

# Young Adults' Pathways of Navigating Harms and Pleasure Related to Recreational Poly-Drug Use: A Complex Balancing Act

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## Abstract

**Background:** This paper examines the drug use and harm reduction practices of a subset of young adults in the Greater London area who engage in recreational poly-drug use. It traces their complex relationships with three popular party drugs – MDMA/ecstasy, cocaine, and alcohol – and explores the difficulties of balancing the harms and benefits within the context of situated poly-drug use practices.

**Method:** Longitudinal qualitative interviews with 31 young adults, aged 22 to 25. Three phases of thematic, semi-structured interviews were conducted from February 2018 to April 2019.

**Results:** This paper describes participants' relationships to both MDMA and cocaine and the various ways they balance the risks and pleasures associated with these drugs. Participants appeared to succeed in balancing the two with MDMA, based largely on effective harm reduction messaging. With their cocaine use, however, we see a rise in challenges complicating this balancing act. Framed by 'harm reduction from below,' this paper shows that participants generally see cocaine's adverse effects as less physically and mentally harmful than those of MDMA and this is reflected in their drug use choices. But the perception of cocaine's relative safety has consequences, particularly when we consider the drug's normalization and acceptability in spaces where it is frequently co-consumed with alcohol. In light of their consistent co-consumption of cocaine and alcohol, this pathway analysis suggests that participants' efforts to reduce harm in one instance could create more harm and long-term negative effects in another. And as a result, participants struggle to bring the risk and pleasure of this co-consumption into balance.

**Conclusion:** Further exploration on both young peoples' evolving motivations of drug choice and use and on how young people navigate the nuances of balancing acts within their poly-drug use would be a helpful contribution to advancing field of harm reduction. An emphasis on the psychological and physical risks of the prevalent practice of co-consuming cocaine and alcohol are also encouraged.

**Keywords:** Poly-Drug Use, Youth, Harm Reduction, Alcohol, Mdma/Ecstasy, Cocaine

## Background

Empirical studies on young adults' engagement with psychoactive substances are plentiful and have provided valuable ethnographic insights into behaviors such as binge drinking and illicit drug taking [1-5]. A rationale for this study was to further contribute to this field on young adults' drug use practices with an emphasis on real user voices, perceptions, and practices of poly-drug use [6-8]. We strive to generate insights on young peoples' experiential understanding of their drug use by specifically exploring their negotiation of risk and pleasure, advancing the influential work by Hunt, et al. [9]. Their research illustrates how, when we choose to examine drug use preferences and practices, the better equipped we are to understand the ways young adults conceptualize and negotiate risk

and pleasure. Similarly, we are indebted to Duff whose stance that "drug use ought to be understood as a complex and heterogeneous assemblages of risk, conscious and unconscious choices and decisions." (385) sparks us to look at participants' attempts to balance risk and pleasure not as imperfect but as striving to evolve while simultaneously adjusting for a multitude of factors [10]. Building on such studies, this current one demonstrates the myriad of concerns that young adults take into consideration in order to find a desired balance between risk and harms and how those factors potentially shift based, for example, on their life circumstances or what matters to them in a particular moment.

This paper focuses on emerging adults' dynamic drug use practices, specifically with those who have experience with both MDMA

and cocaine. By weighing the risks and benefits between the different highs and lows and seeking an effect that best suits them and the context within which they are using, participants presented here are engaging with ‘balancing acts’, a constant monitoring and modulation of an ever-changing list of positive and negatives outcomes and effects [11]. Several scholars have argued that young adults are capable of balancing the risks and benefits of their regular drug use quite successfully [12–14]. As will be looked at in greater detail below, this is embodied by participants and their MDMA use. They take pleasure in its effects, yet thanks in part to effective harm reduction messaging warning of risks of serotonin depletion, and decreased attendance in raves and clubs resulting in irregular use, have struck a balanced relationship. But how does ‘aging out’ of these recreational spaces and entering into a world of pubs and bars – and all the complexities that accompany drinking spaces – impact young people looking to maintain a balanced relationship with their drug use?

As the narratives below show, what complicates this balancing act is that risk and pleasure are not understood in absolute terms but rather relative to several factors such as location, mood, other drugs consumed, socialites, and life circumstances [9]. Adding an additional layer to this complication is that young adults look beyond the physical realm of pleasures and harms, they also consider the social efficacies of their drug use decisions, such as the benefit of a stimulant which allows for longer periods of connection [12]. Importantly, this act is part of the larger concept, ‘harm reduction from below.’ This concept reflects how young people who use drugs generally self-regulate, assert reflexive agency, and create and share strategies within and between their peer groups to minimize harm [15].

Though motivated by safety concerns, this ‘harm reduction from below’ practice exposes participants to additional harms. Cocaine, the drug participants tended to perceive to be less harmful than MDMA in several ways via their cost-benefit analysis, is so tightly connected with alcohol that often the various harms of this legal drug, as well as those of mixing of the two, were often overlooked or dismissed. Linking participants’ situated practices and patterns of regular co-consumption of cocaine and alcohol to harm reduction is essential for two related reasons. One, because it gives us an indication of where harm reduction messaging can be redirected and two, it guides us to where we can be better attuned to how life stages and transitions can complicate a once stable balancing act.

