

We live in a world in which the pharmaceutical industry produces and markets drugs, not merely to treat disease and restore health, but increasingly for purposes of enhancement: simply to make life better. One only need think of the lucrative markets in sexual and mood-enhancing pharmaceuticals, which surely blur the distinction between the medical and the recreational. It's a curious fact that almost every substance that is currently popular at dance parties has been used or is being trialed for medical purposes (ketamine for depression, GHB for narcolepsy, even ecstasy for post-traumatic stress disorder). It isn't surprising that in the age of biological psychiatry, where brain chemistry is posited as the explanation for just about everything, psychoactive drugs should emerge as a significant source of subcultural pleasure, collective retooling and experimentation. But it is precisely in this context that a punitive war on drugs has been escalating.

It's a balmy summer night in Sydney in 2007, and the Azure Party, part of Sydney's annual Gay and Lesbian Mardi Gras, is underway. Planning for the party, as usual, has been extensive. Alongside the party outfits, suntans, drugs, lights, and DJs is a volunteer care team trained to deal with the drug-related emergencies that occasionally occur. But with a state election around the corner, the event attracts an unanticipated form of attention which creates an emergency of its own. When police appear at the gates with drug-detecting dogs, mild panic ensues. Some patrons down all their drugs at once in an attempt to avoid detection, heightening their risk of overdose. Others try their luck at the gates, hoping to evade the public humiliation of being searched and the possibility of a criminal record. Police roam around the party with the dogs and after 26 attendees are arrested with small quantities of illicit substances, the party is shut down and the remaining partygoers disperse into the night.

This scene of intervention and panic expresses certain tensions in the government of drugs – between an approach which prioritises harm reduction, and an approach which imagines it is possible to use law enforcement to stop illicit consumption. It's a scene in which casual intimidation of ordinary citizens is, if not already normalised, then rapidly becoming so – at youth events, in migrant and racially marked suburbs, and in the recreational precincts and public transport arteries of numerous states and nations. What's striking is how the status of certain substances as “illicit” provides an occasion for the state to engage in what could be described as a disciplinary performance of moral sovereignty. This performance bears little relation to the actual dangers of drug consumption – in fact, it often exacerbates those dangers. The contradictory effects of such operations are not lost on those who are subject to them. One Azure partygoer put it plainly: “I find it hard to believe the NSW Police shut down the party for the concern and health of the people at the party. If there were genuine concern from the police for partygoers then to me it would make sense to make an announcement to patrons and step up

The pleasure principle

Dr Kane Race (BA '94 LLB '97)
explores the queer politics
of drugs in Sydney



cover story

crowd monitoring. Instead, they ejected 5000 people from what was a medically supervised event onto the streets to fend for themselves.”

The drug search cites the protection of the health of the population as its rationale, and, to be sure, the substances it targets are not without their dangers. This is why volunteer teams go to great lengths to devise care practices uniquely adapted to this environment, designed to respond quickly and effectively to emergencies. It is also why many drug users themselves devise fairly intricate dosing practices, which aim – as far as possible within given constraints – to prevent adverse events. Such care procedures are made precarious by the practices of enforcement which have inspired intense criticism of the police on the part of health experts and affected groups alike. But behind these criticisms is a deeper history. Dance parties have long been a central element of gay community life in Sydney, and recreational drugs have played a significant part in the formation of self and community. To thwart these events by seizing upon this aspect is to deprive a whole subculture of one of its most significant community-building rituals.

The raid at the Azure Party followed the highly publicised death of a young woman after her attendance at a youth music festival the previous week. She had taken a pill she believed to be ecstasy, but which was actually contaminated with PMA, a synthetic hallucinogen that can be lethal at certain doses. Her death would appear to confirm the admonitions of public health posters plastered around Sydney at this time, which advised, “There is no such thing as a standard pill.”

