831

Website: <https://mcgill.ca/research/research/compliance/human/reb-i-ii-iii>

Research Ethics Board 2
Certificate of Ethical Acceptability of Research Involving Humans

REB File #: 22-07-021

Project Title: Caring in community: A narrative inquiry into agency, harm reduction and peer education

Principal Investigator: Aria Brunetti

Department: Integrated Studies in Education

Status: Master's Student

Supervisor: Professor Emmanuel Tabi

Approval Period: July 25, 2022 – July 24, 2023

The REB 2 reviewed and approved this project by delegated review in accordance with the requirements of the McGill University Policy on the Ethical Conduct of Research Involving Human Participants and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.

Georgia Kalavritinos
Ethics Review Administrator

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- * Approval is granted only for the research and purposes described.
 - * Modifications to the approved research must be reviewed and approved by the REB before they can be implemented.
 - * A Request for Renewal form must be submitted before the above expiry date. Research cannot be conducted without a current ethics approval. Submit 2-3 weeks ahead of the expiry date.
 - * When a project has been completed or terminated, a Study Closure form must be submitted.
 - * Unanticipated issues that may increase the risk level to participants or that may have other ethical implications must be promptly reported to the REB. Serious adverse events experienced by a participant in conjunction with the research must be reported to the REB without delay.
 - * The REB must be promptly notified of any new information that may affect the welfare or consent of participants.
 - * The REB must be notified of any suspension or cancellation imposed by a funding agency or regulatory body that is related to this study.
 - * The REB must be notified of any findings that may have ethical implications or may affect the decision of the REB.