This paper describes situated drug use practices of 31 young adults living in the Greater London area. England has a relatively high prevalence of MDMA, cocaine, and alcohol use. Young people in England rank as one of the top consumers of MDMA, with a prevalence rate of 3.1% in 2018 [16]. In England, cocaine powder is the second most popular illicit drug with 16 to 24-year old’s having the highest prevalence rate of 5.3% [17]. In 2018, 13.4% of young adults (aged 15 to 35) reported having used cocaine, the highest in Europe [18]. A recent study of waste water from major

European cities discovered that Londoners consume 23 kilograms of cocaine each day, which is an exceptionally high volume, more than Amsterdam, Berlin, and Barcelona combined [19]. Traces of cocaine in London’s waste water increased only slightly on weekends, suggesting steady use during the week. Moreover, this data suggests that cocaine is being used daily in non-event-based environments, often in spaces that people frequent after work such as bars and pubs – a testament to its recreational acceptability. Alcohol rates amongst 15 to 24-year old are currently showing signs of decreasing [20]. However, among those aged 15 to 49 in England, alcohol is now the leading risk factor for ill-health and early mortality indicating that this substance (still) requires our attention to alert individuals to the harm of alcohol consumption [21]. These statistics are important to consider, as these legal and illegal substances have been linked to short- and long-term health risks, and present physical and health risks as well [22]. Specifically, in 2019 in England and Wales, there were 708 cocaine-related deaths in (a 186% increase since 2014) and 8,974 deaths from alcohol-specific causes [17, 23].

## Methods

This paper is based on the experiences of 31 young people, aged 22 to 25 based in the Greater London area. Participants, 23 men and 8 women, were recruited based on their responses to the timeline follow back instrument, which tracked respondents’ drug consumption over the past 60 days. If they reported more than three illicit drug use events with any drug (not only MDMA and cocaine) within that time, they were invited to participate in the study.

Longitudinal qualitative interviews were conducted at the Social Genetic and Development Psychiatry Centre at King’s College, London from February 2018 to April 2019. They were designed to explore the kinds of illicit drugs used, the reasons for use, temporal patterns, sources of information, and negative and positive experiences and sought to gain an in-depth understanding of the dynamic relationship between balancing recreation and risk. The thematic, semi-structured interviews took place in three phases. The first interview was an introduction to get to know the participants and to gather basic information on their drug use: substances used, first experiences, context and socialites of use, and sources of information. In the second interview, they were probed on the specifics of their practices such as dosing and combining substances. In the third interview, we delved into how they viewed their relationship with drugs. The staggered interviews allowed for a deeper and more evolved understanding of participants’ drug use, experiences, practices and trajectories as it allowed them to report how their practices unfolded over 14 months.

All interviews were conducted face-to-face with the author and ranged from 30 minutes to 120 minutes, depending on the participants’ history of drug use. Anonymity was ensured to protect participants; all identifying information has been removed and pseudonyms are used. Participants were compensated for their involvement. Interviews were transcribed in full and analyzed using

NVivo software with inductive coding, with an initial round of open coding and a second round of axial coding. Analysis was carried out by the author. This study received ethics clearance through the Amsterdam Institution for Social Science Research.

Limitations with this study are largely methodological in nature. The sample size is relatively small and homologous for the Greater London population; only seven participants identified as non-white and the majority were university educated. Another limitation was that the data collected was only during face-to-face interviews, there was no opportunity to observe drug use practices first-hand. As an attempt to correct for this, the research team developed the photo elicitation approach, where participants were instructed to take photos at any point during a drug using experience (without faces or any identifying information) and share them to be securely stored and used as prompts in the following interviews.

## Results

Stemming from the user experience, the analysis begins with a brief look at participants relationship to MDMA, then pivots to an exploration of their relationship to cocaine and how they attempt to balance the risks and harms of this more popular choice. Then we establish the reasons why this harm reduction choice should be more critically examined, as cocaine more than MDMA, is perceived by participants as a common and acceptable, low-risk drug. Exposure to harm appears when we examine the increase in co-consumption with alcohol and negative feelings that participants report as a result from this harm reduction practice.

### Situated MDMA Use

While participants had experience with a variety of drugs, the interest of this paper is on their relationship with three commonly used recreational drugs: MDMA/ecstasy, cocaine, and alcohol. After cannabis, MDMA was the second most used illicit drug among participants, 27 out of 31 (87%) had used it. They enjoyed MDMA when they went out “raving” or “to a festival or club night.” Notably, they did not use MDMA “at the pub or sitting at home” or while “just having a few drinks.” As Jeff (23) succinctly expressed, “I wouldn’t go to the pub and have a big drinking session and take MDMA, it’s more for a bit of coke.” This supports the view that MDMA is an event-based drug: its planned use typically pivots around events such as raves, club nights, and festivals and importantly, not around drinking sessions or other alcohol focused events and spaces [24]. As young adults grow out of the above scenes where MDMA is commonly used, their use of it also decreases [25]. Natalie (23) pointed out one of the ways in which MDMA and pubs are incompatible:

If you were taking MD [MA] in a pub, it would just be, you know what I mean, it’s a bit, I mean some people might frown upon taking coke in a pub, but it’s more of a... you can still be sociable and normal with people that aren’t taking cocaine.

Frasier (24) agreed and emphasized that one’s appearance and be-

havior makes cocaine use, not MDMA, normal and popular at a bar: “You can tell if someone is quite high on [cocaine] but you can more blend into a drunk crowd. Whereas I don’t think if you are on MDMA you could blend into a drunk crowd.” Here, Frasier alludes to the visible grinding of teeth that would seem out of place in a bar.

