Beware the Men-ace:

Women's Experiences Using MDMA in Aotearoa New Zealand Amid a Global Pandemic

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Abstract

This research explored women's experiences using MDMA in Aotearoa New Zealand during the COVID-19 pandemic. This topic was important because the country consumes high levels of MDMA, and wastewater testing showed that this trend continued throughout the pandemic. Furthermore, the gendered experience of MDMA use in Aotearoa New Zealand has largely been ignored by researchers, and experiences of women remained unknown. Using purposive sampling, 16 women who used MDMA during the COVID-19 pandemic and identified as electronic music fans were recruited and interviewed using timeline facilitated semi-structured on-line interviews. The timelines were used to help structure the interview and give reference to the events of the pandemic. Working from a feminist and phenomenological perspective, thematic analysis was performed on the interview transcripts and two themes were produced that represented participants' experiences using MDMA during the pandemic. Theme one, 'the gendered management of safety,' described how heterosexual men posed a risk to women who used drugs, which required women to engage in active risk management to maintain their safety. In contrast, the second theme, 'MDMA as an agent for freedom,' described the feelings of freedom that women experienced through their drug use. Shaped by the background context of both postfeminism and the pandemic, these feelings included freedom from body image concerns, freedom from political concerns, and celebrations of interconnectedness when participants reconnected with others after periods of gathering restriction. This study revealed that in Aotearoa, MDMA drug use is a gendered experience, shaped by wider social inequities including the threat of violence from men. These findings highlight the need for harm reduction interventions beyond drug management.

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Introduction

This project examines women's experience of using MDMA as part of their participation in the electronic dance music (EDM) scene and how COVID-19 shaped those experiences. This is important because EDM is a highly social subculture that is supported by high rates of MDMA consumption, and the COVID-19 pandemic disrupted people's ability to be social. Therefore, I would expect to see an impact of the pandemic on MDMA use. However, although this pattern was found in Australian, European, and North American studies, it was more complex and there were anomalous findings. Aotearoa New Zealand provides an interesting site to explore these issues because wastewater measurements indicate that the country had elevated levels of MDMA consumption, both pre-pandemic and during the pandemic, that were consistently higher than those in European or North American countries. Additionally, its government had a different COVID-19 response compared to countries elsewhere in the world. The New Zealand government imposed an extremely restrictive and immediate lockdown at a time when Aotearoa New Zealand had only 102 community cases nationwide (Ministry of Health, 2020 March 23). The lockdown persisted until the country recorded zero cases of community transmission and the restrictions were relaxed, allowing New Zealanders to enjoy relative freedom for nearly 14 months, until community transmission was detected again in August 2021.

Despite the unusual wastewater results that indicated that MDMA use continued throughout the pandemic and its related restrictions, there is no explanation as to how or why the drug use persisted. Therefore, it is important to look at user's experiences and perspectives to understand what was happening during this time. Furthermore, most research on MDMA users' experiences ignores the role of gender, to such an extent that gendered data from survey studies is often unreported, yet feminist research suggests that very important, different experiences happen for women. This is especially so in Aotearoa New Zealand, where women have been ignored in the statistical literature of MDMA use. Drawing this complex, but important, background together, this

provides the backdrop against the aims of this study, which is to understand women's experiences of MDMA use during the COVID-19 pandemic period of March 2020 – September 2022.

Literature Review

History of MDMA as a Recreational Drug

The drug that this research is interested in is 3,4-methylenedioxymethamphamine (MDMA), also known as Ecstasy, MD, and Molly. For the purposes of this research project, I have decided to use the term MDMA to refer to the drug, despite much of the historical literature using the term 'ecstasy.' This is because I feel this most accurately represents the way that the drug is referred to in Aotearoa New Zealand as based on the talk from my participants. MDMA is an entactogen drug that has distinctive psychoactive features that distinguish it from other drugs. Specifically, the entactogen characteristics of MDMA increase emotional openness, relatedness, and empathy, while the stimulant characteristics increase energy and can promote physical movement, like dancing.

MDMA is often misclassified by regulatory bodies, with it being considered a hallucinogen by the New Zealand police due to the way that the neurotransmitter serotonin produces psychoactive effects (Noller, 2009), and as a stimulant and psychedelic by the United States government (Drug Enforcement Agency, 2020). MDMA can be consumed in a pressed pill, powder, or crystalline form, and is most commonly taken orally, though intranasal use also occurs.

As a result of its entactogen qualities, MDMA was used in psychotherapy in the 1970s to treat alcoholism, repair intimate relationships, and process trauma in psychotherapy (Shulgin, 1990). Over the course of the decade, the drug gained popularity among social drug users and became known as a club drug in the 1980s through the EDM scene. The sensory-enhancing effects of MDMA interacted with the repetitive dance beats and visual light shows of EDM, and the energy-enhancing properties of the drug enabled users to dance for extended periods of time. Another contribution of MDMA to the EDM scene was the establishment of a culture with shared values of peace, love, unity, and respect (PLUR). The values of PLUR developed naturally from the entactogen properties of MDMA that increased openness, empathy, and love. These cultural values created an atmosphere was that focused more on dancing, socialising, and hedonistic pleasure than more traditional clubs, which tended to emphasise the pursuit of sexual and romantic partners (Measham, 2002). As such

the combination of MDMA and EDM subculture created new drug-orientated youth subcultures with higher female participation than previous drug-oriented youth subcultures.

As the popularity of the drug increased in leisure settings, it subsequently gained the attention of the United States government and was eventually labelled as an illicit drug in 1985 (Noller, 2009; Shulgin, 1990). The change in legal status brought a halt to all clinical and research applications of MDMA, however the drug was still consumed illicitly and was theorised to have become 'normalised' in the 1990s in the United Kingdom (UK), such that recreational drug use had become accepted as a normal part of life. Recreational use of MDMA use was distinguished from other, non-recreational drugs such as heroin, by the majority of MDMA users' ability to engage in drug use without leading to health service use or entering the criminal justice system (Shiner, 1997). Rather than normalisation, Williams (2016) described a 'differentiated normalisation' in which drug use is normalised among specific settings and social groups, rather than the general population or age range. An example of a social group that displays differentiated normalisation is the EDM subculture with the use of recreational drugs like MDMA.

Around the same time that the United States made MDMA illegal, the first reports of MDMA use in Aotearoa New Zealand began to surface. The New Zealand government followed in the steps of the United States, making the drug illegal in 1987 (NZ Drug Foundation, 2012). By 1988, the drug had a close relationship with a genre of EDM called 'acid house,' which was popular overseas in countries like the UK, and the excitement surrounding the drug was adopted by New Zealander's returning from their travels abroad (NZ Drug Foundation, 2014). Despite the legal restrictions that were in place, MDMA continued to be used socially over the next decade among house parties and other social events (NZ Drug Foundation, 2014), and national prevalence rates rose from 0.4% in 1990 to 4.2% in 1998 (New Zealand Health Information Service, 2001). In 1998, the first drug-related casualty drew attention to the drug and swift action was taken by the government to reclassify MDMA to a more severe classification (NZ Drug Foundation, 2014). Since 1999, MDMA has been

classified as a Class B drug in Aotearoa New Zealand, alongside cannabis hash and oil, speed, and pseudoephedrine (Wilkins et al., 2017).

Prevalence of MDMA Use

Regardless of MDMA's illicit status, the drug has continued to be used across the world. There are several large-scale annual reports that measure trends and developments in drug use, and report on prevalence rates in different ways. These surveys include the Global Drug Survey (GDS), World Drug Report (WDR), and the European Drug Report (EDR). The GDS is the world's largest annual drug use survey that explores the positive and negative sides of drug use in over 20 countries, and data from this survey is not population prevalent. The WDR is a population prevalent report of collated summaries of existing national surveys that are completed by a representative from each country's respective government. This method of data collection relies on the individual countries to collect and report demographic-specific prevalence rates, leading to variation among the reported statistics. Like the WDR, the EDR collects data from country representatives of states of the European Union specifically. Lifetime prevalence is reported by the GDS and EDR only, and past year prevalence is reported by all three.

On a global scale, the WDR 2022 reported past year prevalence of MDMA use at 0.4% of the population aged 15-64 (United Nation Office on Drugs and Crime, 2022). This prevalence rate increases slightly when viewed from a regional perspective with North America and Western and Central Europe, both reporting a prevalence rate of 0.9% of the population aged 15-64 (European Monitoring Centre for Drugs and Drug Addiction, 2022; United Nation Office on Drugs and Crime, 2022). The WDR 2022 placed the combined geographical region of Aotearoa New Zealand and Australia at the top of the global leader board for MDMA consumption, with 2.8% of the population aged 15-64 reporting MDMA use in 2020 (United Nation Office on Drugs and Crime, 2022). Aotearoa New Zealand and Australia's 2.8% prevalence rate also evidenced an increase from the region's 2.2% prevalence rate in 2018 (United Nation Office on Drugs and Crime, 2020), and again, this rise in consumption contrasted against other regions, with global rates of MDMA use as well as rates in

North America and Western and Central Europe remaining stable since 2018. Despite these rising rates, statistical data on rates of MDMA use in Aotearoa New Zealand exclusively is unavailable, however we will assume that the combined Australia-New Zealand statistics are similar to Aotearoa New Zealand as the two countries share a similar culture. The lack of Aotearoa New Zealand specific data indicates that more research in this area is necessary to gain a better understanding how New Zealanders are using MDMA.

