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‘Coming out’: Stigma, reflexivity and the drug researcher’s drug use

Abstract

Some personal experience of illicit drug use undoubtedly exists within the population of academic drug researchers. But it is rarely acknowledged, and even more rarely reflected upon, in their published work. This is understandable: criminal, professional and social sanctions may follow public admission of illicit activities. However, to not ‘come out’ seems contrary to some core academic principles, such as transparency in data collection and reflexivity in the research process. Coming out may present researchers with an opportunity for improving knowledge of, and policies towards, drug use. In this paper, we identify reasons for and against the public disclosure of drug use and the impact of such disclosure across a range of spheres, including research, teaching, policy influence and private lives. Reasons against coming out include the risks of undermining professional reputations and hence the ability to contribute to academic and policy debates, the threat of criminal justice sanctions, and impacts on loved ones. However, coming out can have academic benefit (i.e., improving our understanding of drugs, drug takers, and drug research) and contribute to activist goals (e.g., de-stigmatization of drug use and demarginalization of people who use drugs). Both the risks and benefits of public drug use disclosure have implications for how research and researchers may influence drug policy. Two key themes, stigma and reflexivity, underpin the discussion. We do not conclude with clear recommendations for drug using drug researchers; to come out or to not come out is a personal decision. However, we argue that there is clear merit to further open discussion on the role of disclosure and reflection on personal drug use experience among those working in drug research and drug policy—where such reflection is relevant and where such researchers feel able to do so.

Keywords: stigma, reflexivity, drug use, disclosure, identity, legitimacy

Introduction

Should drug researchers who have direct personal experience of taking illegal drugs¹ discuss these experiences in their work? This question stirred discussion and debate at the 2016 annual conference of the International Society for the Study of Drug Policy (ISSDP) in Sydney, Australia. The idea that drug researchers² might themselves also take drugs is certainly not new, but the discussion in Sydney was noteworthy for a few reasons. First, the debate emerged ‘in session’, rather than (just) as a feature of informal chats or ‘corridor talk’ (Harris, 2015, p. 1697). Second, a substantial number of conference attendees—most active researchers and drug policy experts—contributed to these discussions, both those with and those without personal experience of illegal drug use. Third, we discerned a strong sense that this debate should—now—be documented in the academic literature, rather than ignored as has, with a few notable exceptions, so far been the case. After a further year of discussion and reflection, both among we four authors and with colleagues working in the drug field around the world, we took the topic to the 2017 ISSDP conference in Aarhus, Denmark, in the form of a workshop on the benefits and risks of publicly disclosing personal drug use. These discussions with colleagues in various forums inform the substance of this article: a consideration of the arguments for and against drug researchers ‘coming out’ about and reflecting on their own

¹ Although our discussion here is focussed on illegal drugs, many of the issues also apply to patterns of legal drug use, including alcohol, prescription medications and tobacco smoking – and to other behaviours which may be illegal or perceived as inappropriate or immoral.

² Many of the points raised are also relevant to illicit drug use in other areas of academia, other professions and occupations, and among the populace at large (Spirovska, 2017). However, there are certain issues that are particularly relevant and some that are specific to drug use among drug researchers, and it is this group that we focus on here.

experiences of drug use.

The trigger, in Sydney, was a paper that raised the question of ‘experiential knowledge’ and its formal and informal roles in shaping data collection and analysis (Ross, 2016). Inputs into drug policy, like so many other policy areas, are increasingly performed within an ‘evidence-based’ paradigm (Lancaster, 2016; O’Gorman, Potter, & Fountain, 2016). What role, then, does personal experience play? Ross’s paper raised two questions that a number of other attendees recalled pondering in the early days of their careers: are experts at least partly impaired in their understanding of drug use if they do not have that key component of expertise—personal experience; and, can—or should—researchers be open about their own personal experiences of drug use and the role these experiences have played in shaping their own research? Of course, there will be many drug researchers who have considered the question of coming out: this ‘dilemma’ is neither rare nor new.

However, the dilemma remains unresolved—and largely undiscussed—within the literature. We argue that this absence is problematic. That some people working in the drugs field have been—or currently are—drug takers themselves is evident from the literature, implicit in prevalence data, and confirmed by our own discussions with colleagues around the world. But this relevant personal experience is rarely acknowledged, and even more rarely reflected upon, in published work or public discussion. On one level, this is understandable: stigma, and social, professional and criminal sanctions, may all follow public admission of illicit activities. However, to not ‘come out’ arguably falls short on several methodological and ethical principles. At best, this silence removes an important body of evidence from consideration: the researcher’s own background knowledge of the object being studied. At worst, it exacerbates the othering and marginalization of (particularly some populations of) drug takers. On any analysis, it goes against the academic ideals of reflexivity, openness and integrity, and is a missed opportunity for improving our knowledge of, and policies towards, drugs. And while

there is an argument that the scientific principle of objectivity is undermined by researcher drug use, the counter-argument suggests that staying silent about drug use when it does occur merely hides an aspect of the researcher's positionality from the research audience. For researchers who value reflexivity, therefore, silence on this issue is bad science.

Aware of these tensions, our aim in this paper is to scope out the opportunities and the challenges of going public or staying silent about personal experiences of prohibited substance use by researchers who work in the drugs field. We seek to consider critically the functions of drug taking for researchers and the research process, and the impacts that public disclosure of drug using status may have on our scientific understanding of drug use, on the development of drug policy, on the discipline and on our universities, and on the professional and personal lives of drug using drug researchers.