Another sign of maturing came from Joseph (23), who saw regular MDMA use as unsustainable. He explained why he used it only sporadically, a view shared by his peers:

There wouldn’t be a single day where I would be like, after I’ve done MD[MA], the next day would I be like, ‘I want to do MD [MA] again.’ Never has that ever happened to me because I’m coming down, I’ve depleted all my serotonin, I feel like shit.

Joseph consciously leaves several months between sessions to allow his serotonin levels to replenish, reflecting an understanding and embodiment of harm reduction for MDMA use [26]. Participants had positive things to say about using MDMA. For some, it was one of the “best things they’ve ever done”:

I’d say MDMA is probably the most influential event in my entire life. I think it changed me pretty radically into a different person for the better. Looking back, I never truly empathized with anyone else, right to the core, you know, to the soul if you will, and MDMA allowed me to do that for the first time. (Macmillan, 23)

Jesse (22) emphasized the transformative effect of MDMA: “...I didn’t realize that drugs did that to you. Like cocaine is good fun, but it’s not like, it doesn’t bring you a raw emotion like [MDMA] does.” Jeff (23) had a similar experience and compared the effects of MDMA to those of cocaine: “...euphoric highs, self-described, isn’t it? Yeah, sort of similar to what I said about cocaine, nice feeling, more energy.” While it is undeniable that these participants had positive experiences with MDMA, the same individuals had significantly fewer positive associations with cocaine, a drug they used much more frequently.

### The Appeal of Cocaine

Cocaine powder was the third most used illicit substance among participants, with 24 out of 31 (78%) having used it. Participants snorted cocaine with friends and strangers alike, indicating that cocaine was a social, not solitary, activity. Relatedly, none of the participants had ever used cocaine on their own, further evidence that drug use is a social and ritualized practice that bonds young people to their peers [27]. There was no uniform moment when cocaine was first used, some had their first experience in high school, some later at university, and others once they had joined the workforce.

Participants reporting using cocaine at home, at parties, and at after-work drinks, in dorms, pubs, bars, clubs, and recording studios. Wherever drinking alcohol was accepted, cocaine was present, supporting the idea that cocaine and alcohol are closely inter-

twined. This is important as bars and pubs were the most popular places for participants to socialize: the place to watch football or eat a meal or act as the meeting point to begin a night of pub-hopping – confirming pubs and bars as fixtures in the lifestyles of British youth and beyond [28].

Resulting from a thematic analysis, participants' reasons to use cocaine can be understood by four motivations. The first is spontaneity/curiosity ("That's the only reason I tried [cocaine] in the first place, I was like, 'Well I haven't tried it.' Obviously, I know it's a bad thing, I mean drugs are bad, but, um, yeah, I guess, I just really thought, 'Fuck it, why not?'" Azealia, 22). The second is to gain confidence/connect with people ("You literally feel like you can go up and talk to anyone" Dean, 23). The third is to gain energy/stay awake ("I'd use it mainly at the end of the night, I guess, when I'm on a bit of a comedown from MD[MA], or kind of finish a festival and get home" Kiera, 22). The fourth is to sober up/continue drinking. Using cocaine to combat the depressing effects of alcohol and to "boost [you] through the evening" (Dexter, 22) is of particular interest here as it indicates a potentially dependent cycle of poly-drug use. Jesse (22) relied on the stimulating effects of cocaine to allow him to continue drinking, particularly if he had already drunk too much: "Coke, I keep as a little top up, it saves me." Others, like Dexter and Jesse, disclosing that their cocaine use is almost always motivated by their alcohol use signals a strong pattern of co-consumption, a behavior that will be examined for its unintended risks later on.

### Reducing Harm?

Since all participants who had used cocaine had also used MDMA, it was natural for them to draw comparisons between the highs and lows of the two drugs in an attempt to achieve a desired effect of their drug use. Dean (23) explained the overlapping effects of MDMA and cocaine:

...cocaine is sort of similar to MD[MA] in a way, in that you feel it sort of takes down barriers or filters in your mind. Whereas you'd normally sort of have filters like, "Should I say that?" or something like that, but with MD[MA] and coke, it just takes away that filter and you become very confident with no inhibitions and just enjoying yourself.

Participants pointed to similarities and differences in their experiences with cocaine and MDMA. Cocaine is like MDMA but "without all the baggage" and gets you "a little higher up but you can keep your jaw still," making it "a bit [of an] easier choice." The 'baggage' to avoid is the depletion of serotonin associated with comedowns, the nausea associated with 'peaking' on ecstasy, bruxism or teeth grinding, and concerns about the quality of pills. In light of these issues, many viewed cocaine as providing a more manageable high than MDMA.