While a prevalence rate of 2.8% may not appear to be high, it is important to understand the distribution of this use across the age bracket, as young adults are most likely to use the drug. The EDR 2022 reported that 73% of MDMA users were aged between 15-35 (European Monitoring Centre for Drugs and Drug Addiction, 2022), and although no data was available for Aotearoa New Zealand specifically, I would expect this trend to be similar. This supports the idea of a differentiated normalisation among different age groups. Additionally, 33% of participants in the GDS 2019 reported a past year prevalence of MDMA use (Winstock et al., 2019), indicating that MDMA use is normalised among the wider, drug-using population. Further support for differentiated normalisation among age and social groups was also shown in Palamar et al.'s (2019) research, with 41.1% of EDM partygoers aged 18-40 in New York City reporting MDMA use in the past year, demonstrating that MDMA use within this population is significantly higher and more normalised than within the general population.

Despite the global evidence of the drug's normalisation among certain social groups (i.e., drug users, EDM subculture), and its prevalence of use within Australia and Aotearoa New Zealand, rates of MDMA consumption by gender over the past decade have been largely underreported in published data. The only recent data for gendered prevalence rates comes from the EDR 2021, which show that nearly twice as many males consumed MDMA than females, reporting 6.8 million to 3.5 million, respectively among people aged 15 -64 (European Monitoring Centre for Drugs and Drug Addiction, 2021). In GDS 2019, some gender data was reported on a global level, with the research revealing no gender differences in the median frequency of MDMA consumption over the

past 12 months, however data reporting prevalence rates of male to female MDMA users was not published (Winstock et al., 2019).

While a small amount of published information is available regarding European prevalence rates of MDMA use by gender, it is unclear how those statistics compare to rates of MDMA use in Aotearoa New Zealand. Within Aotearoa New Zealand, the Illicit Drug Monitoring System (IDMS) explored drug trends over several years and indicated that more males use MDMA than females, with 69% of frequent MDMA users in New Zealand being male (Wilkins et al., 2014). When the IDMS was conducted three years later, researchers found that that figure dropped to 65% (Wilkins et al, 2017). This 4% difference between the two data collection periods indicates that there may be a rise in MDMA use among females, which is notable should this trend continue. However, the study did not explicitly mention this difference in their report as drug use by gender was not the primary focus.

There is therefore a significant gap in the current understanding of women's MDMA use in Aotearoa New Zealand. We know that relatively, MDMA use is high and increasing in Aotearoa New Zealand, and women's use appears to be increasing among certain age groups and subcultures. What is missing from the data is why these women are using MDMA, their experiences of MDMA use within the context of Aotearoa New Zealand, and the meanings they attribute to these experiences.

MDMA Use During the Pandemic: A Global Perspective

The literature suggests that people use MDMA to enhance a range of social experiences, and as the COVID-19 pandemic engulfed countries and communities around the world in early 2020, it was expected that the associated restrictions on social gatherings and events would have an unparalleled impact on social drug use. This impact was most evident with highly social drugs such as MDMA, compared to other drug use that takes place in more solitary environments like alcohol and cannabis (Benschop et al., 2021). International results from self-reported measures of recreational drug use from the continents of North America, South America, Europe, and Australia, and

wastewater testing in the Netherlands and Italy, indicates that patterns of drug use shifted during the COVID-19 pandemic. Specifically, MDMA saw the most significant reduction in consumption worldwide (Been et al., 2021; Bendau et al., 2022; Benschop et al., 2021; Winstock et al., 2020).

In the GDS COVID-19 Special Edition Key Findings Report (Winstock et al., 2020), the GDS investigated changes in drug use due to the pandemic and found that 42% of respondents reported a decrease in MDMA use during the pandemic. A reduction in MDMA use was also found by Bendau et al. (2021) in an online survey exploring international patterns of MDMA use across 46 countries, with most participants residing on the European, South American, and North American continents. The research found that, during the first year of the pandemic, many participants had reduced their frequency of MDMA use because of the pandemic-related social restrictions. Similarly, a survey of Australian drug use, which typically follows a similar trend to New Zealand drug use, showed an even greater decrease in MDMA use, with 70% of participants reporting a significant reduction in their MDMA consumption (Price et al., 2021). This international decrease in use was supported further by wastewater testing in the European cities of Milan, Italy and Amsterdam, Netherlands, both of which experienced a sharp decrease in MDMA use of up to 50% (Been et al., 2021). These results indicate that, amongst a global drug using population, MDMA use decreased significantly because of the pandemic and its related restrictions.

The literature suggests that important changes in MDMA use have occurred because of the pandemic. One population that reported a large decrease in MDMA consumption was members of the EDM community. Amongst EDM participants in New York, a state that enacted strict stay-at-home orders early in the pandemic, researchers noted a sizable 71.1% decrease in frequency of MDMA consumption (Palamar et al., 2021). This study was the only study that specifically examined shifts of MDMA use within the EDM scene, which is important as MDMA consumption is deeply embedded into the EDM culture, and participants in this scene report dramatically higher rates of use (41.1%) compared to the general population (Palamar et al., 2019). MDMA and EDM settings are frequently experienced in combination with one another, and are both highly social in nature, and

therefore it is important to understand how the pandemic affected this population in the absence of social gatherings.

Literature that explored the reasons behind people's MDMA consumption during the pandemic found that all participants who reduced their MDMA use attributed the reduction to having fewer social occasions and settings to take the drug (Bendau et al., 2022; Benschop et al., 2021; Gili et al., 2021; Price et al., 2021; Winstock et al., 2020). Specifically, in the world's largest drug use survey, the GDS 2020 (Winstock et al., 2020) identified that the four most frequently cited reasons for participant's decreased use were: 'I have less occasions to use the drug,' 'less contact with people who I use the drug with,' 'I don't like using the drug at home,' and 'I don't feel like using this drug as much during a pandemic.' All these explanations highlight how sociality is integral to MDMA use and the lack of social interaction during the pandemic has contributed to the decrease in consumption rates.

Despite the absence of social gatherings, a reduction in MDMA use was not homogenous, with wastewater testing indicating that use remained stable in some locations. The results of Been et al. (2021), revealed that the European cities of Boom and Brussels in Belgium, Urtrecht in the Netherlands and Castellan in Spain all maintained a stable consumption of MDMA during the most restrictive period of the COVID-19 lockdown. These heterogenic results were poorly understood, and the authors were unable to account for the variation in use. For those that had continued to use MDMA, however, the settings that they used it in shifted from traditional club or party-based settings to using it at home (Bendau et al., 2022). The shift from using MDMA in nightlife settings, to using MDMA at home, suggests that a new form of MDMA use might have occurred in the absence of social gatherings. These anomalous findings were not able to be further explored before the lockdown restrictions eased, for the most part MDMA consumption appeared to shift back to traditional patterns. Gili et al. (2021), for example, found that Italy's MDMA consumption rose back up to pre-pandemic levels, suggesting that any decreases in consumption were temporary and were a result of the social restrictions, and are a tribute to the highly social nature of the drug.

While the pandemic caused a marked decrease in MDMA consumption among users in most of the cities and countries researched, this was not the case for all locations. Although the meaning underlying the heterogenous consumption rates is uncertain, research has identified a lack of social interaction as an important factor in the reduced rates of use. However, for those who continued to use MDMA throughout the pandemic, the reported motivations for consumption included boredom (Bendau et al., 2022; Price et al., 2021), mood-related motives (e.g., to feel high, increase pleasure) (Bendau et al., 2022), and to enhance social situations (Benschop et al., 2021). Additionally, researchers revealed that drugs, including MDMA, were used as a coping strategy for some people throughout the lockdown periods (Bendau et al., 2022; Benschop et al., 2021). It is important to note that all existing research exploring the meaning attributed the changes in MDMA use has been quantitative in nature, limiting our understanding of the participants' experiences.

MDMA Use During the Pandemic: Aotearoa New Zealand Context

Aotearoa New Zealand's experience of the COVID-19 pandemic gained international attention due to the government's unique and effective response (Jones, 2020; McLay, 2020; Hollingsworth, 2020). The country's prime minister, Jacinda Ardern, put the country into a swift and stringent lockdown on 25 March 2020 when the country's recorded cases reached over 200 (Graham-McLay, 2020). This lockdown lasted four weeks and consisted of strict stay-at-home orders for most New Zealanders, apart from healthcare workers and food supply chain employees, and most of the people in Aotearoa New Zealand complied with lockdown restrictions. After the initial lockdown period, the lockdown restrictions eased slightly, and the stay-at-home orders were extended for an additional two weeks to ensure that New Zealand had eliminated community transmission of COVID-19. On the 8 June 2020, New Zealand was both COVID-19 and restriction free, being the only country in the world to have eliminated community spread of the virus (Hollingsworth, 2020).