Approach

In this paper we discuss a series of issues relating to coming out, drawing on the published literature, empirical data and our own interpretations and reflections. We draw on both informal discussions and our 2017 ISSDP conference workshop 'Are we ready to come out? Discretion, disclosure, identity and the drug researcher's drug use'. Approximately 30 delegates attended, from countries across Europe, North America and Australasia and with a variety of histories and experiences within drug research and drug policy. The workshop encouraged us to refine our themes and structure the discussion we offer in this paper. Alongside the formal and informal conversations and experiences outlined above, we considered examples where researchers have come out in the literature. From across these various sources, key themes emerged and are discussed here. We begin with a scoping of key concepts used in this paper, including the metaphor of 'coming out' and the concept of reflexivity. Then, we consider the extent of drug use among drug researchers. The main part of the paper explores the arguments for and against public disclosure of drug use by drug scholars, with particular reference to the

scientific process and engagement in policy and politics. Our discussion then focuses on different parameters of the debate, including reflections on privilege and intersectionality as they pertain to self-disclosure.

Key concepts: ‘coming out’ and reflexivity

In writing about the public self-disclosure of drug use by drug-using researchers, we have followed the usage of the term ‘coming out’ that is widespread within drug cultures³. The phrase ‘coming out of the closet’ was thought to be first associated with disclosure of gay/lesbian identity in the 1960s: Travers-Scott (2018) identifies the source metaphor as ‘a skeleton in the closet’ - “a secret that is hidden due to its social stigma” (p. 146). To apply this phrase to drug use is to allude to the similar experience of drug use as a secret or hidden identity and of coming out as a ‘drug user’ as being a challenge to the fundamental logic of binary thinking in Western (heteronormative) culture. We point to queer theorists such as Sedgwick (1990), McDonald (2013) and Adams (2010) for a theoretical discourse developed around sexuality and identity that may offer some useful and relevant insights applicable to a ‘drug user’ identity, but we do not seek to explore that particular line of thinking in this current article beyond recognizing that ‘coming out’ is far from straightforward. For example, Adams (2010) writes of the closet metaphor, it creates the paradoxical situation whereby ‘coming out of the closet’ (about one’s gay identity) is considered “a discrete, linear process with a definitive end” while simultaneously being “an inescapable, ever-present process”, assumed to be necessary, important and healthy. Coming out can also be dangerous. Adams eloquently describes the paradoxical bind applicable to people with a stigmatized concealed identity, produced by the combined presumptions underlying the closet metaphor. Drug using drugs researchers can find

³ For example, the 2020 campaign ‘Thank you plant medicine’ asks people who have benefitted from psychoactive plants to ‘come out’ publicly about their experiences, see <https://thankyouplantmedicine.com/>

themselves in a similar bind, as we argue later in this paper.

The appropriation of the coming out metaphor outside of its origins is not without critique (Travers-Scott, 2018) and the parallels between identifying as LGBTQ+ and identifying as a person who uses drugs should be treated with caution: also see Devenot (2016) and Kaywin (2016) as it pertains to psychedelic identities, discussed later. The definition we use in this paper is that coming out constitutes a public admission of illicit drug use in the course of professional work, whilst acknowledging the fluidity of parameters around these practices. In the later section ‘parameters of coming out’, we work through the various aspects of the process and their implications, noting that such decisions and their outcomes rest heavily upon who is coming out, what they are coming out about, who they are coming out to, what they hope to achieve, and the intersections of these differences.

A concept very much related to coming out is reflexivity. Traditional Cartesian models of scientific inquiry follow the belief that knowledge exists outside the knower - the *atomistic* model of knowing. However, phenomenological and non-positivist approaches tend to incorporate some understanding that knowledge cannot be separated from the knower. For example, feminist epistemological approaches have developed the concept of *situated knowers* (Haraway, 1988) - that there are some experiences which cannot be known by others because of systemic and structural differences. This concept can be expanded to social position and other systemic differences in society (Fricker, 2015; Ettore, 2017). Broadly speaking, the acknowledgment of where the knower is in space and time will impact the research development and findings (Hartsock, 1983; Harding, 1986; Grasswick, 2018). Situated knowledge can be incorporated into research through the reflexive process by exposing the ‘hidden ethnography’ (Blackman, 2007): by bringing to the fore aspects of the research that previously remained invisible due to fears about legitimacy and researcher bias. Of specific relevance to our paper, Lumsden (2019) notes that by practicing reflexivity “we acknowledge

that we cannot be separated from our biographies” (p. 16). Of particular relevance here is self reflexivity (McDonald, 2013), which relates to accounts of how the researcher’s social positioning locates them within their field of study, and in particular, how their fluid and changing identities interact with the fluid and changing identities of those in their research with whom they interact. Later work by Blackman (2016) illustrates the utility of self-reflexivity in which “the researcher locates themselves in the research context, and offers an account of the feeling and play of interaction that explains how data was generated, selected and theorised.” (p. 65).

We will draw on the concepts of situated knowledge and self-reflexivity as we consider the issue of public disclosure of the drug researcher’s drug use. In doing so, we also note the critiques of reflexivity. It is not necessarily in itself always positive, nor does practicing reflexivity necessarily ensure better research or more positive outcomes from research. Some have cautioned that by moving our gaze back to ourselves as researchers, we may end up privileging our own epistemologies ahead of those about whom we are writing, or worse, producing naval-gazing texts (Blackman, 2016; Lumsden, 2019). We do not argue in this paper that public disclosure of drug use is a panacea that guarantees reflexivity in research. We do argue that, in some cases at least, deeper reflection and conversation on disclosure of drug use would be beneficial both for academic rigour and for challenging the stigma associated with drug use. Either way, further work of accounting for the researcher’s social location and how it intersects with various parts of the research process is also required.