I'd been offered coke and coke didn't make me like, as nuts as MDMA did. I didn't seem to get as bad comedowns, I didn't chew

off my face. It still gave you the pretty good high but didn't have the sort of dirty side effects of MDMA. (Declan, 23)

I had [cocaine] and I actually enjoyed it far more than I did ecstasy and that was sort of the point where I completely stopped doing ecstasy, in like, it wasn't the drug to do if I was at a party. It started becoming cocaine, it wasn't seen as aggressive and like, your head's not all over the place as with ecstasy. So that's how I switched from one to the other. (Adam, 22)

Some of the drugs are a bit easier to take more regularly than the others. I wouldn't be able to do pills [MDMA] every weekend cos I feel like it affects me, I feel burnt out for like three, four days, so if I was doing that every weekend, it would ruin me. I feel like, coke you might feel a little bit shitty the next day or feel a bit rough, but I don't feel like it's that long lasting with side effects. (Nicky, 22)

Natalie (23) enjoyed the sense of control cocaine gave her although she admitted that the loss of control she experienced with MDMA had some appeal: "I see [MDMA] as sort of, you are going to get a bit, you know, loose, whereas with coke, I feel like you are sort of still with it? Not as fun to be fair."

Cocaine was seen as less disruptive to everyday routines than MDMA; it could be integrated more fluidly in the spaces where participants socialized. Cocaine helped to lubricate their social lives and had the added benefit of helping them to stay awake and be with friends for longer. Another reason cocaine was seen as less harmful was that drug sellers would sometimes mention purity levels when selling it, perhaps giving the illusion that the powder had already been tested and thus giving buyers a false sense of safety.

The above examples of participants shifting from MDMA to cocaine point to a form of harm reduction. In light of their personal experiences, they weighed the pleasures and risks of both drugs and concluded that cocaine has fewer undesirable effects. However, in their attempts to balance risk and pleasure associated with their cocaine use, they are confronted with unforeseen risks particularly when we consider the lived effects of this practice. Unlike MDMA, participants did not treat cocaine as a drug for events; it was used more regularly, more spontaneously, and more recreationally. This insight is supported by two observations: cocaine is ubiquitous in youths' nightlife and is perceived as a low-risk drug. This understanding provides a foundation for examining the challenges of this balancing act: the unexpected risks of the frequent and cyclical relationship of the co-consumption of cocaine and alcohol that develops out of participants' quest for a less harmful high.

### Ubiquitous in Young Adults' Nightlife

All participants expressed that cocaine is ubiquitous and normalized within their social circles. This shared understanding was



present with all participants regardless of how often they use cocaine. As an infrequent user, Angel (22) disclosed:

I'm not really motivated to do [cocaine]. I've never gone out with a plan that I was going to do coke at a party or a night out. Sometimes it's just, if there are a few people doing it, then you do it as well, and it's a bit of fun, but it's not like...I guess that's, yeah, that's the one I would say I enjoy the least, mostly because it makes me feel shit in the morning.

Angel disinterest in using cocaine but doing so anyway for "a bit of fun," even when he knows he will feel bad the next day is disconcerting, albeit a practice held by many. Jesse (22), who uses cocaine regularly, explained that when he felt the need to take a break from his regular cocaine use, he would not buy it. But since cocaine is omnipresent in his peer group, his choice to not buy it did not affect its availability; it would inevitably appear and he would often not be able to resist.

Sometimes I've not planned to do [cocaine] but then end up doing it anyway, but like, yeah, it's not, I don't know... it's good sometimes when everyone else is on it. A lot of my friends do it as well, it's not like I'm peer pressured into doing it, it's just like, it's there and I want to do it as well, cos like, I don't want to be the one [not to], cos they're annoying and then I'm just tired.

The self-reflection in Jesse's choice to take a break from using cocaine, and that he often fails to stick to his intentions, speaks to the complexities of co-consumption and how entrenched cocaine has become in participants' social lives. Cocaine was not only present and normalized in participants' peer groups, but in the spaces where they socialized. In bars and pubs, cocaine, more than any other drug, was the drug to use and/or come across.

But usually, if we're going on a big night and we're at the pub, that's usually where everybody else is, like, getting coke. (Kiera, 23)

But these days, if I'm going to go to the pub, then coke is the option. (Adrian, 23)

I mean, coke just became an association with [going] drinking. (Mortimer, 23)

While the above statements suggest that cocaine is normalized in spaces associated with recreation, a few participants shared stories of cocaine use being socially acceptable in spaces rarely associated with pleasure, namely the workplace. Tim (23) described how he was introduced to cocaine by his colleagues at a recruitment agency at their office Christmas party. As the new hire, he felt pressured to join his colleagues, which resulted in a "Wolf of Wall Street type bender." Declan (23) used cocaine heavily throughout university, mostly for recreation. However, he recounted one bar shift on December 31st that began with his boss inviting staff to help

themselves to lines of cocaine in the staffroom as a gift and aid for working the busy New Year's Eve shift, suggesting that this drug serves multiple purposes – pleasure and function – reaffirming its' acceptability in multiple spaces.

### Perceived Low-Risk

Cocaine has several properties that make it a fitting drug to be used recreationally. It does not typically require much preparation or planning; one does not need to set aside time to experience cocaine's short and immediate effects. While participants mentioned using at-home drug purity testing kits for MDMA, no one had ever tested their cocaine. This suggests that participants do not see it as necessary, that cocaine has less chance of being contaminated. This also fuels the idea that cocaine is "easy to use." Its brief high and instant reward is an appealing alternative to a longer and energy-consuming high of MDMA. Participants could rely on cocaine to elevate their normal feelings; they knew they were not going to disconnect from reality or disassociate. Instead, they would become more "with it," thus making it the more appealing – and often spontaneous – choice.