Since Aotearoa New Zealand went into lockdown when there were very few community cases and came out of lockdown much earlier than other countries, New Zealanders were able to

enjoy their freedom from community transmission and resume 'life as normal.' While this affected MDMA use in some expected ways, such that drug use was higher than other countries because socialization was allowed, other patterns were notably surprising. In particular, the finding that high levels of MDMA was used during the first lockdown was unexpected. These patterns were identified through wastewater testing and no self-report or experiential data has been collected on it to date.

The impact of the pandemic on the MDMA use of New Zealanders is not well understood and the only published data that measures the drug's use has been wastewater testing. The primary resource used to understand New Zealand's pattern of MDMA use is the National Wastewater Testing programme that covers 75% of Aotearoa New Zealand's population. The National Wastewater Testing programme began in 2019, following a three-year pilot programme that covered 13% of the population. While the results of the National Wastewater Testing programme showed that levels of MDMA consumption have varied throughout the course of the pandemic, the consumption patterns were unexpected, with high use during periods of gathering restrictions and record-breaking consumption levels within the first year of the pandemic, showing a very different pattern to the survey studies conducted internationally.

Wastewater testing results revealed that, during the first lockdown in Aotearoa New Zealand, New Zealanders continued to consume high amounts of MDMA. The wastewater results from the Quarter 2, from April to June of 2020, indicated that New Zealanders were still consuming 7.1 kilograms of MDMA per week (New Zealand Police, 2020a) in the face of the strict lockdown measures that prevented social gatherings. When the statistics from the lockdown period of 2020 are compared to the equivalent quarter in 2019, wastewater testing results showed that New Zealanders were consuming 7.8 kilograms of MDMA per week (New Zealand Police, 2019), suggesting that national consumption only dropped by around 10% despite significant lifestyle changes. The wastewater results, however, are difficult to compare to previous years because the lockdown restrictions prevented the collection of wastewater results during the month of April. Furthermore, the lockdown coincided with the National Wastewater Testing programme updating

their data collection quarters to align with the calendar year, making a direct comparison difficult. However, despite these limitations, the finding that New Zealanders were continuing to consume 7.1 kilograms of MDMA per week during the gathering-restricted months of May to June 2020 is unexpected and does not follow the reductions in use that occurred in Australia. Australia is an important point of comparison for drug use due to its cultural similarity and geographical proximity to Aotearoa New Zealand.

Despite the slight decrease in MDMA consumption during New Zealand's first lockdown, the following winter quarter covering July to September of 2020 saw a rise in MDMA consumption up to 7.9 kilograms per week (New Zealand Police, 2020b). This increase reflected the consumption levels after gathering restrictions eased and New Zealanders were able to socialise freely again. As 2020 progressed, MDMA use continued to increase with consumption rates reaching a record breaking high of 9.7 kilograms per week in Quarter 4, from October and December 2020. This significant increase in MDMA consumption may have been indicative of the impact that the pandemic had on New Zealander's drug consumption.

This period covered by Quarter 4 was unique for Aotearoa New Zealand, when viewed from a global perspective, because the country had eliminated the community spread of COVID-19 by mid 2020 and was liberated from the gathering restrictions and social distancing that characterised the pandemic and was occurring elsewhere in the world. As described earlier, this elimination of COVID-19 was achieved through the immediate implementation of strict gathering restrictions on 21 March 2020, and these restrictions were only in place for 79 days before all restrictions were dropped and the country recorded zero active cases on 8 June 2020 (New Zealand Government, 2022). With zero community cases of COVID-19, Aotearoa New Zealand was able to resume 'life a normal' for over a year between June 2020 and August 2021. Aotearoa New Zealand was the only country in the world that was able to have large scale music events safely amidst the global pandemic. Aotearoa New Zealand's unique freedom during this period included the reopening of the nightlife and entertainment economy such as bars, clubs, concerts, and festivals. During this time the country

went into three short lockdowns with various gathering restrictions, with the longest lasting only two weeks. The 'typical' global pandemic experience for most countries in the world was characterised by the closure of nightlife and gathering restrictions that lasted more than a year, and Aotearoa New Zealand's deviation from this 'typical' experience appeared to allow the use of social drugs such as MDMA to flourish.

The Quarter 4 2020 results of 9.7 kilograms per week were collected at a time when dangerous synthetic cathinone drugs, primarily eutylone, entered the illicit drug market sold as MDMA. Cathinones are synthetic drug with psychoactive effects that mimic MDMA and are accompanied by a list of unpleasant side effects, including headaches, paranoia, anxiety, and difficulty sleeping (Know Your Stuff NZ, 2020). Due to dosing differences between MDMA and cathinone substances, the accidental ingestion of cathinones can be lethal. Know Your Stuff NZ, a legal drug harm reduction and drug testing service in Aotearoa New Zealand, released a dangerous drug alert for eutylone in January 2021. In the alert, they explained that 50% of the MDMA substances tested were cathinones, primarily eutylone, and contained no MDMA. Know Your Stuff NZ warned MDMA users about the early warning signs of accidental eutylone ingestion and explained that cathinones were responsible for the large fluctuation in quality of MDMA available over the summer of 2020 and 2021 (Know Your Stuff NZ, 2020). International research that compared cathinone levels in wastewater results during the New Year's period of 2020/2021 (December 26 to January 3) and found that Aotearoa New Zealand had the highest consumption rates, when compared to 10 countries including Australia, United States, and Canada (Bates et al.,2021). While Bates et al. (2021) described cathinones as being 'popular' amongst consumers, Know Your Stuff NZ describes its 'popularity' primarily as accidental ingestion within the Aotearoa New Zealand festival scene, as it was mistaken for MDMA (Know Your Stuff NZ, 2020). The increase in cathinone-adulterated MDMA in Aotearoa New Zealand may be due to pandemic-related disruptions in the drug's supply chain, though this had not been research at the time this paper was written.

Understanding the presence of cathinones in the MDMA supply chain is important because of the impact it may have had on New Zealander's consumption rates. Following the record-breaking consumption rates in Quarter 4, wastewater testing saw a more than 50% drop in MDMA use in Quarter 1, which covered January to March 2021, with rate falling to 4.5 kilograms per week (New Zealand Police, 2021). Use in the following quarter decreased further, dropping as low as 3.1 kilograms per week in Quarter 2, which covered April - July 2021 (New Zealand Police, 2021a). The wastewater results of Quarter 2 are the lowest recorded levels of MDMA use in Aotearoa New Zealand since the National Wastewater Testing programme began in November 2018. However, unlike the reductions in MDMA use seen in other countries during the pandemic, this drop was not caused by gathering restrictions and nightlife closure, as gathering restrictions were not imposed again until August 2021. Instead, this significant decrease in MDMA use may be in response to the festival season filled with cathinone adulterated MDMA that was circulating during the summer of 2021/2021.

Despite the evidence of significant changes in New Zealander's MDMA consumption throughout the pandemic, these changes in use are poorly understood. The variation in quarterly wastewater testing does not appear to be attributed to government imposed gathering restrictions, with the lowest recorded levels of MDMA occurring during periods without gathering restrictions and relatively high levels of use maintained during periods of intense restriction. This points to the need to do further research to understand how these patterns of use were experienced and what these patterns of use might represent.

MDMA as an Integral Part of EDM Culture

There is a significant body of literature exploring the motivations and values of MDMA users, and how these values are reflected in EDM music and culture. This body of work highlights how the drug experience has shaped EDM culture and how the music influences the MDMA experience. The entactogen properties of MDMA that enhance openness and empathy mean that the drug is primarily used in social settings, and a significant social setting with a rich history of MDMA use is

the EDM club scene. EDM music is a broad term that encompasses a vast number of electronic genres and subgenres, including house, techno, drum and bass, disco, dubstep, and trance. Much of the existing research on social MDMA use comes from participants involved in the EDM subculture because of the high prevalence of use among this population (Cannon & Greasley, 2021; Griffin et al., 2018; Hutton, 2004; Hutton, 2006; Little et al., 2018; Palamar, 2021; Palamar & Keyes, 2020; Palamar et al., 2019).

There is a body of literature showing this relationship between EDM populations and high rates of MDMA use. For example, Riley et al.'s (2001) study of recreational drug use at dance events in Scotland showed that 82% of the attendees had used MDMA in the past year, and 74% reported using the drug 'at least once a month' or 'more than once a month.' Winstock et al. (2001)'s sample of EDM enthusiasts in the UK had a 96% past year prevalence rate, with 86% reporting use in the last month. This pattern continues to the present day, as evidence in a recent study of American drug use by Palamar et al. (2019) showed that 41.1% of EDM partygoers in New York City consumed MDMA in the past year, indicating that MDMA use amongst this population is still significantly higher than amongst the general population. Domestically, Hutton (2010) noted that clubbers in Wellington, New Zealand displayed high levels of drug use compared to the general population, though specific figures were omitted from the data.