Drug use in the drug research community

We know that there are some drug researchers with at least some personal drug use experience. We do not know how prevalent such experiences are, but to assume they are negligible would be naïve: around 5% of the global adult population used drugs at least once in 2015 (United Nations Office on Drugs and Crime, 2017). We might anticipate a higher-than-average level

of drug use experience among professional drug researchers for various reasons. Although ‘problem’ drug use is often associated with disadvantaged members of society, ‘recreational’ drug use is relatively common among middle-class and professional groups in the economically advanced countries from which academic researchers are disproportionately drawn. For example, in Australia’s most recent national household survey, “socioeconomic status and education had little influence on a person’s recent cannabis use” (p. 62) and “people in lowest socioeconomic areas were less likely to use cocaine and ecstasy than people in highest socioeconomic areas” (Australian Institute of Health and Welfare, 2017, p. 96). Moreover, academics, particularly social scientists, often research topics with which they have a personal interest and experience.

Historically, academic writings that have acknowledged their authors’ own use of illicit⁴ drugs, although rare, date back at least to the 1950s and 1960s, when academics openly admitting to drug use was a significant part of the broader counter-culture movement of the period. Examples as varied as Aldous Huxley (1954, *Doors of Perception*), Howard Becker (1963, *Outsiders: Studies in the sociology of deviance*), Timothy Leary (1964, *The Psychedelic Experience*) and Alexander Shulgin (1992, *PiHKAL: A chemical love story*) are particularly well known. These and other examples of public disclosure (discussed later) represent a minority. The generations of researchers trained in the 1960s and 1970s are representative of periods when university students were heavily associated with the social and political counter-culture. Our own (the authors’) generation of drug researchers were university students in the 1990s—a period when recreational drug use peaked, for example, in the UK (Broadfield, 2017), the US (Johnston et al., 2018) and Australia (Australian Institute of Health and Welfare,

⁴ Accounts of academics and intellectuals taking drugs such as cocaine and opiates before they were illegal go back much further.

2017).

To come out or not to come out?

It seems that most drug using drug researchers avoid public disclosure, even if some would prefer to be able to reflect publicly on the role of drug use in their own work, but deem the risks of doing so too great. Here we consider the risks of coming out.

The stigma of the ‘user’ label: Reasons to stay in

On one level, the reasons for ‘staying in’ are self-evident—criminal activity is, by definition, behavior deemed so unacceptable to society as to be punishable by law. There may be legal ramifications of drug use disclosure. For example, ayahuasca researchers have been legally pursued following admissions of participation in ayahuasca ceremonies (Tupper & Labate, 2014). Anthropology professor Ansley Hamid was arrested and dismissed from his university for using heroin, but perhaps more damagingly, also for using grant money to purchase heroin (Smallwood, 2002).

The risk of criminal penalty may not be a great concern for privileged, well-educated professionals in industrialized democratic countries who do not generally receive serious punishment for minor offenses of use or possession. But the threat of formal sanctions covers more than the risk of criminal penalty: stigma may also result. Goffman (1963, p. 3) defined stigma as “an attribute that others perceive to be deeply discrediting”. The pathology or deficit discourse (Karlsson, 2010; Mugford, 1991), with its assumptions about drug use and drug users being inherently aberrant, is used to distinguish between ‘us’ (most people who it is assumed do not take drugs) and ‘them’ (the minority who take drugs and are assumed to experience problems themselves and pose a problem to society). In response to the denial of the existence of the subject position of ‘responsible’ or ‘recreational’ drug taker, many hide their drug use to ‘pass as normal’ (Goffman, 1963) in non-drug using contexts, while others involved in some

treatment or legal systems must identify publicly as ‘drug users’ and may then become subject to stigma. Drug researchers who take drugs themselves also typically choose to ‘pass as normal’. We are aware of academics who have been reprimanded and even dismissed when their own drug use has become known; fears of job loss or curtailed career opportunities are real. Even without formal sanctions (but more so with), loss of reputation can follow exposure as ‘deviant’. As Deleuze said in concern about Foucault’s public admissions of psychoactive drug use: ‘what will they think of us?’ (cited in Blackman, 2007; Boothroyd, 2006).

There are many ways that the stigma of being known as an illicit drug user may have negative impacts for drug researchers. There is the fear of research not being taken seriously by academic peers: accusations that the influence of drugs themselves (being high, or suffering cravings or withdrawal symptoms)—or assumptions made about the lifestyles, values and professional standards of ‘drug users’ (lazy, immoral, dishonest)—may be seen to undermine the rigor, validity, objectivity and integrity of their work. Further, the groups that drug researchers seek to influence, including law enforcement, politicians and policy makers, may discount the researcher who has disclosed their drug consumption as biased or unable to produce objective research (Ross, 2020). Drug researchers who ‘come out’ risk the charge of ‘polluted motives’ if calls for policy change are interpreted as self-interested or, at least, lacking in objectivity—not just as ‘drug activists’ with suspect motives, but as researchers whose expertise may be compromised by intoxication or assumed longer term effects of drug use. In the extreme, they risk providing ammunition for prohibitionists to argue that they and their evidence should be dismissed or ignored—even if their research meets the highest academic standards. Elsewhere, carrying the label of ‘drug user’—and therefore of ‘criminal’ and ‘deviant’—may impinge on applications for jobs and promotions, funding, or membership of professional associations. It may limit invitations to join panels and collaborations, or to give media appearances or invited papers. Travel to certain countries may become difficult, or even

impossible, where disclosures of criminal records or charges for drug offences may disqualify visa applicants. We note that the extent of these negative impacts varies greatly by one's country of residence or citizenship.

Stigma may also impact on teaching and on affiliated universities' reputations. Being on record as a person who uses drugs could undermine credibility with students (as well as teaching colleagues), but may also negatively influence prospective students—and their parents. While academics may be able to convince their students of the benefits of honest and open discussion, and the importance of reflexivity in the process of research and knowledge development, they need time with these students to go through the arguments and to deal with initial prejudices. If prospective students—or parents—form a judgment in advance based on the public knowledge that professor X is, or has been, a 'drug user', then those students may choose—or be encouraged to choose—a different university for their studies. And while sound academic arguments and calls for academic freedom may carry some weight in defending choices of research topics and approaches to teaching, university managers may show little sympathy to academics suspected of undermining recruitment and related income streams.

