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# Caring for “Hassle-Free Highs” in Amsterdam

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**SUMMARY** *In this article we present some of our ethnographic findings from the city of Amsterdam, where health authorities and practitioners have implemented harm reduction strategies that build on and reinforce young drug users’ practices of self-regulation and care. Amsterdam’s harm reduction policies build on the premises that harm is not a direct, always present consequence of recreational drug use and that harm reduction strategies will be more effective when they engage with the collective, material, and affective practices constantly evolving within drug-using communities. This approach to caring for drug-using youth is “unsettled” in two ways. In light of both, the city carefully tailors drug information campaigns to speak to the lived experiences of drug users. First, it concerns finding the right balance between warning drug users about negative effects and acknowledging that they are seeking and experiencing positive effects. Second, it concerns the ever-changing market for recreational drugs. Ethnographic fieldwork in the ChemicalYouth project sought to better understand the lived experiences of young drug users and what they do to minimize risks. We identified five distinct and interlocking self-regulation techniques that youth themselves employ and share with their peers in their quest for “hassle-free highs.” [Amsterdam, care, drugs, harm reduction, youth]*

Caring can be unsettling when it concerns caring for young people who use psychoactive substances for fun. As schools, parents, municipal health institutions, and drug authorities try to protect teenagers and young adults from harm, they must navigate between the Scylla of criminalizing recreational drug use and the Charybdis of unintentionally endorsing it.

The theory and practice of *harm reduction* emerged out of efforts to combat the spread of HIV among injecting drug users and evidence from successful needle exchange programs in the Netherlands, the United Kingdom, and Australia in the 1980s. Although the needle exchange programs did not stop people from shooting up, the nonjudgmental provision of information and techniques to use drugs more safely did help to prevent the transmission of HIV. Most proponents of harm reduction approaches to drug use agree that policies built on moralism and legal sanctions stigmatize and marginalize people who use drugs, thereby compounding potential risks. Many proponents of

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[Correction added on 21st December, after first online publication: Author names and affiliations are added.]

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harm reduction also argue that drug users, rather than being treated as criminals, should be cared for as addicts or patients. This latter view, however, tends to ignore the extent to which recreational drug users can and do care for themselves and each other (Uitermark and Cohen 2006).

One of the main aims of the recently concluded ChemicalYouth project was to better understand how youths self-regulate their use of drugs, practices that we have termed *harm reduction from below* (Van Schipstal et al. 2016; Hardon and Hymans 2016). In this article, we present some of our ethnographic findings from the city of Amsterdam, where health authorities and practitioners have implemented harm reduction strategies that build on and reinforce young drug users' practices of self-regulation and care. Amsterdam is known for its pragmatic and sometimes paradoxical approach to drugs. Officially, the city's drug policy is based on distinguishing between "soft" and "hard" drugs (Reinarman 2005; Uitermark 2004). Cannabis is considered a soft drug and can be bought for recreational use in "coffee shops" and consumed in public. In contrast, cocaine and ecstasy are deemed hard drugs to avoid. Our research, however, exposed numerous gray areas: although festival organizers are expected to prevent cocaine and ecstasy from entering their sites, festival participants can consume these drugs without repercussions. Although bars and clubs are expected to police the use of cocaine on their premises, their monitoring does not extend to the toilets. The city also proudly sponsors the annual three-day Amsterdam Dance Event—which would hardly be a success if people did not use drugs—and assigns a night ambassador to deal with problems should they arise.

Amsterdam's harm reduction policies build on the premises that harm is not a direct, always present consequence of recreational drug use and that harm reduction strategies will be more effective when they engage with the "collective, material, and affective practices constantly evolving within drug using communities" (Van Schipstal et al. 2016:211). This approach to caring for drug-using youth is "unsettled" in two ways. First, it concerns finding the right balance between warning drug users about negative effects and acknowledging that they are seeking and experiencing positive effects. Second, it concerns the ever-changing market for recreational drugs. In light of both, the city carefully tailors drug information campaigns to speak to the lived experiences of drug users. It does so in collaboration with the volunteer organization *Unity*, whose members consist of experienced substance users who act as peers at dance events and festivals, creating relations of support across generations and answering the questions of novices. The city also tracks the ever-changing content of available drugs by sponsoring pill-testing facilities for drug users where pills, powders, and liquids can be quickly tested on site to indicate possible ingredients and approximate levels of purity or be sent to a lab for more thorough testing. The test results feed into a surveillance system managed by the Trimbos Institute, which is the mental health and addiction institute of the Netherlands, which links changing drug use patterns to reports on adverse effects from medical facilities such as emergency care in selected hospitals. When adverse outcomes are reported, the Trimbos Institute informs local authorities and sends drug alerts to users in the form of push notifications with their app, Red Alert.