As MDMA use is extremely common among members of the EDM and festival subculture (Palamar et al., 2019; Riley et al., 2001; Winstock et al., 2001) it is important to understand why people enjoy using the drug in these settings. The physical setting of EDM clubs and events contain factors that enhance sensory experience of MDMA, the culture fosters notions of community and belonging due to the sociality of the drug, and the freedom associated with EDM events allow participants to experience a taste of the hedonistic carnivalesque.

Enhanced Sensory Experience

EDM clubs and events, as well as the music itself, are designed specifically to enhance the sensory experience of drug-using attendees. Parrott (2004) noted that EDM settings provide hyper-

stimulating environments consisting of intricate light displays, loud music with heavy bass, and tightly packed crowds. Additionally, the structure of the music is intended to elicit a heightened arousal response in the crowd by creating a 'build up' in the music, followed by a 'break,' and then a 'drop.' From my own experience of EDM, the drop is typically accompanied by heavy bass that creates vibrations deep in the chest, giving the sensation that the music is penetrating through the body.

Similarly, in a study that explored the meaning that New Zealanders assigned to drug use in club settings, participants described the sensory experience of drugs as being a foundational aspect of the clubbing experience (Hutton, 2010). They explained that, without drugs like MDMA, club settings could not be understood or participated in meaningfully. These participants described drug use in club settings as enjoyable and spoke of their behaviour as being motivated by ideas of fun and belonging.

Feelings of Community and Belonging

Both MDMA and EDM spaces are characterised as highly social, therefore participants of this culture describe their participation in these experiences as being motivated by feelings of community and belonging. The prevalence of MDMA in EDM culture helps explain why social experiences are so central to the experience, as MDMA increases empathy and sociability while simultaneously decreasing fear and anxiety, therefore a pro-social atmosphere is created (Hunt & Evans, 2008). With sociality at the core of the experience, shared values such as community and belonging have emerged within EDM culture.

Furthermore, festival attendees described powerful feelings of social connectedness and belonging in festival spaces. Attendees of a three-day EDM festival in Las Vegas attributed the sense of social connectedness that they felt towards others to the overwhelming presence of pro-social behaviour amongst the crowd (Little et al., 2018). This pro-social behaviour amongst the crowd can be understood through the ethos of EDM culture, PLUR (Peace, Love, Unity, Respect), that has been a governing philosophy of the culture since the late 1980s (Redfield & Thouin-Savard, 2017). The

PLUR values were further represented in Riley et al.'s (2010) research, in which participants in the EDM culture spoke of the importance of community. Community was understood by the authors as a 'duty of care' (a sense of a duty of care for self, others, and environment) that allowed people to feel as though they are in community with one another among the EDM scene.

Complementing the sense of community that practiced a 'duty of care' and ensured that fellow partiers looked after one another, were the principles of inclusivity and non-judgement (Riley et al., 2010). Inclusivity ensured that the EDM culture was accessible to all and free of discrimination and non-judgement allowed for and encouraged authentic self-expression. When sociality, community and belonging come together they allow individuals feel valued and connected. Having a space that fosters feelings of value and connectedness is important because, for many, these feelings are absent in the neoliberal values of daily life.

These feelings of community and belonging in EDM culture are in contrast with the individualistic values of the neoliberal society in the 'outside' world. The sense of a 'duty of care,' particularly for strangers, and inclusivity and judgement, are also in contrast with neoliberal subjectivity that judges and discriminates. This contrast could explain the appeal of festival settings as they provide a space for participants to feel a sense of community and belonging, as well as an outlet to experience freedom and escape from the neoliberal confines of daily life.

Freedom and Escape

Existing research on EDM festivals indicates that these events create a temporary space where participants experience a sense of freedom from the neoliberal constraints of everyday life, such as individuality, judgement, and discrimination. These spaces, in combination with hedonistic drug use, provided festival attendees with the opportunity to escape their mundane lives in the 'real' world and experience the carnivalesque (Griffin et al., 2018; Hunt & Evans, 2008; Little et al., 2018; Riley & Hayward, 2004; Riley et al., 2010). Little et al. (2018) divided EDM escapism into three types of escape, including psychological escape, physical escape, and societal escape. Psychological escape was escape from life's worries and responsibilities, physical escape was an escape from the

physical and geographical confines where one lives, and societal escape was an escape from social norms and expectations.

Societal escapism is most often discussed in terms of festivals and drug use as attendees of these events felt as though these spaces were exempt from the usual social constraints that dictate appropriate human behaviour, and therefore these events offer a judgement-free space where people can dress, behave, and consume in ways that are not accepted in their day to day lives (Griffin et al., 2018; Little et al., 2018). This sense of societal escapism is facilitated by a social culture that embraces and encourages eccentricity and provides participants with the opportunity to experience the carnivalesque, which directly contrasts the rigid social rules and expectations outside of the festival space (Griffin et al., 2018).

Psychological escapism was described by Little et al. (2018) as freedom from the mental confines of daily life that are often characterised by stress and anxiety due to the pressures of neoliberalism. Substance use in EDM spaces allow participants to break free from these psychological pressures. Additionally, participants in Hunt and Evans (2008) described these feelings of freedom in terms of their sense of self when using MDMA, as the drug helped them feel less critical towards themselves and reduced their level of self-consciousness.

Furthermore, festivals were perceived by attendees as a space that was free from the surveillance neoliberal authority and the judgement from others (Griffin et al., 2018). This perceived lack of authority and social constraint meant that festivals became an opportunity for participants to lower their inhibitions and partake in hedonistic drug use. For some people, hedonistic drug use facilitated societal escapism through deviation from social norms, and for others it facilitated psychological escapism by allowing them to temporarily forget about their responsibilities and stresses in the 'real world' and be present with pleasure (Griffin et al., 2018; Hunt & Evans, 2008). The neoliberal society is a space filled with responsibilities, regulation, and the demand to be productive, therefore participants experienced festivals as an escape from these pressures and their associated emotions, such as anxiety and stress. Other attendees described their drug use as being

motivated by freedom and the pursuit of pleasure, rather than by escape. Their drug use was experienced as freedom from the rules and regulations in the neoliberal 'real world,' and allowed for feelings of autonomy and sovereignty over their choice to use drugs (Griffin et al, 2018; Hunt & Evans, 2008; Riley et al., 2010).

Women's Drug Use

In the following section, I aim to give an understanding of women's drug use and how it is captured (or ignored) in research. First, I give an overview of how this research views gender. Next, I explore issues in how women's drug use is portrayed, both in the research and within society. Then, I examine changes in women's drug use, including factors that contributed to women's increased participation in the nighttime economy. Finally, I discuss feminist researchers' findings of pleasure in women's drug use, before discussing the risk that men pose to women who use drugs.

Gender

As gender is a central component of this research, it is essential to define what gender is and understand how it is performed in daily life. Gender is the word used to describe traits that are associated with men or women through the social construction process. I recognise that gender is not constrained to the binary (man/woman), however for the scope of this research, gender will only be discussed from a binary perspective.

From a social constructionist perspective, gender is a product of social interaction, meaning that gender it is not something innate that we are, but rather gender is a collection of learned behaviours that we 'do' (West & Zimmerman, 1987). This perspective views gender as performative, such that it is an activity that is carried out in accordance with the socially structured, normative conceptions of maleness or femaleness. It is a performance that is brought into every social interaction. The way that we 'do' gender is temporally and culturally situated, and it evolves over time as a culture's values and behaviours shift.

While my understanding of the socially acquired and performative nature of gender aligns with West and Zimmerman's (1987) descriptions, this research is phenomenological at its core and

seeks to understand the experience of gender, therefore I will expand the authors' understanding of gender to account for the gendered experience. From a phenomenological position, gender is understood to be something that is experienced by the individual, and various perspectives have been offered to make sense of gender phenomenologically.

As described by Oksala (2006), the corporeal reading of gender phenomenology focuses exclusively on the lived body experience and excludes the experience of consciousness. While the lived body experience makes up a component of gender experience, this perspective does feminist phenomenology a disservice by further scrutinising and essentialising women's bodies, therefore the corporeal perspective must be expanded on. The intersubjectivity reading of gender phenomenology relates to the interactions that occur between people and an individual's experience of that interaction, in which individuals learn what is normative from a communal intersubjectivity that is culturally and temporally situated (Oksala, 2006). This perspective accounts for the experience of the lived body as well as the experience of transcendental consciousness. The intersubjectivity perspective draws parallels to West and Zimmerman's (1987) social construction of gender, such that both view gender as something that occurs in interaction with others or the environment.

In summary, to define gender for this research I draw on features from the social construction of gender and the phenomenological intersubjectivity reading. Gender is both something that is performed and experienced in social contexts, and the way in which gender is performed and experienced is unique to the "normative cultural practices and structures of meaning" (Oksala, 2006, p. 240) of a given location.

Understanding the way that gender is produced and experienced is important because gender has profound impacts for how we make sense of the world, our culture and ourselves (Riley & Evans, 2012). Gender is something that is always with us, and it is performed and experienced in each social interaction, therefore it is fundamental that the experience of gender be taken into consideration when engaging in meaning making processes such as research.