Other potential impacts of personal drug disclosure include expulsion or being barred from clubs and societies, social ostracization, profiling or monitoring by police or other agencies, involvement of local social services agencies (which may result in children being taken into care), and the impact of stigma by association on friends and family, for example children at school being identified and possibly bullied as the off-spring of someone who has taken drugs (Derkas, 2012; Stringer & Baker, 2015). Stigma also means that researchers who are experiencing problems with drug use might not feel able to seek help. These potential issues are not confined to drug researchers—they can happen to any drug taker, as research has shown (Ahern, Stuber, & Galea, 2007; Fraser et al., 2017; Gray, 2010).

Researchers will inevitably recognize the risk that professional and private lives could be

disrupted, in rather permanent ways. By remaining publicly silent, or at least ambiguous, about drug use status, researchers get to choose to whom they reveal this part of themselves where it is not a matter of public record. The threats of stigma and sanction provide a strong incentive towards non-disclosure of drug use. This means that discussion of the *value* of coming out about drug use is stifled by legal, moral and professional fears.

Reflexivity: are there good reasons to come out?

Where drug researchers have disclosed drug use, it has tended to be because drug use has been important to their work in some way. The use of psychoactive drugs by philosophers and social theorists in the 20th Century is well documented, with the list including (but by no means limited to) Walter Benjamin, Jean-Paul Sartre, Michel Foucault, Gilles Deleuze, Alexander Shulgin, Timothy Leary and Aldous Huxley. Indeed, before psychedelics hit mainstream culture psychiatrists regularly used LSD and other psychedelic drugs to further their research into the mind (Pollan, 2018). Moving further back the list includes Sigmund Freud, William James and Friedrich Nietzsche. Benjamin wrote a book about his experiences with hashish and about hashish intoxication in France (Blackman, 2007). Sartre documented his use of the psychedelic mescaline (Riedlinger, 1982). James writes a first-hand account of taking nitrous oxide in order to better understand the philosophy of Hegel (James, 1882). A famous trip to Death Valley, California, by Foucault also included a strong LSD trip, arranged for him by his learned academic friends (Miller, 1993). Foucault recounts the utility of LSD in his understanding of Deleuze's philosophical works, and Boothroyd has argued that psychedelic drug use by Foucault was associated with a shift in his concept of the self, towards a more relational or connective self (Boothroyd, 2006). Freud famously used cocaine and wrote about its effects (Freud, 1975).

The fact that psychedelic experiences may facilitate understanding or open up new ways of thinking in general (as for James and Foucault, for example) should not be overlooked, but our

focus here is on more direct ways that drug use relates to drug research. For those who have discussed this publicly, the justifications for drug use (and for admitting to drug use) in relation to research are largely instrumental. In some cases, self-administration of psychoactive drugs forms an essential part of the research design, such as Alexander Shulgin's self-experimentation with a wide range of psychedelic compounds, many of which he himself invented, documented in two volumes written with his wife Ann regarding phenethylamines (Shulgin & Shulgin, 1992) and tryptamines (Shulgin & Shulgin, 1997). More commonly, and particularly in qualitative research, drug use is discussed primarily as facilitating access to research populations. But a researcher's own drug use can be relevant to all stages of the scientific process (see further Newcombe, 2008, on the self-administration of ketamine).

Drug use and the research process

Personal experiences can suggest research questions, and geographic and cultural proximities enable contact with potential research subjects. That Patricia and Pete Adler (Adler, 1993) had a drug-smuggling neighbor was entirely coincidental; convincing him to talk openly to them and to introduce them to other traffickers depended on their identity as drug takers as central to building trust. Howard Becker's (1963) role as a cannabis-smoking jazz musician was instrumental to his accessing cannabis consumers, but also to developing research questions and theoretical insights. Jock Young (1971) was a member of the North London drug using community that he writes about in 'The Drug Takers'. For others who have come out, and many of those we spoke to who haven't, their own membership of (sub-)cultural scenes—their insider status or 'privileged access' (Pearson, 1993)—is central to their work. Shared membership of cultural and social scenes puts research subjects 'on the door-step' of the researcher; the shared experience of drug use gives the researcher a 'foot in the door' (Potter, 2010, 2017). Drug research is conducted with hidden populations who are, with good reason, suspicious of outsiders. Entry into the research field (e.g., when conducting research within

drug using subcultures) may be facilitated through this (full or partial) insider status. Subjects of research tend to fear the negative judgements of outsider researchers, with good reason given the dominant discourses and stereotypes of people who use drugs (Barratt & Lenton, 2010; Potter & Chatwin, 2011).

Ethnographers not only have to access research populations, they must also get on with them over extended periods of time and encourage them to open up. That taking drugs can facilitate rapport with the population being researched is well recognized in the literature. Both Becker and Paul Willis told Shane Blackman that they smoked cannabis while conducting ethnographic research with jazz musicians and ‘hippies’, respectively (Blackman, 2007). Subcultural ethnographer Sarah Thornton reports consuming drugs in a club during her ethnography on club cultures (Thornton, 1995). The Adlers report consuming marijuana and cocaine during their interactions with drug dealing networks, arguing that “[q]uite frankly, it would have been impossible for a nonuser to have gained access to this group to gather the data presented here” (Adler, 1993, p. 24). A key issue to be negotiated by any ethnographer is how to successfully enter the field of their research and maintain a legitimate role within it. Blackman (2007) argues that ethnographers taking drugs with their informants is not just a ‘research strategy’ used to gain entry or acceptance, but also reflects the rapport already established and their inclusion in normal group activities. Put simply, researchers need to bond with their subjects, and taking illegal drugs with others can be a socially bonding activity, just as drinking alcohol, smoking cigarettes, going for coffee or eating a meal would be.