Cocaine powder was reported easy to dose. While participants expressed fears about overdosing on alcohol, ketamine, LSD, cannabis, and MDMA, not one participant expressed concerns about overdosing on cocaine. Similarly, while accurate measurements of doses for many drugs was important, Jeff (23) for example, preferred to 'eyeball' approach to a line: "you'd be more aware of your dosage [with ketamine] rather than with cocaine, if you have a bigger line, it's not really going to change too much."

Another sentiment shared by participants was that "you don't really say no to free coke." Participants understood that, for their student budgets, cocaine is expensive. If anyone from or outside of their social circle offered them cocaine, regardless of whether they wanted it or had planned for it, they would generally accept the invitation to get high for free. Such spontaneous use points to cocaine being seen as a 'non-committal' drug – one can go to a pub and accept a line from someone without planning it, and this can have minimal impact on them, their actions, or the trajectory of their evening. Cocaine flows casually through social circles and drinking spaces, and can be accessed easily and spontaneously, regardless of (prior) intention. This sentiment, and cocaine being seen as a low-risk drug, are captured in Kaitlin's description of its prevalence, and how casually she describes her decision to take it:

...someone always has it, like, it doesn't matter if you go out and think, "No, I'm not going to do any," someone always comes to you like, "Oh, you want a line?" "Well, yeah, ok, alright." (Kaitlin, 22)

### Co-Consumption of Alcohol and Cocaine

Alcohol and cocaine are often used in the same space, leading to overlapping use. Although one is licit and the other illicit, both are easily accessible, perceived low-threshold, low-risk drugs.

Their use is moreover compatible: the stimulating effects of cocaine complement the depressing effects of alcohol [29]. Additionally, cocaine helps one to sober up, while alcohol lowers inhibitions. Drinking can lead to unintended behavior which, can include the increased and/or unplanned use of cocaine.

The relationship of poly-drug use has been examined elsewhere by Nichter et al. whose writing on the co-consumption of tobacco and alcohol highlights a strong association between two legal substances [30]. They suggest that on its own, tobacco is a highly stigmatized substance but when used together with alcohol, its use is normalized, acceptable, and seen as ‘a packaged deal.’ The analysis on participant co-consumption patterns that follows draws upon that insight, but instead focuses on cocaine’s considerable increase in acceptability within the backdrop of alcohol consumption and drinking spaces. We now zoom in on the particulars of this relationship and the interaction of the two drugs to arrive at an understanding that participants harm reduction practice of shifting away from MDMA use in favors of cocaine is producing additional risks.

Excessive consumption of alcohol is associated with sloppiness, aggression, and memory loss. Participants often used cocaine to overcome these negative effects of alcohol: “Coke keeps you from getting too drunk, which is good” (Jesse, 22). Cocaine also helped them to sober up so that they could either continue drinking or not become a ‘sloppy drunk’: “You can drink loads and you go out and you think you’re sober but you’re not. But you’re doing less mad stuff than if you were just drunk” (Jesse, 22). Snorting cocaine becomes a way to reduce the harms of drinking, something that Jesse learned at age 14.

I was at my brother’s house and his mates were round and I was drinking with them, but I didn’t realize what they were doing, cos they were drinking loads and not getting drunk and I was getting really drunk. And I went to the toilet and I was throwing up and his mate walked in and was like, “Oh, crap,” and he was like, “Do you want some?” And I said, “What is it?” And he said, “It wakes you up a bit.” I knew what it was, yeah, and I thought “Should I do it?” And I’d seen it in films and things like that. I tried it and I felt like Super Mario, you know, when he takes the gold star thing, yeah. I felt tired and ill [before] and then after that, I was like, “Woah.” My brother beat him up though, cos he was like, “You shouldn’t be giving my brother...” But he helped me out, so.

Jesse views his cocaine use as “serving a function” when he’s been drinking. He elaborates:

If I’m out and I’m getting a bit tired, I’d do some cocaine. If I know I’ve got a really big night out, cos coke makes you, you don’t get as drunk. And like, you can drink more and not get as sick if you drink too much. Cos now I’ve done it before, like, you drink the same amount before having used cocaine but then you get to the point where you’re like, ‘Ok, I need some now or I’m going to be fucked in a minute.’

While this may hint at the efficacy of cocaine to sober up, it also shows that Jesse’s use of the powder to mitigate the harms of alcohol has made him reliant on the drug. He doesn’t necessarily use cocaine for pleasure; it has become “like a little safety net” for his drinking. Jesse continues, exposing the dependent nature of this cycle:

If you drink too much, you fall into a state and you can’t move, so when you feel that happening, that’s what it’s there for... it just stops me from getting too messed up. But then once you’ve had a little bit, you want more of it, so.

The experiences of Kaitlyn (22), likewise hint at reliance – of how the intoxicating effects of alcohol and cocaine together have the potential to fuel a co-dependent relationship.

Ahh, highly addictive, once you start, you can’t... I started taking it when I was drinking and it sobers you up. Then it just becomes like, your everyday, like, as soon as you have more drink than you can handle, it’s like, “Ok, let’s get some coke and drink some more!”

Although Natalie (23) was aware that her drinking was negatively affecting her memory, she chose to use cocaine to temporarily improve the situation rather than address her alcohol use: “But the one thing with coke is, if I take coke, I will remember my night for some reason. If I drink, I’ll often have black out bits, so I guess that’s a positive in a way, cos I’ll remember everything that happened.”