Women's Drug Use as Problematic

The role of gender in drug research is frequently ignored or minimised (Shiner, 2006). Yet, given that gendered identities are often central to people's sense of self, and that gender shapes many experiences and social norms, this minimising is likely to miss important elements of drug use. As shown in the surveys, qualitative research, and wastewater testing examples of drug use during the pandemic, much of the drug research ignores, or as with wastewater testing cannot, study the role of gender. Psychological research has typically exercised a 'male as norm' framework in which research is conducted by males, on males and for males (Riley & Evans, 2017). This 'male stream' psychology model is problematic for women because even when gender is ignored in MDMA research, the work still tends to capture the experience of men while absenting the experiences of women.

An additional problem in gendered drug research is that, even when gender is explored, there is a gender bias the in social norms that shape gender research in drug use. When gender is studied in drug research, the issue of drug use by women is often problematised. The scientific community has primarily focused on problematic drug use by women, framing drug-using women as either deviant for not conforming to societal gender norms, or as victims to the influences of drugs. Feminist drug research has identified a pattern in which women's drug use is constructed as 'mad, sad or bad,' (Measham, 2002: 343). The 'bad' constructions contribute to the double deviancy theory discussed below, whereas the 'mad' and 'sad' constructions of drug-using women fit within the victimisation framework.

The deviance perspective tends to be concerned with women engaged in sex work while using drugs, drug use during pregnancy and parenting, and women's involvement in the drug supply chain (Shiner, 2006). These positions have received a considerable amount of attention over the past century which perpetuated the stereotype of the female drug user as a criminological or deviance issue (Shiner, 2006), whereas the hegemonic masculinity of our society continued to support drug use by males as normative and views this as more acceptable. The stereotype of the deviant, drug

using woman can be understood through the double deviancy theory, which states that women are first judged for their deviant offence (such as using an illicit drug) and then women are stigmatised socially for breaking the gendered stereotype (e.g., nice girl, good mother, well-behaved lady). The double deviancy phenomenon results in severe punishments from the judicial system, as well as harsher judgements and stigmatisation from society (Heidensohn & Silvestri, 2012).

Women who use legal substances, such as alcohol, are subjected to the same issue of double deviancy, where it is generally socially acceptable for men to become highly intoxicated but, when women are intoxicated, they are viewed as broken and in misalignment with the society's expectations of them (Shiner, 2006). Being intoxicated as a woman risks their reputation as mothers, professionals, or women of value. It appears that social structures in place allow and forgive deviancy amongst men but persecute women. The rhetoric seems to be, 'let boys be boys, let men be men' (Hunt & Antin, 2019), but don't let women have any fun at all.

The victimisation perspective disregards the notion of women's agency in drug use and is concerned with addiction treatment options, issues of sexual assault due to drug use, and medical complications because of drug use, such as unsafe sex or drug use during pregnancy (Shiner, 2006). This research tends to view women as victims to the drug, rather than agentic beings with choice that have willingly chose to participate in drug use. Consequently, gendered research that is conducted from the victimisation perspective tends to be solution orientated, viewing their drug use as a problem that must be solved through external intervention (Measham, 2002; Measham, 2003).

Changes in Women's Participation in the Nighttime Economy

Interestingly, these double-deviant and victim personas are a stark contrast to the way that many contemporary, drug-consuming women perceive themselves, specifically women who consume drugs for the purpose of pleasure in nightlife leisure settings (Hinchcliffe, 2001; Measham, 2002; Shiner, 2006). While attention to the deviant and victimised areas of female drug use can enhance our understanding of *some* women's problematic drug experiences, it excludes the experiences of women who use drugs non-problematically, for leisure and pleasure purposes.

Factors that have been attributed to the increase in women's participation in drug use in leisure settings were the gains from feminism that saw a rise in the number of women in the workforce, a reduction in the gender pay gap, and the establishment of EDM clubs that were inclusive of women (Hinchcliffe, 2001).

A significant factor to understanding contemporary women's drug use was the socio-political shifts in the 1990s in the UK that created the new nighttime economy that was more welcoming for women (Hutton, 2006; Measham, 2002; Shiner, 2006). Traditional nightlife spaces, such as pubs, were often uncomfortable places for women and some even excluded women entirely until the early 1980s (Measham, 2002; Measham & Brain, 2005). Women's discomfort in traditional pub settings ranged from feeling unwelcome to harassment and unwanted sexual advances, therefore the development of an alternative nightlife setting was welcomed.

In the 1990s, there was a shift in the gendered drinking culture that continued to transform the industry into the early 2000s in which alcoholic beverages were recommodified to offer more feminised options such as ciders, alcoholic lemonade, and ready-to-drink spirit mixers (Measham & Brain, 2005). The availability of these sorts of drinks, combined with redesigned, modern drinking spaces that were aesthetically pleasing, helped the drinking culture shift away from the image of a dark, working-class pub filled with men to a shiny, new space that was accessible to all. As a result, more women were engaged in the nighttime economy by the turn of the century.

In contrast to the traditionally male pub spaces, Hinchcliffe (2001) and Hutton (2006) identified that EDM clubs created spaces where women could participate in leisure activities without the patriarchal ideals that actively sought to oppress and control them. Rather than alcohol, the preferred method of intoxication in these settings were club drugs such as MDMA, cocaine and amphetamines, and the pharmacological effects of these drugs created spaces where dancing was prioritised over alcohol intoxication, aggression, and the search for romantic partners (Measham, 2002). The shift in attitude towards alcohol consumption in EDM spaces and the associated lack of

alcohol-related aggression, was a primary factor that women attributed towards their increased enjoyment (Hutton, 2004).

The shift in attitudes held by EDM club patrons allowed women and men to cohabitate leisure spaces in a novel way, though to claim that all EDM clubs were free of patriarchal beliefs and values would be a misrepresentation. Women in the UK made the distinction that, within EDM club culture, attitudes varied between 'mainstream' and 'underground' clubs, with 'mainstream' clubs being described as a more aggressive, intoxication-focused atmosphere with a younger crowd, hardcore music, and corporate atmosphere. (Hutton, 2006). In contrast, 'underground' clubs were characterised as having a friendly atmosphere, an older demographic of patrons, and more diverse music. Additionally, 'underground' clubs were understood to be safer spaces, compared to 'mainstream' clubs.

Despite these positive developments in the EDM culture over the years, contemporary research suggests that this gendered experience has continued. A contemporary understanding of nightlife settings in the UK was provided by two female participants in Cannon and Greasley's (2021) exploration of EDM attendance and wellbeing. The participants described the EDM events that they attended as feeling safer and more like a community, signifying that these events were different from the mainstream club nights, at which people are primarily there to get drunk and seek out sexual partners. Although this research did not explicitly explore gendered experiences, the participants' talk indicated that women in the UK could distinguish between the safe attitudes identified in certain EDM clubs compared to more mainstream clubs, and that the presence of alcohol can contribute to an unsafe environment.

It is unclear how the distinction between 'mainstream' and 'underground' clubs in the UK are transferable to the Aotearoa New Zealand EDM culture, but it is important to recognise that not all club spaces are experienced equally, therefore any discussion around gendered EDM and/or drug experiences must consider the importance of setting in the experience. Aotearoa New Zealand's EDM culture has borrowed heavily from that UK scene, therefore it can be assumed that some of

these cultural practices have been repeated, but are shaped by the local intersecting existing infrastructure, government regulations around venues, and existing gender norms. While no research has explored women's experiences of club settings or differences between club settings in Aotearoa New Zealand, I would hypothesise that cultural differences do exists between nightlife venues. From my own experiences participating in the nighttime economy, there are some venues that contain a more traditional binge drinking culture with the associated patriarchal beliefs, and others that prioritise dancing and socialising with strangers among a more diverse population.

Choosing MDMA: Controlled Loss of Control

Feminist research on women's pleasurable drug use in the late 1980s and 1990s sought to understand women's experiences of drug use in club settings (Hinchcliffe, 2001; Measham, 2002). These reports of women's drug use depicted an account of agency, independence, and pleasure-seeking at the forefront of women's experiences. The women in Hutton (2006) described their drug use in clubs as fun and pleasurable, and described their agency as it related to organising their night out and the buying of drugs from trusted sources. In Hinchcliffe's (2001) research, women described feeling able to act independently, as there were minimal concerns for their safety due to the attitude of some types of clubs that they liked to attend.

Although there was a feminisation of drinking cultures and female friendly EDM subculture, women's drinking, and drug consumption was still shaped by a need to manage risks related to sexual violence from men. Throughout the research women's club drug experiences, the presence of high alcohol consumption in club settings is described by female participants as creating an undesirable and unsafe atmosphere that contains inappropriate behaviour and aggression from males (Cannon and Greasley, 2021; Hutton, 2006; Measham, 2002). This sentiment was expressed in Measham (2002) by a woman who described the effects of alcohol as uncontrollable, explaining that settings with less alcohol contained less male aggression. Similarly, the understanding that alcohol feels uncontrollable was repeated in Hutton's (2006) research when women described alcohol as unsafe, destructive and out of control. Alcohol intoxication increased the risk of harm towards

women by negatively influencing women's behaviour (e.g., less able to make safe choices), as well as the behaviour of men around them who are also drunk. Importantly, club settings with high levels of alcohol consumption increase the risk of violence and unwanted attention from men, and then this risk becomes intensified when women are drunk as they have less control over their behaviour and feel less able to say 'no' (Hutton, 2006). When women contrasted the effects of alcohol with dance drugs like MDMA, they described the ability to maintain a sense of control and avoid some of the risks that club settings posed, such as inappropriate behaviour from men. When drunk, women felt less able to decline unwanted sexual advances and described themselves as engaging in sex without thinking, whereas on MDMA women felt more assertive and in control during sexual encounters (Hutton, 2006).