Familiarity with drug use does more than facilitate access and rapport. Understanding of terminology, experiences and cultural reference points, for example, can help direct interviews and allow for more natural encounters and richer data. While drug taking researchers may gain a deeper understanding of the data and reach interpretations and conclusions that may be harder for the non-drug taker to reach, there is also a distinct risk of confirmation bias (Hodkinson,

2005). On the other hand, a problem for researchers who capitalize on their drug taker status during research may be that participants then assume a degree of shared knowledge and might not offer the more careful and detailed explanations they would articulate with a non-drug taker. Further, research participants may be less willing to disclose negative experiences to a ‘drug positive’ researcher, or overemphasize an experience believing it was what the researcher is interested in. In other cases, presenting as a drug taker may be interpreted as trying too hard to fit in, decreasing rather than increasing access and rapport.

There are many reasons therefore why researchers might want to reflect, openly, on the impact that their drug taking status may have on their work. Drug use may have both positive and negative impacts on the research process—but either way, acknowledging this positioning and experiential knowledge openly allows both the researcher and the consumers of their research to judge, and to draw conclusions and criticisms accordingly. While many social researchers may strive for the supposed ‘objectivity’ of the natural sciences, it is naïve and even dangerous to suggest that objectivity can be achieved, particularly with qualitative methods. Objectivity might be undesirable, anyway, in interpretivist epistemologies. Better, academically, is identifying potential sources of subjective bias, interrogating them and recognizing how they may limit, enhance, or otherwise influence the interpretation and application of findings—and to allow academic peers to do the same. Drug taking researchers should therefore be encouraged to conduct regular self-reflection especially around how their knowledge production through research intersects with their own experiential knowledge.

Despite being so central to the research process, reflection on the realities of observing and participating in deviant activities during ethnographic research—what Blackman (2007) calls ‘Hidden Ethnography’—is often stifled. Blackman himself describes participating in drug use with the group of mods he was studying, involving a mix of amphetamines followed by cannabis. He describes leaving out this aspect of the fieldwork when writing up the research

only to recount it a decade later in a reflective piece, noting that he felt these admissions would have “undermined his legitimacy” as an “aspiring sociological PhD research student” (Blackman, 2007, p. 709). This is not just self-policing by young researchers. The academic community itself reinforces this sense of caution. For understandable reasons, mentors urge mentees away from coming out, prioritizing concerns around stigma over the benefits of reflexivity.

Nevertheless, there are a few good examples of reflexivity by drug using drug researchers. Adler, Blackman and others mentioned above have reflected on drug use as part of fieldwork, but others reflect in much greater depth. Two researchers have more recently discussed in some detail how their biographical histories of drug use intersected with their research practices: Stephen Wakeman (2014), who formerly used and traded in heroin and crack cocaine, and Magdalena Harris (2015), who formerly used heroin, contracted Hepatitis C and underwent successful treatment. Both Wakeman and Harris reflect on the effects of sharing a biography with their research participants in terms of biographic-emotive awareness: that is, the connections between the lives of their research participants and their past experiences were felt in the body, leading to different decisions in fieldwork moments. In one example, Wakeman did not pursue an overly enthusiastic potential research participant who invited him to meet in a public place as the interaction reminded him of being assaulted when attempting to obtain heroin. He found out from others later that this person had indeed intended to rob or assault him. Harris describes how disclosing her shared identity with participants had a variety of effects, including eliciting disclosures not made to other researchers in the study who had not identified themselves this way, for example, regarding needle sharing practices. When asked about the discordant information, the participant said, “I knew he wasn’t a drug user and I thought ‘no, he’s not judging me for something I’ve done, no’”. She also mentions being cold as an interview progressed and after she pulled down her sleeves, the interviewee commented

that she shouldn't be ashamed of her track marks around him. Stigma was something shared and felt, by both researcher and interviewee. Wakeman and Harris, both with past experiences of injecting and dependent patterns of drug use, mention a difficult aspect of conducting interviews and ethnography with active drug takers: they describe vivid dreams about commencing injecting again and an uncomfortable urge to resume use. In Harris's case, a gendered encounter with an active drug taker she was interviewing who kept insisting that she "use crack with him" was a consequence of him knowing her drug use history. Shared biography can also result in the researcher occupying a potentially more vulnerable position.

For others, the focus of disclosure moves beyond the experience of taking drugs to more broad reflections on the experience of identifying as someone who consumes drugs. In the journal *Psymposia* (a forum for discussing emerging issues related to psychedelics, psychoactive drugs, policy reform, and harm reduction), a series of articles was published in 2016 on the topic of 'coming out psychedelic', with for and against style debate pieces (see Devenot, 2016). Neşe Devenot, a literary scholar who has studied psychedelic trip reports as a literary genre, frames coming out as a psychedelic person within queer theory and the ongoing struggles for civil rights. By invoking identity politics, Devenot suggests that activism be directed towards addressing the systemic discrimination against psychedelic use and psychedelic people. Devenot also openly identifies as psychedelic, arguing that to be psychedelic does not necessarily mean that you take psychedelic drugs (e.g., you can be an explorer of the mind using different cognitive tools). People who have not used drugs can also identify as psychedelic allies, supporters of drug law reform and the regulated availability of currently prohibited substances. However, Devenot's utilisation of civil rights framing in the protection of psychedelic identity has been criticised as misappropriation, due to the asymmetric risks of coming out psychedelic in comparison to coming out queer (Kaywin, 2016). We take up some of this critique later in our discussion of privilege and intersectionality.