These excerpts suggest that when young people take cocaine to negate the unwanted effects of alcohol, they are doing so with ‘good intentions’: it helps them to reduce the social and physical risks associated with drunkenness. They are aware of the risks of excessive alcohol consumption, like drunkenness, and balance this out with cocaine’s sobering effect. This well-established balancing act of tinkering with ‘uppers’ and ‘downers’ is common place with poly-drug use, however what seems to be absent from these narratives is the awareness of what other risks arises from this attempt to balance risk and harm [31].

The excerpts also reveal that intoxication often leads to spontaneous decision-making. Regardless of their intentions, participants would often find themselves buying or accepting offers of cocaine after having consumed alcohol, pointing to alcohol’s potential to lead to poly-drug use. As Natalie (23) admits, “it would be a last-minute silly decision after a few drinks like, ‘Yeah, it’d be a good idea to get some coke.’” Although Natalie makes this sound harmless, lowered inhibitions in spaces where cocaine is present and normalized had serious consequences for participants’ well-being.

Participants identified alcohol to be the substance they have the most challenging relationship with. For example, Jesse (22) states:

"I don't like to not have a drink in my hand. Alcohol is the main problem, I think. I mean the other stuff [cocaine] just comes with it." What stands out in Jesse's story, and those of his peers, is that the substance and behavior they most want to get under control is alcohol and drinking – often the catalyst for their cocaine use. Paradoxically, drinking is rarely understood as a risky activity, "but rather as an almost essential activity that features as an integral and unquestioned part of being young" [27].

The stories of co-consuming alcohol and cocaine suggest a cycle of reliance on both substances. Participants' relationship with cocaine was further explored by looking at the lived effects of this co-consumption, how this route to address the unwanted effects of alcohol negatively impacted on their well-being. The stories also contain possible warning signs of dependency.

### Negative Experiences with Cocaine

A key finding of this study is that participants continued to use cocaine, even when their enjoyment of it had waned. They were asked about their motivations to use cocaine and how they felt after they used it. Their responses generally ranged from indifferent to negative, while they expressed feelings of detachment, guilt, and remorse in connection to their cocaine use. These negative feelings were felt most strongly the following day, although some indicated that feelings of emptiness and disconnect persisted.

With MD[MA] I think I quite enjoy the feelings it gives me. With coke I didn't really get that, I just felt quite rush-y and I felt quite disconnected from myself... I think it was an escape for me. (Kiera, 22)

I feel very guilty when I do cocaine now. I don't actually enjoy it, I actually wake up the next day and I think, "I never want to do that again, why did I do that? I can't get to sleep and it's six in the morning." (Natalie, 23)

Cocaine hasn't enriched [my life] a lot, really. I don't really like cocaine as much, to be honest... But yeah, the reason I don't like it as much is because often afterwards, I think, "Was there a need to have it?" But I always end up getting it anyway. It's always good at the time, but as soon as you run out, you're just sort of empty. (Jeff, 23)

Jeff admitted that while he continues to use cocaine because "it's good at the time," alluding to alcohol's influence on his decision, he struggles to see this behavior as pleasurable and questions whether his actions are having a positive impact on his life.

Tom (23), a weekly cocaine user, reflected on the negative aspects of his cocaine use: "It's expensive, so I've probably bought it before when I couldn't afford it. And then, just being of a bit of cringe, just talking a lot, and waking up feeling a bit embarrassed. It obviously makes me feel anxious the next day, a lot of the time." Tom could not point to anything positive arising from his weekly

habit: "I just can't think if I've actually gained anything out of it. Nothing is really benefited from it." Strikingly, both Jeff and Tom used cocaine recreationally without much enthusiasm while reporting significant short and long-term negative effects. Jesse (22) reported something similar, but his words suggest something bleaker:

There are times when I am doing [cocaine] that it is not like affecting us anymore, but we are just doing it to not come down. To stay awake. When it gets like that, it's a bit like, "What the fuck am I doing?" But it's the darkest one, where you get like the worst thoughts from them than any of the others.

In these moments, Jesse uses cocaine not because it allows him to feel something positive, but "to not come down," indicating that he is aware of the negative feelings that await but does not want to face them. Klaus (23) echoes that his continued use of the drug is driven by avoiding the negative effects of a comedown that await: "I take more because I don't want to come off the drug". Viewed in this light, their cocaine use not only lacks the positive effects it once had but fuels their negative thoughts on their practices and lifestyles.

These experiences prompt us to consider why, with so many negative emotions tied to regular use, these participants continue to see their cocaine use as harmless. A possible answer is dependency. Both cocaine and alcohol have a high potential for dependency-like behaviors to develop [32,33]. Although some participants had what seemed to be a problematic relationship with cocaine and/or alcohol, none stated that they were dependent on either. But in light of the practices noted above, this possibility should not be overlooked.

Finally, participants' emphasis on how both their cocaine uses and co-consumption practices are negatively affecting them psychologically is noteworthy as it accurately reflects young people who use drugs particular concerns, elements useful for effective harm reduction messaging.