When the women spoke of their substance use, both licit and illicit, they described self-restraint, the need for control, and the fear of loss of control. This phenomenon was termed by Measham (2002) as "controlled loss of control," (p. 358) and can be understood as women consuming certain drugs, in moderation, demonstrating self-regulation and the ability to feel in control of themselves while under the influence of a psychoactive substance. When women explained their motivations that supported a need for controlled loss of control, it ranged from reducing illness the following day so that they are able to attend to their responsibilities as a parent or caregiver (Measham et al., 2011), maintaining a socially acceptable level of femininity and avoiding embarrassment (Dahl & Sandberg, 2015; Measham 2002), and for their own safety and control over their body and decision making (Ettorre, 2004; Hutton, 2004; Measham, 2002).

Women's desire to maintain a socially acceptable level of femininity and avoid embarrassment within controlled loss of control reflects society's expectations of women and relates back to the double-deviancy theory. Conventional femininity understands that women should not appear or behave intoxicated, or else they risk stigmatisation for breaking the 'well-behaved woman' stereotype. Failure to adhere to gender expectations can lead to embarrassment, impacting women's emotional safety. Losing control can not only impact women's social reputation

but can also risk their physical safety via their inability to decline sexual advances from men, as discussed in the following section. These features of women's drug consumption differ greatly from men, who frequently cited that their goal when using substances was to become highly intoxicated (Ettorre, 2004; Measham, 2002). Women's desire for a controlled loss of control is constructed on a cultural foundation that requires women to be self-monitoring and risk managing individuals, as discussed below.

Risk of Harm From Men

Women clubbers described themselves as risk managing and in control. This management of risk is evident in who they get their drugs from, how much they consume and where they go out at night. However, despite women's risk managing behaviours, some level of risk to their physical and emotional safety still exists when participating in club drug scenes due to sexual advances or threats from men. Furthermore, drug using women face a double standard. Not only does a double standard towards drug using women exist within society (as described above through double deviancy) but it is also mirrored with club settings despite their more female-friendly, PLUR values. For example, Hutton (2006) has shown that women using MDMA are perceived as 'easy' and accounts for the perception that women on MDMA are more 'up for it' (Hutton, 2006). Men's perception that women in club spaces are 'up for it' increases the risk of violence and inappropriate sexual behaviour towards women, as they believe that women want sex when using club drugs such as MDMA and act accordingly.

In descriptions of female sexuality and MDMA use in the media, Hutton (2006) explains that female clubbers are portrayed as sexually uninhibited due to the drug's psychoactive effects. Despite MDMA's ability to lower sexual inhibitions, women explained that the drug made them feel and act sexy, but did not necessarily make them want to have sex (Hutton, 2004; Hutton, 2006). This is important as it challenged the 'up for it,' pleasure-seeking stereotype of clubbing women. The stigmatisation of clubbing women as 'up for it' increased the risk of sexual harm and inappropriate

behaviour from men by perpetuating the belief that women are 'easy' when they are on MDMA (Hutton, 2004).

The stigmatisation of MDMA using women as 'up for it' also makes women more vulnerable, as men try to use their MDMA-induced openness to their advantage. Women in Hutton's (2006) research spoke of MDMA use feeling less empowered in EDM club settings that emphasised heteronormative female sexuality, as women felt that some men viewed them as 'up for it' because they had taken MDMA, and therefore they felt pressured to engage in sexual behaviours. There was an expectation that women on club drugs should be accepting of touches from men as a result of their drug use, contributing to an environment in which men can behave inappropriately without taking responsibility for their actions. As a result of these expectations in heteronormative club settings, women described feeling safer in gay clubs due to a reduced threat of less heterosexual men. To understand the experiences of club drug using women, it is necessary to use a feminist framework that prioritises women's experiences in a postfeminist era.

Postfeminism

During 1990s, a new form of feminism, termed postfeminism, emerged which promoted the values of individualism, choice, and self-management (Gill, 2007). The term was coined postfeminism because it drew on feminist values, such as valuing women's sexual agency, economic participation, and expectations for freedom. These concepts were tied to individual choice and empowerment through work on the self and consumption of products and services, rather than a feminist social movement, and feminist social movements were positioned as unnecessary because of the belief women had achieved equality during previous waves of feminism (Genz & Brabon, 2018).

The media portrayed women as empowered subjects who could choose their destiny and change themselves through self-work and discipline. Gill (2007) identified notions of a 'postfeminist sensibility' that are prominent in media culture, including femininity as a bodily property, a focus on

self-discipline and self-surveillance, a shift from the female sex object to sex subject, and an emphasis on choice, individualism, and empowerment.

The notion of femininity as a bodily property can be understood as media culture's obsession with the appearance of the female body, specifically the 'sexy body' promoted by the media itself. Women's bodies are portrayed as a source of power, through their sexual prowess, and simultaneously portrayed as a weakness that must be constantly improved on. The notion that women must constantly monitor and improve the self demonstrates the postfeminist sensibility of self-discipline and self-surveillance that is required to conform to the constantly evolving standards of female beauty. Rather than the female body being objectified in media culture, Gill (2007) describes a shift in which women are presented as 'desiring sexual subjects' (Gill, 2007) that are 'up for it,' and use their sexual power enact their agency and liberation (Riley & Evans, 2017). These notions of postfeminist sensibility create the idea of an empowered woman who is individualistic and agentic, and enacts her freedom of choice to improve herself, for herself, albeit within a constrained consumer economy (Gonick et al., 2009).

The emergence of postfeminism coincided with neoliberalism, an ideology that values free market competition and assumes individuals to be risk managing and capable of making the best choices for themselves. This ideology promotes individualism and a façade of consumer freedom and choice, despite consumer decisions being heavily influenced by media culture. Neoliberalism and postfeminism share a striking degree of similarities (Gill, 2007; Gonick et al, 2009). Both ideologies promote an ideal subject that is independent, with the perceived freedom to make unlimited choices for oneself. They also both view the body and self as an imperfect project to forever be worked on. These ideologies believe that the solution to a 'better self' lies within the consumer market and encourages individuals to alter their appearance and behaviour though use of products and services (e.g., make up, diet pills, gym memberships, self-help books and magazines) that specifically target women. These products and services are framed as a requirement to

successfully achieve the unrealistically high, and everchanging, standards of femininity (Gill, 2007; Gonick et al., 2009; Riley & Evans, 2017).

Another key component of postfeminism is the portrayal of feminism as a historical movement. By positioning feminism as a historical movement that already 'achieved' equality in workplaces, athletics, and social politics, it prevents critique perspectives that argue against the 'achievement' of equality or view the need for equality as continuous (McRobbie, 2009). Rather, the language that surrounds individualism allows gender inequalities to be attributed to individual differences in effort, skill, and intelligence, rather than a system that continues to discriminate against women and prioritise men.

Despite claims of individualism and empowerment for women within a postfeminist culture, critical analysis of postfeminism showed that men, specifically men's sexual needs, were still prioritised. For example, in Gill's (2009) work exploring sex and relationship advice in women's magazines, the author developed the term men-ology to describe the way that women must learn how men operate so that they can adequately meet their sexual and emotional needs. On the surface, these sex and relationship advice columns appeared to be empowering women to take action to improve their relationship, but a closer look revealed that women are expected to do all the emotional heavy lifting and that they alone are responsible for relationship repair and maintenance. This contradictory message is typical of media that contains postfeminist sensibilities that suggest empowerment through self-work (Gill, 2007). These contradictory messages of postfeminism have made their way into most areas of life, including the night time economy.

Postfeminism in the Nighttime Economy

An important, albeit complex, aspect of postfeminism in the nighttime economy are the double-standard dilemma's women face regarding their intoxication and sexuality. The performance of femininity in the nighttime economy requires a delicate balance of becoming intoxicated, but not so intoxicated that the performance is unladylike (i.e., controlled loss of control), and dressing hypersexually, but not so sexually that the performance is 'slutty' (Griffin et al., 2012). One way of

achieving a feminine performance was through clothing choice – specifically 'going out' clothes that reflected hypersexualised, or 'pornified,' femininity (Bailey et al., 2015, Griffin et al., 2012). Wearing high heels was described as an essential footwear choice when going out and the clothing typically worn was described as skimpy and revealing. The participants in Bailey et al. (2015) explained that getting the right 'look' that was feminine, attractive, and promiscuous was an important part of the nightlife experience and that these hypersexualised clothing choices were considered appropriate for a night out but were not to be worn during daylight hours, or else they could be perceived as 'slutty.' These choices in clothing reflect postfeminist values of self-subjectification by helping women achieve agentic hypersexual performances in the nighttime economy to attract the gaze of men, while also contributing to the stigma that women in these spaces are 'up for it.'