In a different context, cultural studies academic Kane Race writes about his own identity as a gay man who fully participated in the gay party scene, including activities involving sex and drug taking, and contraction of HIV (Race, 2009). His candidness about his identity and participation in the gay party scene, the topic of his research, opens up a space for merging autoethnographic insights with analyses of gay cultures: for example, in his depiction of the way multiple elements in a complex assemblage form an event such as a dance party (Race, 2014).

For researchers producing knowledge about drugs and drug policy, the public disclosure of their own experiential knowledge of drug use opens up possibilities for that knowledge to be used as a resource in a public way, rather than implicitly and covertly as is typically the case today. Reflexive accounts that flesh out how personal experiences intersect with the knowledge created through research then become possible. Autoethnography is the most obvious example, but reflexive practice may be possible and desirable even using research methods in which researchers are traditionally less likely to analyze their own role in the production of knowledge, such as survey research.

While there are beneficial and challenging aspects to sharing a biography or an identity with research participants, this identity clashes with the ‘professional’ or ‘academic’ identity also claimed by researchers. Measham and Moore write about the reluctant reflexivity of researchers in club studies, noting that many feel the need to obscure or hide their dual roles, and this practice results in a lack of or only a partial account of the relations between researcher and researched (Measham & Moore, 2006). The dilemma is captured neatly in this quote from an interview with Charles Grob, who has researched the beneficial effects of MDMA. When asked if he had ever consumed MDMA, he answered “[m]y response to that sort of question is usually along the lines of “I’m damned if I have and I’m damned if I haven’t.” If I have, then my perspective would be discounted due to my own personal use bias, and if I haven’t, it would

be discounted because I would not truly understand the full range of experience the drug can induce.” (Avni, 2002, n.p.).

Psychiatrist Lester Grinspoon is of particular note for illustrating the tensions between being open about drug use as a valid and valuable part of academic research, and the professional risks faced by the researcher who does so. Grinspoon thoroughly documented his own journey into cannabis use, providing a reflection on the relationship between his drug use and his academic career. Grinspoon’s initiation into cannabis use arose through a combination of influences from his own academic research and his personal life. As a psychiatrist, reviewing the medical literature led him to believe that the harms of cannabis were overstated and its benefits underappreciated. This combined with a belief that to at least try the drug would make him a more objective researcher than to not do so. Also attracted by the positive effects of cannabis he had seen from cannabis consumers in both his research and his social life, he eventually began to experiment with cannabis himself. However, he delayed this initiation for many years through fear of compromising his standing as an objective expert in the eyes of academic colleagues and policy makers who frequently called on his expertise (Grinspoon, 2009). After he began consuming cannabis and feeling morally and professionally compelled to be open about this practice, Grinspoon experienced some significant negative impacts on his career and his relationship with his employers, Harvard Medical School (although he retained the title Associate Professor Emeritus with the institution until his death in June 2020) (Grinspoon, n.d.).

Perhaps the most prominent academic who has disclosed his drug use at the time of writing however is Carl Hart, a neuroscientist and Professor at Columbia University, who has built his recent career on arguing that perceived harms from drugs such as heroin, methamphetamine and cocaine are over-exaggerated. In doing so he has self-identified as a user of heroin (Hart, 2014) and experimented with drugs such as methamphetamine, experiences which he writes

about and draws on when teaching (see further www.drคาร์ลhart.com). Although he has received a backlash in the press, Hart continues to be employed as a professor, is invited around the world as an expert on drug use and writes regularly for the media. Arguably it is his stance that opinions should be ‘evidence-based’ and his ability to provide suitable evidence, including experiential evidence, that stymies attempts to discredit him both as an expert and an academic.

Policy and politics

For many academic drug researchers, the role of research is to contribute to policy developments, as well as to generate knowledge. We have discussed ways that public disclosure by researchers of their drug use may produce ‘better’ research by highlighting subjectivities and encouraging transparency, but there may be associated drawbacks. Disclosure of drug use may simultaneously function to reduce or remove a researcher’s status and legitimacy. Opportunities for drug policy reform by influencing those inside the mechanisms of government may therefore be compromised. That is, the epistemological privilege we get by positioning ourselves as researchers who are not people who use drugs, or people who formerly used drugs, can be valuable. Despite insights into drug use that in part derive from personal experiences, in public, researchers can talk from the privileged position of academic research. From this position our expertise is more likely to be heard and valued, than if we were to occupy the ‘drug user’ position. So why might it be important for drug researchers to publicly disclose their own drug use when it comes to engaging with policy makers and with the public at large?

Academic researchers often seek impact outside of the academy. For many drug researchers, the aim is to inform effective and evidence-based drug policies. One particularly important effect of people who are in positions of relative authority making public disclosures about their drug use is that by doing so, they widen public perception of what kind of person takes drugs. They weaken the stereotype by posing as a real and tangible counter-example. These

counternarratives indeed challenge the mainstream narrative of ‘drug users’ or worse ‘drug abusers’ or ‘junkies’—problematic, un-productive and weak-willed individuals—the dominant ‘pathology’ discourse mentioned earlier. To go a step further, some may claim that in their experience, their use of currently prohibited psychoactive substances *assists* their successful management of their work and their life, as many might more uncontentiously claim in connection to legal substances like caffeine, alcohol, or prescription drugs. Our scholarship may be produced to a high standard *because* of these tools (sometimes called cognitive tools) (Tupper & Labate, 2014), rather than *despite* them.