### Discussion

This study raises two main points for discussion. The first concerns harm reduction messaging. The participants in this study sought to reduce harm when they used MDMA – behavior brought about by well-circulated and effective public health messages on the responsible use of MDMA (see: [rollsafe.org](https://rollsafe.org)). Messages of moderation, links to purchase at-home purity tests, a detailed check list for safer use, are coupled with warnings of the risks of combining MDMA with alcohol. Both alcohol and MDMA are associated with dehydration, with co-consumption compounding the risk. Combining the two can also increase the risk of hyperthermia, particularly when the user is expelling excessive energy by dancing and perhaps not drinking enough liquids [34]. Such warnings, spread by both institutionalized harm reduction efforts and by public health organizations, have been effective; for the most part, young people

enjoy MDMA in moderation and take care to minimize their alcohol consumption with MDMA. If the decision is not motivated by safety, there is still the intention to avoid alcohol for “its dulling effect on the euphoria of MDMA” (Natalie, 23).

While participants’ approach to MDMA appeared to be influenced by effective safer drug use messaging, in contrast, participants demonstrated little knowledge about harm reduction for cocaine use in the interviews. Concerns about safer snorting, short or long-term health damage from overuse, nasal flushing, testing for adulterants were hardly discussed; yet can significantly help reduce the harms of snorting cocaine [35]. Relatedly, concerns about mixing cocaine with alcohol was not discussed by participants, yet they were aware of the risks of mixing MDMA and other commonly used party drugs GHB and ketamine with alcohol. The lack of harm reduction advice aimed at the way participants were using it in tandem with alcohol may signal to young people that the drug poses less harm than the drugs they are consistently warned about, such as MDMA/ecstasy.

We consider the shift from MDMA to cocaine as an instance of ‘harm reduction from below’: a cost-benefit analysis based on individuals’ experiential knowledge that results in practices that minimize harm [12, 14, 15]. While responding to harm reduction messaging, participants reported a shift away from MDMA and sought out a high that felt ‘less’: less time consuming, less intense, less perceived risk, and less planning. Many found what they were looking for in cocaine. Participants reported that the high from cocaine is both physically and mentally more manageable while the comedown is both physically and mentally less severe. These understandings are noteworthy as it shows how young people consciously engage with their practices of chemical use, reinforcing key findings from the Chemical Youth project [12]. Young people constantly adjust their drug use patterns to their changing life conditions, to their peer groups, and to warnings of potential harm; they evaluate the benefits and harms of substances in relation to what else is going on in their lives. MDMA is the preferred drug for parties and dance events, while cocaine fits better with everyday socializing.

Nevertheless, the decision to shift from MDMA to cocaine in search of a less harmful high has unintended and harmful consequences; it is not a direct trade but comes with additional challenges related to cocaine almost entirely being used in tandem with another habit-forming harmful drug. Additionally, cocaine is not an event-based drug like MDMA/ecstasy; participants reported cocaine to be widely available, compatible and acceptable in their social circles and socializing spaces. This normalization of cocaine and the lack of effective harm reduction messaging on the dependency potential of this drug leads them to perceive of cocaine as low risk, which is further supported by its ability to be used casually and spontaneously. Concerns emerge when we zoom out and examine the context in which this harm reduction choice is embedded.

Pulling back, we arrive to the second discussion point related to the challenges that young people encounter with this harm reduction practice, namely that it encourages binge drinking and produces internal toxicity. Here, we see how out of balance this balancing act can become. The stimulating effects of cocaine give people a false sense of sobriety, leading to greater alcohol consumption. While some studies point to the declining drinking rate for emerging adults in England, we also see studies warning of increased binge drinking behavior amongst young adults, indicating that decrease has not coincided with a reduction in alcohol-related harms [36, 37].

Participants consistently reported using cocaine together with alcohol, oftentimes excessively. While the co-consumption of these two drugs is pervasive, it is considered unsafe to mix the two. Once both cocaine and alcohol enter the bloodstream, they mix together as waste products in the liver to form coca ethylene, a toxin that can cause cardiovascular issues, stroke, and liver damage [38]. Coca ethylene toxicity is thought to be associated with sudden death and heart damage in people who use cocaine [38]. Additionally, alcohol has a sedative effect, which is how we typically learn to gauge drunkenness, yet stimulants counter the feeling of sedation. This underestimation of intoxication leads to excessive drinking, lowered inhibitions, increased risk of liver damage and dehydration. These effects emerge from the dependent relationship and toxic cycle of combining stimulants with depressants, which some participants exhibited. Finally, the regular co-consumption of two addictive substances means the potential for dependency must also be considered. Despite the efforts to find a balance via cautious measurements, some participants did show signs of quite unbalanced practices, hinting at economic and dependency issues.

The stories of the participants also provide insight into the spatial aspects of substance use. When young people graduate from clubs and raves to pubs and bars, their choice of substances also changes [39]. As mentioned above, MDMA is not the norm in places participants and their peers currently regularly socialize in and will likely remain in; there are certain roles and expectations one embodies when socializing in a bar [40]. But do harm reduction messages grow up with these young adults and reflect their needs? Participants emphasized that the negative effects of their cocaine use were psychological rather than physical; they were more concerned with how their cocaine use negatively affects their disposition than their health. Relatedly, with current studies like Sumnall et al. that further explore what matters in how people who use drugs make decisions about their use, our understanding of harm, risk, and motivations related to cocaine use continues to expand and messages should reflect these matters [41].