It is necessary to understand media culture's representation of the ideal empowered, self-managing woman, as women's participation in EDM scenes increased in the 1990s (Measham, 2002). Rather than the 'mad, bad or sad' representation of problematic drug users, women were now able to achieve femininity through their alcohol and drug use, by demonstrating their agency and ability to do it 'for themselves.' The enactment of this postfeminist ideal was described through Measham's (2002) persona of the 'club babe' in which women flaunted their sexual attractiveness without being too promiscuous and were able to let loose without losing control due to the psychopharmacological effects of MDMA. Women explained that the consumption of MDMA and other stimulant drugs helped them to achieve this persona by increasing sociability, self-confidence, and energy, and by enhancing their dancing abilities.

The use of alcohol and drugs like MDMA in club settings, as well as their clothing choices, helps women achieve notions of a postfeminist sensibility, such as agency and individualism, and assists women to accomplish specific feminine personas, such as the hypersexualised empowered 'club babe.' Measham (2002) described the enactment of postfeminist ideals amongst clubbing women as 'doing gender, doing drugs,' as drug use became a source of empowerment for women in club settings, and freedom and independence was celebrated. However, despite the embodiment of

freedom through drug use, these women were not exempt from the constraints of traditional femininity and gender role expectations, and this was exemplified through women's engagement with practices of controlled loss of control that was discussed earlier in this paper.

Research Rational and Aims

Above, I have shown that gender is an important element in shaping women's experiences of MDMA and their participation in the nighttime economy, and feminist research has been central to highlighting the importance of this recognition. Further, in Aotearoa New Zealand there is a strong case made for feminist research because of its history of silencing of women's voices in domestic research (Morgan et al., 2011). Feminist research has been shown to be essential because feminist psychologists in Aotearoa New Zealand have made a significant and important contributions to the improvement of women's' lives in areas such as their social status, education, medicine, and family and sexual violence (Morgan et al., 2011). Therefore, this research is underpinned by feminist research theory and seeks to give voice to the perspectives that have historically been excluded from research to construct an equitable understanding of women's experiences of MDMA use during a novel pandemic.

Accounts of women's pleasurable drug use are lacking from recent literature, with most of the research minimising or ignoring the role of gender in drug use. Most of the research that explores gendered drug use tends to view drug use as a problem to be solved and views women as victims or criminals, therefore the research is treatment or solution oriented. This perspective is troublesome as it excludes the possibility that women partake in pleasurable, low-harm drug use, and absences women's voices from this nighttime economy activity. Therefore, the first goal of this study is to understand women's experiences of using MDMA within the EDM culture of Aotearoa New Zealand. Additionally, women in the Aotearoa New Zealand EDM scene are intriguing subjects due the high prevalence rates of MDMA consumption, both in the country and amongst the EDM culture.

Furthermore, wastewater analyses indicated that Aotearoa New Zealand continued to use large amounts of MDMA throughout the global pandemic, including during periods of lockdown and gathering restriction. While the results of the National Wastewater Testing programme showed that levels of MDMA consumption have varied throughout the course of the pandemic, the consumption patterns were unexpected, with high use during periods of gathering restrictions and record-breaking consumption levels early in the pandemic, showing a very different pattern to the survey studies conducted internationally. Specifically, the finding that New Zealanders continued to consume 7.1 kilograms of MDMA per week during the gathering-restricted months of May to June 2020 is unexpected and does not follow the reductions in use that occurred in Australia, a country whose drug trends are typically similar to Aotearoa New Zealand. Given these wastewater results, the second goal of this research is to capture how these women used MDMA amidst the global pandemic, in the absence of events and social gatherings.

Research Question

- How do women in Aotearoa New Zealand use MDMA, and how has the pandemic shaped these drug experiences?

Research Aims

By investigating this research question, this project aims to meet the following objectives:

1. To understand the lived experience of using MDMA during the pandemic;
2. Gain a greater understanding of how women use MDMA and the meaning that women attribute to their MDMA experiences.

Methodology and Methods

The following section explains the qualitative feminist approach to this research and explores the key features and criticisms of the methodological approach that I chose. I go on to describe the process of participant recruitment, data collection and the method chosen for data analysis. Next, attention is given to the potential ethical issues involved in this research as raised by Massey University Human Ethics committee. Lastly, I explore the process of reflexivity to understand how I engaged with the research throughout the data collection and analysis processes.

A Qualitative Approach to Feminist Research

A qualitative approach was chosen to address this research question because I wanted to understand the way that the participants made sense of their drug use during the pandemic. Qualitative methods are best suited for research that aims to understand and interpret the meaning that is attributed to a phenomenon (Piekiewicz & Smith, 2014). Furthermore, quantitative social science research has typically neglected to capture women's experiences or portrayed women through a stereotypic lens (McHugh, 2020). Therefore, qualitative research methodologies are favoured by feminist researchers because they allow the experiences of marginalised populations, such as women, to be shared and prioritised.

Methodological Approach

Interpretative Phenomenological Analysis (IPA) as Methodology

At its core, IPA as a methodological approach aims to elicit an elaborate exploration of lived experience, the meaning attributed to that experience by participants, and how participants interpret the experience (Smith, 2011). The primary features of an IPA methodology are phenomenology, hermeneutics and idiography (Piekiewicz & Smith, 2014; Smith, 2011). Phenomenology describes the philosophy that informs IPA, which prioritises the importance of lived experience. The hermeneutic feature of IPA relates to how the lived experience is interpreted. The experience is first interpreted by the participant and then the participant's interpretation of the experience is then re-interpreted by the researcher. This process of interpretation and

reinterpretation is called double hermeneutics and is an essential component of IPA research. Finally, IPA is idiographic, meaning that it intensively studies the individual to gain an in-depth understanding of their lived experience. This contrasts with other methodologies that aim to study groups or populations.

Criticisms of IPA

Despite IPA being an effective methodology for gaining insight into the lived experience of individuals, it is not without its criticisms (Tuffour, 2017). Firstly, IPA has been criticised for failing to account for the important role that language plays in meaning making processes. Secondly, critics have questioned whether participants simply provide opinions of their experiences, rather than meanings. Specifically, this critique is concerned with whether the participant and the research have the required communication skills to accurately express and make meaning of their experiences. Finally, critics have expressed concern that IPA is hyper focused on understanding lived experience while neglecting to explain why they occurred.

Methodology of Data Collection

Interviewing

I chose to conduct one-on-one interviews because of idiographic nature of the IPA framework that informs this research. This allows me, and the participant, to focus on their experience as an individual using drugs during the pandemic. Additionally, one-on-one interviewing is best for producing rich, detailed responses about a phenomenon and therefore it is frequently used in an IPA methodological approach (Piekiewicz & Smith, 2014).

Interview Schedule

An interview schedule was created using semi-structured interview questions that would guide the discussion of participants' experiences. The questions were structured so that I could ease participants into the interview by asking about their pandemic experience and allow them to feel comfortable before asking about their drug use (see appendix A). Once I understood more about their drug use, I transitioned into questions about how being a woman impacted their drug use. I

also used several prompts (e.g., “Tell me more about that”) to help me gain more depth into the experience of the participants. A strength of semi-structured interviews is that it creates space for unanticipated topics to emerge and be discussed that I may not have considered when writing the interview schedule (Piekiewicz & Smith, 2014).

Participant Timelines

A participant timeline was created to help the participants made sense of the pandemic and aid them as they recollected their experiences in semi-structured interviews. Participants were given the option to use the timeline to record important moments in their drug use during the pandemic. Completion of the timeline was optional, however all participants utilised it to various degrees. The instructions for the timeline were included, alongside an example timeline (see appendix B).

Study Design

Sampling Method and Criteria

This research project examined a specific phenomenon among a certain population, therefore purposeful sampling was used to achieve a homogenous sample of participants to which the research questions were relevant (Pietkiewicz & Smith, 2014). It was decided that participants must meet the following criteria to participate in this research, including:

1. Identify as female;
2. Be 18 years or older;
3. Identify as part of the EDM scene in Aotearoa New Zealand;
4. Have used MDMA at least once during the pandemic in Aotearoa New Zealand (for the purpose of this study, the start of the pandemic in Aotearoa New Zealand is deemed to be when the first lockdown began on 26 March 2020);
5. Feel comfortable discussing their drug use on an online video platform.

Ethical Approval Process

The research project was planned and discussed with my supervisor, and then a full ethics application was submitted to the Massey University Human Ethics on 21 March 2022. The

application was informed by The Massey University Code of Ethical Conduct for Research and Teaching involving Human Participants (Massey University, 2017), The Health Information Privacy Code (Office of the Privacy Commission 2020) and Releasing Information to Police and Law Enforcement Agencies: Guidance on Health and Safety and Maintenance of the Law Exceptions (Office of Privacy Commission, 2017). The necessary amendments were made to address the reviewers concerns and full ethics approval was granted on 3 July 2022. There is a section dedicated to the ethical considerations later in this chapter.