But this message only obscures the fact that the current regulatory regime gives rise to the very risks it warns against, by making quality control impossible and the content of illicit substances unreliable. Such obfuscation was carried over into the police handling of the young woman’s death. Police initially refused to release any identifying features of the pill associated with the death with a view to *sending a message* about the moral dangers of drug use. Thus, rather than give consumers practical information that might help to prevent further deaths, the prerogatives of harm reduction were subordinated in typical fashion to moral politics.

As a response to drug harm, the use of sniffer dogs is known to be spectacularly ineffective. It uncovers drugs in only a quarter of prompted searches, which means that three out of four dog-indicated searches expose someone to public humiliation in vain. There is no evidence that the strategy actually succeeds in deterring drug use, and it leads to successful convictions for drug trafficking in just 0.2% of cases. Meanwhile, all indications suggest that the strategy actually *increases* drug harm as users attempt to avoid detection. The state knows this – its own agencies did the math. Still it persists in pursuing these costly and counterproductive measures despite condemnation from the NSW Ombudsman – a point which raises the question: why does the supposedly rational state override its commitment to public health *at the very moment* that it cites that commitment most insistently? The state allows many forms of dangerous recreation, such as hang-gliding,

Photo: Ted Sealey



football and mountaineering. And then of course there are those legal, revenue-raising drugs like alcohol (much more likely to be associated with violent crime and aggression than club drugs, incidentally). We would be horrified if the state tried to make these activities as dangerous as possible in order to discourage people from trying them. But this is exactly what is allowed in the attempted enforcement of drug prohibition, which in its present form precludes quality control, puts the drug market in the hands of organised criminals, and threatens users.

The illicit drug user has become a special and symbolic figure for the contemporary state. Their consumption practices resemble the licensed (legal) pleasures of the market, but can also be made to represent their excess. In times of governmental stress, the state jumps at the chance to stage a drama between immoral consumers and the supposedly moral state. But this drama seems more like high-profile posturing on the part of the police, designed to reassure middle-class voters that the state is tough on law and order, and driven more by the state's desire to be seen to be "doing something" than any considered response to the issues at hand. Indeed, the persistence of these policing practices despite the evidence accumulated against them suggests that their counter-productivity is beside the point. For the point is the public spectacle of detection and humiliation, the making-suspect of populations, and the desire to create a demand for authority in the sphere of consumption. The state confirms its image of itself and its moral constituency in these forcible attempts to expose its other.

In recent years, anti-drug initiatives have been given over to ever more blatant forms of political opportunism. The illicit drug user has come in particularly handy as a scapegoat for those who wish to promote a very exclusive idea of moral citizenship while deflecting attention away

Anti-drug initiatives have been given over to ever more blatant forms of political opportunism.

from governmental failures. Exploiting drug fears has become a favourite way of promoting investment in what has become known as a "family-based, aspirational society". Perhaps the best illustration is the drug campaign booklet mailed to every home in Australia just before the 2001 federal election. The title proposed by the Prime Minister's office? "The Strongest Weapon Against Drugs ... Families".

Political interference in the production of a health education resource is unusual enough. The title glows with political symbolism – where the family is proposed as the antidote to all manner of social problems. Particularly striking is how fears surrounding drugs are used here in an attempt to scare people into taking out insurance in a very private conception of the future. But is promoting family values really an effective response to the issue at hand? For many people, families are just as likely to make them want to take drugs!

One of the ironies of the recent enthusiasm for policing illicit pleasures in Sydney is how it is obliterating the recreational and public culture of a group that can be credited with one of the most successful public health responses in recent history. I'm referring to the gay community, whose response to HIV/AIDS continues to be recognised as one of the most innovative and well-sustained in the world. The gay community has always depended on public space to build forms of identity and belonging outside the family form.

This interrogation of public leisure thus disproportionately impacts upon it. But what's particularly ironic is that the gay community response to HIV/AIDS has been based on an entirely different configuration of health and pleasure entirely. Where drug enforcement works on the principle that pleasure is opposed to health, HIV education has in fact been most effective when it has



foregrounded and acknowledged hidden pleasures.