Ethnographic fieldwork in the ChemicalYouth project sought to better understand the safety concerns of young drug users, how they self-regulate to balance pleasure and harm, and what they do to minimize risks. We identified five distinct and interlocking self-regulation techniques that youth themselves employ and share with their peers in their quest for “hassle-free highs” (Van Schipstal et al. 2016). The five techniques are: (1) controlling for quality, (2) cautious dosing, (3) attuning spaces and moods, (4) balancing acts, and (5) online support. Below we show how they are enabled by and intersect with the harm reduction care provided by the city of Amsterdam.

## Methods

Our field sites included techno and psychedelic festivals, clubs, private after parties, and an online forum for the exploration of uncharted designer drugs. Alongside participant observation, we held a total of 103 in-depth interviews with forty-seven recreational drug users at festivals, twenty-five regular poly-drug users at after parties, twenty-four night-life workers, and seven designer drug experimenters, otherwise known as “cosmonauts.” The interviews, which consisted of open-ended questions, were recorded and transcribed. Repeat interviews allowed us to compare and contrast participant responses and to follow up on key themes and practices of self-regulation. Most of our interlocutors, who ranged in age between eighteen and thirty-four, had middle-class backgrounds and lived in Amsterdam. The findings from our online research “were triangulated with non-participatory online observation on various websites (*lurking*), interactive participatory observation in a drugs forum (Forum Y) using member profiles, and Skype-based and face-to-face interviews” (Van Schipstal et al. 2016). To protect our informants, we ensured them full anonymity; in consultation with our ethics committee, we also anonymized quotes from forum Y so that they cannot be traced to the original website (for detail on methods, see Berning and Hardon 2016).

## Controlling for Quality

Drug quality was a key concern for all of our interlocutors. In the face of uncertainty about the content of pills and powders, the most common strategy was to obtain drugs only from friends and trusted dealers. Friends would share the phone numbers of trusted dealers, whereas more experienced users would be responsible for purchasing and distributing drugs at parties, clubs, and festivals. For designer drugs, which tend to be purchased online, youth would consult drug forums that grade the quality of suppliers (Berning and Hardon 2016).

Amsterdam’s harm reduction initiatives recognize these concerns and offer facilities to test the content and quality of drugs. The most common party drug, ecstasy, comes in an ever-changing assortment of “brands” such as “Superman” and “Ikea.” Pills are sent to a laboratory to analyze their content, with the online *Pill Report* (<https://pillreports.net/>) sharing the results of government pill testing. Online forums give further tips for the visual inspection of pills and powders using microscopes.

The city's harm reduction program informs drug users on substandard drugs when these are observed in the pill-testing facilities. It does so through the Red Alert app,<sup>1</sup> which many of our interlocutors had installed on their phones. Alongside warnings about new risky substances, the app also provides general advice such as on the increasingly high dosages of MDMA found in ecstasy pills. It specifically warns that higher dosages of MDMA do not enhance the desired "love effect" but do increase negative effects such as feeling wired and tense.

On rare occasions, the city also turns to more aggressive information campaigns. The authorities, however, seek to keep these to a minimum so that drug users do not perceive their messages as crying wolf. Several tourists died in December 2014 after consuming cocaine cut with white heroin, bought from a street dealer. On this occasion, the city set up prominent warning screens on busy street corners and in nightlife neighborhoods to warn potential drug users not to buy from street dealers (Fig. 1).

Interestingly, the city's harm reduction efforts have the most effect on locals, who rarely suffer serious adverse events. But such is not the case among tourists to the city. Amsterdam's official visitor information site includes a leaflet warning tourists that drugs in the Netherlands can be more potent than what they may be used to (Fig. 2).<sup>2</sup>

### Cautious Dosing

Our interlocutors stressed that they wanted to keep it "fun," and one way of assuring the party remains "hassle-free" was being attentive to dosage. We observed many tried-and-tested techniques for careful dosing, often under the guidance of experienced users. This was especially visible at after parties, where small groups of friends break off from the busy, public gathering to continue the evening in a private, intimate space. In these relaxed settings, people