This insight that young people who use drugs focus on the immediate, visible effects over longer-term invisible internal toxicities can also be applied to harm reduction messaging. If harm reduction messages addressed the concerns of these young poly-drug users and reflected the particular ways in which they are using co-



caine, they could be more alert to the harms associated with their co-consumption and perhaps more inclined to re-evaluate them. Participants stated that the behavior they most struggled to control was their use of alcohol. Given the widespread and unconditional acceptance of this licit substance, young adults seeking to address this behavior require support, which could come in the form of harm reduction messages tailored to youth, binge drinking, and intoxication and an emphasis on alcohol-free choices.

While an aim of this paper was to highlight the additional harms that this harm reduction from below practice brings, we find value in analyzing this finding further. Participants never consumed cocaine without alcohol, and since we believe that young people who use drugs have agency over their use and awareness of weighing the risks and the benefits, we must acknowledge that the frequent co-consumption is, of course, also pleasurable. Just as this paper aims to not overlook the harms this co-consumption may inflict, we must also not overlook the pleasures young people take in this practice, both physiological and performative as this point us to what types of things matter to them when making decisions about their drug use [10]. Similarly, it was not the aim of this paper to contribute to a moral panic over the risks involved in young people's drug use but rather to focus on their normalized and routinized practices, examine their situated practices by showing how they tinker with their drug use, how they balancing risk and pleasure, and what aspects of drug use matter to them at a given point in their lives [27].

Young adults are constantly navigating and transitioning through changing life circumstances, which impacts their motivations and reasons for drug use. We find value in thinking expansively about their trajectories, as it helps to frame our understanding of the multiple processes that young people who use drugs encounter as they age, and how these impacts their changing motivations for choosing and using drugs and what effect this has on their attempt to balance risk and harm, which is also embraced by Raikhel and Garriot [42].

Since this paper focuses on the situated practices of people who use drugs, it is worthwhile to imagine how the conditions of the Covid-19 pandemic might have impacted participants' drug use during lockdown and isolation. Participants reported that the home was also fitting place to use cocaine, and that drinking alcohol occurred almost as much at home as it did in public. They enjoy these drugs, sometimes together with cannabis, when 'just sitting around,' suggesting that the co-consumption patterns of alcohol and cocaine might have been amplified during the many months that participants were stuck at home. Considering how new situated drug use practices, such as an increase in unsupervised use in the private sphere, are brought about by the pandemic should also be of consideration to harm reduction messaging.

There is no simple or uniform way of estimating drug-related risks, as understandings hinge on distinct structural and social constructs

[43]. When asked to consider various types of harm related to cannabis and alcohol including physical effects, impact on mental health, injuries, social consequences, and dependence, students in the United Kingdom deemed alcohol to be the more harmful substance [44]. Beyond highlighting the glaring disconnect between drug policy and user perceptions, this finding – mirroring that of this study – underlines the complex relationship that young people have with alcohol: while legal and encouraged, it is undoubtedly understood as a harmful substance. With this in mind, we see an urgent need to have a clear understanding of how young people negate the risks and pleasures of not only their poly-drug use of common party drugs, but of 'simply' alcohol as well.

While this paper discusses illegal drugs, perhaps the more pronounced issue is the relationship that young people have with alcohol, which plays a lead role in their social lives and leisure and is often the instigator for additional drug use. May this study serve as a reminder that alcohol is a psychoactive substance. Its consumption should be viewed in terms of both pleasure and harm, as is the case with all mind-altering substances. Harm reduction messaging should re-emphasize the dangers of (excessive) alcohol consumption as the narratives presented above suggest that attaching another substance, such as cocaine or tobacco, to alcohol instantly increases its accessibility and acceptability and simultaneously decreases its stigmatization [30].

## Conclusion

The narratives presented in this paper highlight how young adults navigate the harms and pleasures associated with their drug use and how they experiment with party drugs to achieve a balanced act of drug use. Their stories serve to deepen our understanding of young adults' relationships to common drugs like MDMA, cocaine, and alcohol, and highlight the complications of balancing the risks and benefits. Participants found that by tinkering with their usage of MDMA and cocaine, they were able to avoid MDMA's negative effects but still enjoy the intoxicating effects of an illicit substance, in essence, creating a balance between risk and pleasure. This decision was based on several factors, including the perception of cocaine as a comparatively low-risk drug with a more manageable high. But the choice to mitigate certain risks associated with MDMA comes at a cost, with three main factors contributing to the fact that this decision actually creates more risks for young people. The first is that MDMA is often used in clubs, a space that participants are 'aging out of,' while cocaine is pervasive in spaces such as pubs and bars, where they socialize the most. Second, MDMA is commonly seen as event-based drug, meaning that it often requires planning. Cocaine, by comparison, is used indiscriminately, frequently, and unintentionally. For the young people in this study, cocaine is not a niche drug; it is not reserved for a particular space but flows seamlessly into most settings, making it appear a low-threshold drug. Third, whereas MDMA is often used with minimal or no alcohol, cocaine is almost always used in tandem with alcohol. These findings reflect insights from the Chemical Youth project (chemicalyouth.org) which reveal the dynamism

of young people's practices of substance use [12]. This study also reveals how tinkering with substances may expose individuals to potential additional harm, particularly when we consider the pattern of frequent co-consumption. Their harm reduction choice – to use cocaine instead of MDMA – leaves them facing short and long-term harm, both physical and psychological.

In order to support, without judgement, young adults' responsible recreational drug use, we need to be able to consider that they see both the positives and the negatives in their drug use and that these are not fixed but evolve over their life trajectory and thus require constant re-evaluations from both harm reduction from below and above.

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