The official response to HIV/AIDS took shape at almost precisely the same time that gay, lesbian, and transgender cultures were acquiring newfound public visibility through the annual Mardi Gras celebrations in Sydney. When the first cases of AIDS were reported among gay men in the United States in 1983, Mardi Gras was only just transforming from its origins in 1978 as a violent clash between police and a motley crew of gay liberationists, bar patrons, and other assorted queers who were out on the streets paying tribute to the Stonewall Riots. When government officials first met with gay activists to discuss how best to respond to the epidemic, Mardi Gras was well on the way to becoming the country's most popular street parade and party, an annual fixture that would dynamise and generally enliven Australian public and counter-public culture. In an important sense, the parade and party became the vehicle through which the possibility of a creative community response to the epidemic was realised, primarily through spectacular and irreverent floats which dramatised the exuberance and scale of such a collective project. Mardi Gras became practically synonymous with this public expression of pleasure and defiance. It signaled the vibrant possibility of a community response, the radical synergies implicit in the prospect of combining care *with* pleasure.

The Australian policy response to AIDS is justly acclaimed for having recognised, relatively quickly, the importance of involving the groups most affected by the epidemic in shaping a viable policy response. From the start, it positioned those groups as necessary partners in the creation and delivery of educational programs and policy. The approach that emerged rejected many of the coercive medical and state measures that had been promoted within traditional approaches to public health,

emphasising instead community education, participation and civil rights. The styles of education within this framework set out to address sexual subcultures in their own language and imagery, while adopting a sex-positive approach to prevention and education. In the field of drug policy, government supported harm reduction measures such as needle and syringe exchanges, which went against a prohibitionist stance on drugs. This remarkable modification of sexual and drug practices took place with reference to a culture of pleasure, and largely withstanding conservative structures of authority and practice. As a result, and in stark contrast to many other countries, Australia averted a major HIV epidemic among injecting drug users, while infection rates among gay men dropped substantially and have remained low relative to similar contexts.

Where the policy response to HIV/AIDS treated the community as active participants, the current policy response to drugs treats the community as suspect. What can be taken from the history of HIV/AIDS is an approach to public health in which pleasure features, not as the antithesis of safety, but as the medium through which certain practices of safety take shape. That is, a concern for the body – its safety and its limits – can often be identified, for example, in drug users' practical decisions about which drugs to use; where, when and how. A number of studies now discuss the "folk pharmacology" which consumers draw upon to inform their use of certain drugs and avoid unnecessary harm. Here, drugs are linked to quite specific practices of pleasure and forms of sociability. Using them well entails a host of routines and tiny decisions about context, timing, and drug selection. And these decisions are linked to a series of moral judgments about desired sensations and effects. Thus, though the current punitive framework tends to produce a drug culture that is shallow, individualistic and criminal, it's also the case that small practices of care, differentiation and safety still manage to circulate in this environment, where they form part of the practical repertoires that people draw upon to enjoy their night out. In short, considerations of safety may appear as part of a concern to *maximise* pleasure, rather than standing in direct opposition to it.

These repertoires of safety are in direct contrast to the heavy-handed measures that have been adopted in states such as New South Wales recently, which, among their other problems, criminalise ordinary citizens for participating in forms of consumption that are by now widespread. It is foolish to think that this sort of policing will eliminate the behaviour or make it safer. We need a new approach to drug policy, one that acknowledges the legitimacy of pleasure, and works with it. If drugs are now part of popular culture – something that is difficult to dispute in the context of consumerised medicine – then it is to the dynamics of popular culture – the lively exchange of pleasures, practices, tastes and values – that we might turn if we are interested in promoting an intelligent public culture with respect to drug use. **SAM**

Kane Race is a Senior Lecturer in the Department of Gender and Cultural Studies and the author of Pleasure Consuming Medicine: The Queer Politics of Drugs, recently released by Duke University Press, 2009, from which this argument is taken.



Photos: Ted Sealey