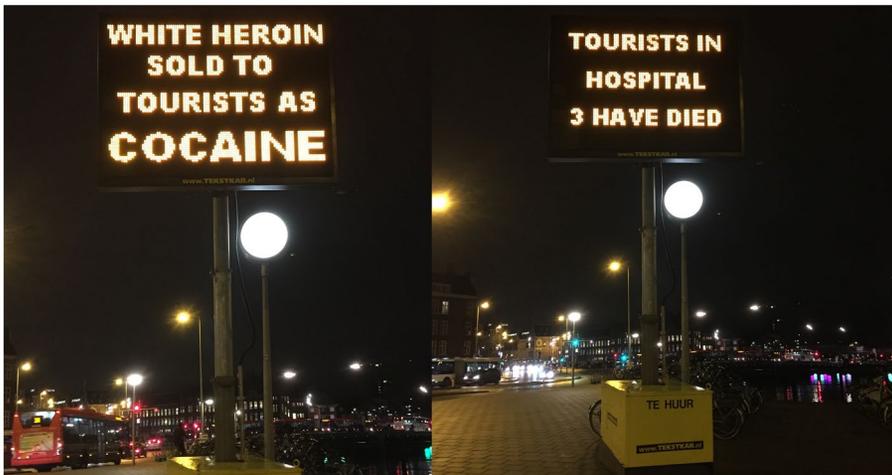


Figure 1.  
Warnings, December 2014.  
[Color figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]



**Figure 2.**  
**Information leaflet prepared for tourists to Amsterdam. [Color figure can be viewed at wileyonlinelibrary.com]**

typically choose to use substances that will ease the comedown of drugs previously taken at the party. One popular substance consumed at after parties is GHB, which users say takes the edge off their ecstasy comedown while creating within the group a lovey and cozy feeling. Heleen, also known as “Mama G,” kept a logbook listing the attendees at an after party, the amount of the easily overdosed party drug GHB she had served them (in milliliters), and the time of ingestion (Fig. 3). “While the dosing itself is easily controlled through the use of pipettes ... estimating the time between doses is more difficult for many users as the drug has a drowsy, woozy effect” (Van Schipstal et al. 2016). Heleen’s practice of ensuring their after-party vibe stayed fun spread through this network of friends, suggesting that youth often do not need to look further than their own peer group to learn how to use and enjoy drugs safely.

Another technique involved administering drugs in light of the user’s body mass index. Dennis, an experienced user, was in charge of dosing MDMA, the active ingredient in ecstasy that comes in the form of powder or crystals, at an after party: “So, here we go! I am going to measure the exact dose of MDMA for everybody. One by one you can tell me how much you guys weigh and the rule of thumb basically is 1.5 times the bodyweight” (in Van Schipstal et al. 2016:204). His dosing advice echoes the instructions for use given in a brochure on MDMA distributed by Unity at festivals, which states “a recreational dose = your weight in Kg  $\times$  1–1.5 mg MDMA. For someone who weighs 70kg this would be 70–105 mg MDMA. This is the dose at which you feel the full effect, while minimizing the risk.”<sup>3</sup>

A technique used by our interlocutors for designer drugs—for which the optimal dose remains unknown—entails “allergy dosing.” Like Albert Hofmann’s first intentional trial of LSD in 1943, the idea is to begin with the smallest amount that could have a psychoactive effect (Hofmann 2009). A post on an online drug forum gives step-by-step instructions:

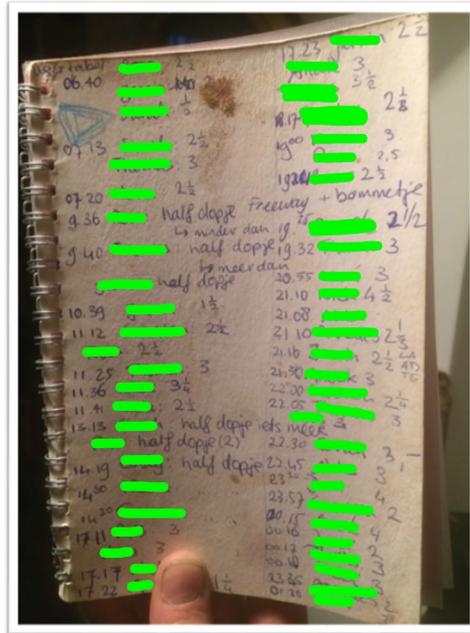


Figure 3.