By widening the possible subject positions of ‘drug user’ in policy and public discourse through disclosure of drug use, researchers may raise the profile of ‘non-problematic’ or ‘recreational’ drug users within policy discussions, making this pattern of drug use more visible. Even though among those who use drugs, it is the norm to do so occasionally and without significant health or social or legal harms, the dominant discourse in policy and public discussion silences this reality (Ross, 2020). Is it possible that by widening the concept of who uses prohibited substances we can break down the othering that occurs in public discourse and in public policy? Conversely, by staying quiet about our use of prohibited substances, do we not perpetuate a false dichotomy between the researcher and the researched? The very existence of academics with PhDs and jobs who also use prohibited drugs jars with popular representations of those who use drugs and what the consequences of drug use are. If one of the assumptions upon which prohibition relies is that drug use is always harmful, public disclosure becomes a political act that troubles this presupposition. Keeping quiet, in contrast, may unwittingly perpetuate the ‘othering’ gaze and even perpetuate prohibition itself. For scholars who conclude that prohibition itself is harmful, not ‘coming out’ could be ethically problematic.

However, there is an important calculation to be made here. Increased public awareness of drug use existing within academia may well contribute to normalization of drug use and the

reduction of stigma around ‘drug users’. But it may also (the two are not mutually exclusive) lead to a rejection of the knowledge produced by drug using researchers—and undermine scientific authority more broadly. Further, the normalization of recreational/non-dependent use may have the opposite effect and instead of breaking down barriers, may result in further stigmatization of an already marginalized group—so-called problematic or dependent drug takers. At the heart of this problem is the fact that the term ‘drugs’ covers multiple intoxicants and even more reasons and ways to intoxicate oneself. By normalizing one form of intoxication, for example, cannabis use, there is a danger of stigmatizing other forms such as cocaine or opiate use. This complexity was highlighted by workshop attendees and others, who disclosed the use of multiple drugs such as amphetamine, cocaine and psychedelics, but felt that certain drugs such as cannabis were seen as more normalized, and therefore less stigmatizing to those who may disclose their use.

Other reasons to come out: impacts on teaching and personal lives

As well as publishing books and articles and feeding into policy debates through contributing both evidence and expert opinion, many researchers also have a teaching role. The disclosure of drug consumption by lecturers to their students may have some positive effects. Students who are drug takers themselves may see their teacher as breaking down a barrier to open discussion of the drugs issue more broadly. It may be possible that students who hold negative attitudes towards drugs may be more likely to open up to different ideas following disclosure by a lecturer.

Many of those who teach in higher education will have experienced the challenges of getting students to talk in seminars. Opening up the possibility of talking about personal experiences may help overcome these problems. Pedagogical research suggests that teacher self-disclosure more generally may help motivate students to engage in the classroom context (Cyanus, 2004; Henry & Thorsen, 2018). At the same time our workshop participants voiced concerns that

students may hold different views about lecturers if they were to come out: they may lose authority of voice in their research and teaching. In extreme cases the repercussions of disclosure could result in disciplinary action, complaints from students and parents, and reputational damage.

The benefits of public disclosure of drug use to researchers in their personal lives may appear to be less compelling, but they can include a reduction in cognitive dissonance about being able to publicly be who they are, rather than hide parts of themselves, which may therefore include increased psychological well-being (Devenot, 2016). Individuals who hide aspects of their identities in the world have been shown to experience heightened psychological distress (Quinn & Chaudoir, 2009). For researchers whose use of psychoactive substances is an integral part of their identities, this distress may be relieved through such public disclosure. By coming out about drug use through public disclosure, the prospect of being ‘outed’ by others becomes less of a risk; the researcher is therefore in control of when, where and how disclosure takes place.

The parameters of coming out

Whether disclosure—and reflection—are advisable for the drug-using drugs researcher will depend on a range of factors, including who is coming out, what they are coming out about and who they are coming out to. Privilege and intersectionality are important parameters for consideration, as are the reasons for wanting to come out and what they hope to achieve. We work through these parameters below in turn.

Admitting drug use to colleagues in personal interactions is likely easier and safer than coming out to employers or managers. Previously, coming out in lectures, seminars or conference presentations where these were unrecorded provided a degree of privacy and plausible deniability; however, in the current era of instant dissemination of text, photographs and videos via social media—and the increasing ubiquity of video-recording lectures (O’Callaghan et al.,

2017)—privacy in these sorts of domains is no longer a given. Who might be expected to be a consumer of such information, and who might end up an unforeseen consumer? Coming out in public lectures, or on social media, opens up a wider potential audience and therefore a greater risk of both negative and positive outcomes. We have structured the debate here around coming out on the record, particularly in published academic work, which may, at times, also attract media coverage.

We should also consider what is being disclosed, as different levels of disclosure are likely subject to a different equation of pros and cons. Admitting to past drug use will be received differently to admitting current drug use—or future intentions of drug use. Past events can be forgiven—even presented as, or taken as, mistakes to be addressed in the future. In fact, disclosing former drug taking by researchers who are now ‘clean’ or ‘sober’ may confer a kind of epistemological privilege not afforded to current drug takers. It may be no surprise that of the limited instances of researchers disclosing drug consumption in their publications, most refer to former use, as was the situation with both Wakeman and Harris, discussed above. Researchers who cast their former drug use as problematic—for example as ‘addiction’—may elicit sympathy or even praise, especially where the researcher has sought treatment. This redemption narrative is unavailable to current drug takers—and may be unwelcome for those who do not see either their past or their current drug use as problematic.

The legal status of the substance(s) in question is, of course, relevant. Where substances used in relation to research are not (yet) prohibited, it is easier to report taking an autoethnographic or even psychonautic approach (Newcombe & Johnson, 1999). For example, Shulgin had permission from the US government to manufacture and use otherwise illegal psychoactive substances (Shulgin & Shulgin, 1992, 1997). Newcombe conducted autoethnographic research on the drug ketamine, before it was prohibited (Newcombe, 2008). One of the first published papers on the then-legal synthetic cannabinoid drugs contained a self-administration and

discussion of the drug's effects (Auwärter et al., 2009). Such disclosures do not carry the risk of criminal justice sanctions, although many other aspects of stigma may apply to behaviors considered immoral or deviant even if not illegal.