Heleen's GHB logbook. Photo by Inge van Schipstal. [Color figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

Measure out approximately 5mg of your material ... Dissolve your 5 mg in 1 liter of distilled water and allow to go into solution. Your solution should now have a concentration of approximately 5 µg/ml. Measure out 1 ml of water and hold it in your mouth for 5–10 minutes to see if any reaction occurs. If not, swallow and wait 1 hour to see if any reaction occurs. If no reaction has occurred, repeat the same operation with 2 ml of water. At the end of that hour repeat with 5 ml of water. This can continue along until you reach a level where you are satisfied that you will not have an extreme anaphylactic reaction. Ideally you probably would want to go up to about 1/10th of an active dose or so. The amount required to do this will of course depend on the compound in question and its presumed active dose. (Baloo on Forum Y, retrieved April 3, 2015, in Berning and Hardon 2016)

Scrupulous attention to dosing is a constant refrain in Amsterdam's harm reduction efforts. The Unity website ([www.unity.nl](http://www.unity.nl)) proclaims: "For alcohol and drugs, be warned that 'less is more.' Better to take one less than one more. One too much can make you feel bad, and ruin the party. That would be a shame. Realize that when you take too much you will also ruin the evening for your friends who are partying with you." Unity warns that the amount of MDMA in ecstasy pills has increased dramatically over the past years and that dosages need to be adjusted. The Amsterdam Dance Event also warns against drinking too much water when using ecstasy (Fig. 4).

### Attuning Spaces and Moods

We found recreational drug users taking great care to prepare the physical spaces in which they take drugs, whether it concerned the furniture, lighting,

music, or their clothing. Akela describes a good environment for using drugs: "In a nice comfy environment with people you love and at your home. If you like other types of trips you can also go to the countryside, out in nature. There you can meditate or take a walk to calm yourself before it begins" (in Van Schipstal et al. 2016:207). Preparing the space often included delegating responsibility to care for group members to specific individuals. Nina told her friend at a psychedelic festival: "Tonight I want to test my limit of sanity, I want to try and go crazy and come back and see how this world looks like, I am going to try at least double the dose of LSD I have taken and maybe a little bit more. And then come down with MDMA. You be here with me, OK?" (Ibid:208).

Halfway through our fieldwork, we were pleasantly surprised by a new campaign from the Red Cross that reinforces this caring and sharing drug culture among youth. The campaign, *How to Survive a Festival*, advises youth to drink enough water, to wear comfortable shoes, to avoid the sun, to keep an eye on each other, and to help if something threatens to go wrong.

### Balancing Acts

Our interlocutors used "balancing" techniques before, during, and after drug use to counter its unwanted effects. Some took magnesium pills before taking MDMA to reduce uncontrolled jaw movements. After the festival or party, they would cook and eat together to replenish their energy, and "repair kits" consisting of food supplements and vitamins would be used to alleviate post-drug dips.

For many of our interlocutors, Sunday was a lazy day of recovery to recharge for the coming work or study week. Young adults who worked in nightlife had the most difficulties with the transition. Deejays and sound technicians, many of whom used amphetamines or cocaine to stay sharp into the small hours, remained "hyped up" many hours later, exhausted yet unable to sleep. Many smoked cannabis to "come down" and to prepare their bodies for sleep, sometimes also using melatonin to reset their body clocks.

Balancing acts are also highlighted in Unity's materials on safer drug use. One of the key messages of its ten-point *Celebrate Safe* campaign is, "Pace Yourself: Eat, Sleep, Rave." More specifically, the campaign emphasizes the need to recuperate: "Sleeping is also great and needed. Catch up with sleep so you are ready for the next party: eat a good breakfast. You deserve that after the party."<sup>4</sup>

### On-Line Support

Sharing knowledge within peer groups was a key part of our interlocutors' strategies to reduce the risks of drug use. Experienced users are prominent on drug forums as well as on Wikipedia (Krieg et al. 2017), sharing their knowledge on the effects and safety of drugs (cf. Doyle 2011; Soussan and Kjellgren 2014). They are often up-to-date with developments in the drug scene, including the quality of new batches of pills. "Tales of caution" are published in designer drug forums to warn other users about specific substances or combinations of substances (Berning and Hardon 2016). One of our informants wrote about his Flubromazepam<sup>5</sup> experience: "I FORGOT TO CALIBRATE



**Figure 4.**  
**Poster warning to not overdose water, Amsterdam Dance Event. [Color figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]**

AND PREPARE MY SCALE PROPERLY! That mistake almost took my life, so ALWAYS CALIBRATE your fucking scale before you test a substance!"

Youth often also consult the collective knowledge of online forums before trying a new drug:

Blanka: I am getting ready to research allylescaline ... and will write up a Trip Report afterwards but does anybody know if I can research [use] allylescaline while still having residual kratom under the microscope [means being under the influence of]? I can't find anything on these two interacting and really don't want some chemical reaction from researching too close together. Also does anyone know of other substances interacting with allylescaline? And yes I have tried Google and looking here for the answer.

Recognizing the web as a source of information, Amsterdam's harm reduction programs monitor drug forums for new drug use practices, adding information to them when serious adverse effects are observed. The Red Alerts mentioned above are also posted online. Experiences reported online, however, are not considered evidence of adverse events by specialists of the Trimbos Institute who feed the Red Alerts, as these effects are "subjective" and have not been verified by a medical professional.

### **In Conclusion: Unsettled by Design**

Our research in Amsterdam revealed the techniques of young people to practice safer drug use and how the city's harm reduction program is unsettled

by design. The five self-regulation techniques that we observed are informed by “values that animate drug-using communities,” values that have “caring and sharing” at their core (Van Schipstal et al. 2016:210). Taken together, the five techniques illustrate the unsettled nature of care referred to in the introduction by addressing the continuing need to balance the benefits and risks of drug use and to do so in a context of rapidly changing drug use practices and substances.

Our fieldwork shows how young people balance their desires for pleasure and the risks of adverse events and overdose through a form of self-regulation that scholars have called “calculated hedonism” (Measham 2004). It reveals that the calculation is literal: recreational drug users seek to determine the pharmaceutical content of drugs in their possession by using government-sponsored testing facilities, by tailoring dosages to individual circumstances such as one’s body mass index, by allergy-dosing unknown substances, and by designating trip sitters to keep track of time, to prevent overdose, and to help users through bad trips.

Amsterdam’s harm reduction programs pragmatically accept the unsettled nature of care, expecting that young people will continue to experiment with their favorite as well as newly emerging psychoactive substances while seeking highs that are “hassle free.” The city’s programs concur with our interlocutors that harm can largely be prevented through sensible dosing techniques and users keeping an eye on each other. The city supports sensible self-regulation by being alert to new trends and by responding rapidly when problems occur.

The pragmatic approach to harm reduction generates trust. Youth trust that they will not be arrested when they visit government pill-testing facilities and trust the alerts and the information that the government sends out. They trust each other and the techniques they use to avoid bad trips. Perhaps most surprising of all, they trust online reports on new designer drugs, consulting and following advice from complete strangers on what dosage to take and which pills to avoid. For professionals, this trust in online reports is unsettling. The Trimbos Institute advises against using pillreports.net to check drug quality as the content can change with each new batch of pills and reports may be inaccurate.

Our analysis not only reflects unsettled and unsettling caring from below but also unsettles the analytical lens that we tend to use in ethnographies of care. Based on past studies, we expected to find mismatches between professional care and user needs and desires, as well as lapses in care when neoliberal health policies delegate responsibility to users (Mol 2008; Hernandez et al. 2013). What we found, however, was a careful attuning of professional and user practices, leading to relations of trust between drug users and city-sponsored harm reduction programs. Techniques of user self-regulation were not criticized, but augmented and reinforced, by professionals. The result is a local drug use culture in which cautious self-regulation and communal care are the norm.

In this culture of care, drug users are not stigmatized or marginalized but approached as responsible users, mirroring the Jellinek clinic’s message of informed use to counter addiction among adolescents. To parents and guardians, Jellinek Prevention counsels: “Know what you’re talking about. There’s a good chance your kids know more about alcohol and drugs than you do.”<sup>6</sup>

One unintended consequence, however, is that people feel ashamed when they suffer adverse drug events. Indeed, over time, we heard more and more stories from young people who had experienced bad trips, which they did not share with their peers. A local addiction doctor told us about the long-term effects of MDMA experienced by users; what is reported, he fears, may be the tip of the iceberg given the shame his patients experience. To what extent the close collaboration between the city-sponsored harm reduction program and user self-regulation ensures "hassle-free highs" thus remains uncertain—the more so as user reports of bad trips posted online are not recognized as evidence by the Dutch institutions that monitor drug trends and effects.

## Notes

1. [www.drugsredalert.nl](http://www.drugsredalert.nl)
2. <https://www.iamsterdam.com/en/plan-your-trip/practical-info/health-safety/besmartbesafe/information>
3. XTC/MDMA Unity Brochure 2016
4. <https://celebratesafe.nl/pijlers/>
5. An extremely potent benzodiazepine first synthesized in the 1960s
6. [https://www.jellinek.nl/documents/2020/04/brochure\\_jellinek\\_EN\\_online.pdf](https://www.jellinek.nl/documents/2020/04/brochure_jellinek_EN_online.pdf)

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