Additional complexity relates to the seriousness of the activity admitted to, whether reflecting legal codes or public perceptions. It is undoubtedly easier to admit to occasional use of cannabis (a Class B drug under UK law, and a legal drug in some jurisdictions) than use of substances perceived to be 'harder' (such as the Class A drugs heroin or cocaine) or to heavier or more frequent patterns of consumption. Admitting to supply and production related offences will be more challenging than admitting to possession and use, even though most drug consumers, by virtue of freely giving drugs to others, engage in drug supply activities (Measham, Aldridge, & Parker, 2001).

The parameters of coming out may also change depending on the researcher's disciplinary and methodological context. Anthropologists and sociologists may be less stigmatized than researchers working in other disciplinary areas, like law, health or policy studies. Ethnographers, in particular, and qualitative researchers in general may have more leeway than quantitative researchers. Drug use as described by Shulgin, Grinspoon, Hart and other psychonauts may be perceived differently, even legitimately as a product of their line of work. Seniority may also be a factor. Established colleagues—especially those with tenure—may have more leeway than early career researchers or PhD students. Or it may be the other way around, where senior colleagues in management positions have less freedom to disclose than junior colleagues willing to push some boundaries.

What are the implications of privilege and intersectionality for decisions about whether and how to disclose drug taking and drug use identities? Feminist Peggy McIntosh introduced the concept 'white privilege', alongside male privilege, to describe the typically invisible set of advantages enjoyed by people occupying dominant social categories. In a reflection upon the

growth of Privilege Studies in 2012, McIntosh introduces a metaphor of privilege as a bank account: one that individuals receive at birth, but didn't ask for or achieve, but that continually refills throughout lifetimes. In contrast to people born with identities carrying disadvantage, people born into privilege can choose to draw down on their bank account to work against injustice, without losing much (McIntosh, 2012). The concept of intersectionality, first coined by Crenshaw (1991), is useful here by requiring us to attend to the complex and intersecting categories of oppression that people experience (Davis, 2008, p. 68). Through intersectionality we see that "race, class, gender, sexuality, ethnicity, nation, ability, and age operate not as unitary, mutually exclusive entities, but rather as reciprocally constructing phenomena" (Collins, 2015, p. 1). We should not, therefore, consider the stigma of a drug using identity in isolation from other 'categories of difference' (Devenot, 2016). What does this mean for researchers who typically face fewer intersecting categories of oppression, and so have relatively more privilege and power? Problem drug takers are a particularly stigmatized group. It may therefore be more urgent for people with privilege to come out publicly about drug use, because it is significantly more difficult for people already battling daily discriminations to put themselves on the line even further. On the other hand, public disclosures of 'responsible' drug use by those who occupy privileged positions may further reinforce stereotypes of problem drug takers. It may not be easy to establish how privileged academic researchers coming out about their drug use can guard against the possibility of this perverse outcome of their political action.

Finally, but perhaps most importantly, there is the question of 'why?' Coming out as a drug consumer may be more acceptable when it is clear how the disclosure relates to academic principles or activist ideals. Critical reflection on the role of drug use in the research process or philosophical framework may carry less stigma than admissions that seem irrelevant or self-indulgent. On the other hand, if the goal is de-stigmatization of drug use or change of drug

policy in reflection of the fact that drug takers can be successful professionals then the justifiable contexts to coming out may be quite different.

Concluding thoughts

Broadly speaking, the arguments for and against coming out can be summarized in terms of stigma and reflexivity. To admit to drug use is to admit to activity which many may consider immoral and which society officially disapproves of through criminalization. The label ‘drug user’ carries stigma, which may threaten academics’ reputations, their ability to contribute to scientific and policy debates, and their very careers. It may also seriously impact their personal lives. But to not come out is to miss a valuable opportunity for reflexivity, and for the improvements to scientific knowledge and evidence-based policy this potentiates. We also miss an opportunity to challenge those very stigmas around drug use that stifle reflexivity in the first place—and that are so often reinforced by policies that seek to punish, marginalize or further stigmatize drug users.

Reflexive research practice involves researchers interrogating all aspects of the context of knowledge construction, including the personal and social location of researchers themselves (Gough & Finlay, 2003). When as researchers we hide our lived experiences with drugs from the consumers of our research, we are impeded in our capacity to be candid about how we decide on particular research questions, make sense of our data, and draw conclusions. Researchers disclosing their own drug consumption take considerable risks. But to the extent that they maintain their silence—and so their privilege—they contribute to the problem of stigma by reproducing it, such that drug consumers remain ‘other’. Even so, it is important to maintain space and support for positive evaluations of not coming out. The paradox of presumptions navigated by people who hold a hidden potentially-stigmatizing identity (see Adams, 2010), and the effects of privilege and intersectionality, cannot be assumed to play out the same way for everyone.

Our paper is not a confessional, nor do we claim in it that drug use is rife among professional drug researchers. Rather, in this paper, we call for honest reflection within the field. Some drug researchers do have personal experiences of drug use, and these lived experiences undoubtedly have some impact upon their professional work. We hope we have demonstrated that there are strong arguments for reflecting on this issue where it is appropriate and relevant to do so. These arguments include those embedded in methodological and epistemological positions (where reflections on drug use are a necessary part of the scientific process) and those more overtly aligned to activism (where coming out may be seen primarily as a political act)—not that these perspectives are mutually exclusive. However, we must recognize the very real risks that coming out about stigmatized or illegal activities⁵ might pose towards professional and personal lives. To come out or to not come out is a personal decision that will depend on a wide range of individual and contextual variables. We hope here to do no more than start a debate; we call not for disclosure en masse, but for reflection—which may still mostly take place in private, but which we hope may increasingly emerge in public.

⁵ Drug use is our main concern here, but parallels can be drawn with numerous other activities.

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