Recruitment Process

Upon receiving confirmation of ethical approval, I began the process of recruiting participants. An Instagram account was created for the research and an advertisement was posted that outlined the eligibility criteria, gave an overview of the research topic, and provided potential participants with the project's anonymous email address. This advertisement was shared by my personal profile, as well as by several friends who shared the post to help reach a wider audience.

I was not confident that I would be able to recruit enough participants through the Instagram account, so I asked the New Zealand drug checking agency, Know Your Stuff NZ, for help promoting the research. Know Your Stuff NZ agreed to help, but as the organization operates under strict confidentiality measures to ensure their service users safety is maintained, they asked that I agree to follow their standards of data privacy. An agreement was made with Know Your Stuff NZ that any participants recruited by their social media platforms would not have their personal identifying data collected and that any data that was harvested will be used for this study exclusively and not farmed out.

Participants were recruited through advertisement posts shared on the Know Your Stuff NZ's Instagram and Facebook profiles (81.25%), through a research-specific Instagram page made for recruiting (12.5%), and through snowball sampling methods (6.25%). Snowballing sampling is a standard recruitment technique in which current participants help recruit additional participants. When snowball sampling, to avoid participants feeling pressure to participate, contacts from my

social circles were excluded. To ensure participant confidentiality, participants recruited via snowball sampling were asked to make first contact with me. Participants contacted me via email or through the project's Instagram account, and most participants contacted me first, however some of the participants recruited through Know Your Stuff NZ contacted the organisation directly to express their interest and Know Your Stuff NZ emailed their details through to me, in which case I made first contact with them.

During the recruitment phase, potential participants were emailed a participant information form (see appendix B) explaining the research and given time to consider the form, allowing for a cooling off period before confirming their participation and scheduling the interview. Those who were still interested in participating were sent a participant consent form (see appendix D) by email. Electronic written consent was obtained using participant initials to protect their identities. An interview time was arranged to suit the participants' schedules, and participants returned the completed consent form.

Once the participants returned their consent form, they were sent a parcel in the mail containing a pack of felt tip markers, a timeline of the COVID-19 pandemic, instructions on how to complete the timeline, and an example of a completed timeline (see appendix E). Four participants did not receive their timeline in the mail due to postal service disruptions during the Omicron COVID-19 outbreak, therefore those individuals were emailed a digital copy of the document. The purpose of this timeline was to give a visual reminder of the periods of gathering restrictions and lockdowns over the course of the pandemic. Participants were instructed to mark any important moments of drug use, ranging from a single special event to a longer period of time (e.g., over the summer festival season). Participants used the pens to mark important moments in their drug use, and some participants used them to colour code for different drugs or different types of events. There was no correct way to utilise this timeline, and participants could disregard it if they found it unhelpful. Participants were asked to capture all substances used, rather than MDMA exclusively, so

that I had a more holistic understanding of their substance consumption. The substances that were indicated by participants were MDMA, alcohol, cannabis, psilocybin, LSD, ketamine, and cocaine.

Participant Sample

16 women were recruited for this project who identified as being a part of the EDM scene and using MDMA in Aotearoa New Zealand during the COVID-19 pandemic. All participants were cis-gendered females though this was not a requirement. This number of participants was decided on because it was large enough to gain a broad range of women's experiences while also being small enough to allow meaningful interaction with the data within the constraints of the project's timeframe. This number of participants is appropriate for a thematic analysis (TA) within an IPA framework, as it is large enough to allow to explore patterns among the sample and small enough to be idiographic (Braun & Clarke, 2021; Pietkiewicz & Smith, 2014).

The women recruited were aged between 19-44 years old. Most of the participants identified as Pākeha New Zealand European (56.25%), Aotearoa New Zealand Māori (25%), Asian (12.5%) and Other European (6.25%). Most participants had achieved a university level education, with 43.75% having an undergraduate degree, 25% having a postgraduate degree, 18.75% some tertiary, and 12.5% high school. All participants were employed, working across a broad range of professions, or studying at university. Most of the participants lived in cities across the North Island, with only one participant living on the South Island at the time of the interview.

Table 1

Participant Information

Name	Age	Industry	Experience of First Lockdown
Alina	27	Healthcare	Described as 'challenging' and 'brutal'. Stayed with family. No substances used during lockdown.
Angel	23	Arts and recreation	Described as 'super fun'. Home with family. Minimal alcohol use during lockdown.
Anna	22	Media and communications	Described as 'enjoyable'. Flatting with others. Some alcohol used during lockdown.
Bella	24	Public administration and safety	Described positively as 'interesting'. Stayed with family. Enjoy it but felt anxious about COVID-19. Heavy cannabis use during lockdown.
Hannah	25	Administrative and support services	Described as 'really nice'. Flatting with others. Alcohol, cannabis, LSD and MDMA used during lockdown.
Helga	25	Student	Described as 'not too bad' and 'novel'. Stayed with family. Minimal alcohol use during lockdown.
Izzy	35	Personal care	Described as 'exciting'. Flatting with others. Cannabis and psilocybin mushrooms used during lockdown.
Kitty	28	Public administration and safety	Described as 'uneasy' and 'uncertain'. Flatting with others. High alcohol use during lockdown.
Maggie	29	Arts and recreation	Described as 'challenging' and 'isolating'. Flatting with others. High alcohol use, some cannabis and MDMA used during lockdown.
Maree	24	Public administration and safety	Described as 'alright' and 'emotional'. Flatting with others. High cannabis use over lockdown.
Mary	44	Student	Moved from overseas. Spent last two weeks of lockdown in government managed isolation and quarantine. No substances used during lockdown.
Molly	23	Education	Described as 'lovely' and 'awesome'. Staying with family. No substances used during lockdown.
Riley	25	Public administration and safety	Described as 'really fun'. Flatting with others. Some MDMA used during lockdown.
Serena	19	Student	Described as 'alright'. Living with family. Minimal alcohol use, some cannabis use during lockdown.
Taryn	26	Property and construction	Described as 'okay' and 'enjoyable'. Staying with partner. High alcohol use and some MDMA use during lockdown.
Wrabbit	26	Healthcare	Described as 'awesome' and 'really cool'. Living with family. Cannabis and LSD used during lockdown.

Interview Process

Interviews were held over secure Zoom video call to allow me to reach a wider population of participants and maintain social distancing. Participants were asked to find a private space for the interview and interviews were scheduled at a time that suited the participant's schedule. The participants chose a pseudonym for themselves and all documentation referring to them used their pseudonym.

At the start of the interview, confidentiality was explained to all participants. It was explained to the participants that the interview would be recorded, and the audio file would be uploaded to a secure transcribing software and converted into text, and that the video file would be deleted to protect participant anonymity. Verbal consent on the day of the interview was obtained and the participants were reminded that they can withdraw at any time or redact any information. Before the interview began, participants were given the opportunity to ask questions and demographic information was collected before recording the interview.

The interview schedule (see appendix A) consisted of approximately 20 semi-structured questions which allowed me to gain a rich, detailed understanding of the women's drug use since the beginning of the COVID-19 pandemic. Questions were formulated to gain an understanding about the participants experience of the pandemic in general, how their experience of the pandemic affected their MDMA use, how being a woman affects their MDMA use, and why they enjoy using MDMA in general. Participants were encouraged to speak openly and honestly about their experiences. They were reminded that there are no 'correct' answers, only their subjective experience, and participants were told that they could skip any questions if they felt uncomfortable.

The semi-structured nature of the interview allowed participants to take the interview in directions that I may not have considered when formulating the interview schedule. As a result, the interview schedule was revised after the first three participants as the wording on some of the questions was too complex and some questions were unhelpful in capturing the participants' experiences. The semi-structured style of the interview also allowed the participant-researcher

interaction to have a conversational style and help participants feel more at ease. Due to the semi-structured nature of the interview questions, not all participants were asked the same questions, and the questions were often asked in different orders.

During the interview, I employed active listening techniques so that the participant felt their stories were heard. This included showing up to the interview with curiosity, utilising warm non-verbal communications such as nodding and smiling to make them feel comfortable, and reflecting and asking follow-up questions to ensure I understood correctly. When participants began to look uncomfortable or get stuck on a subject, I used skilful interviewing techniques to gently guide them onto a new topic.

Interviews were conducted between July and September 2022. Each interview was one-on-one and lasted between 45 and 80 minutes. When the interview was finished, participants were asked to email through a photo of the completed timeline for my reference, if they had not sent it through already. The participants were instructed to review the transcription of the interview that would be emailed to them within two weeks, and I encouraged participants to change any information that they felt was inaccurate or missing. If I did not hear back from the participants within seven days of sending the transcript, I assumed that they were satisfied with the interview. Following the interview, I recorded relevant thoughts in my research diary, such as my overall impressions of the interview, what went well or was difficult, and how I could improve my interviewing skills for the next participant.

As a thank you for their time, participants were gifted an electronic $30.00 Uber ride share gift card. This was chosen to encourage safety on a night out, and because it was available to be sent electronically. An electronic voucher was necessary due to the disruption in postal services during the COVID-19 pandemic.

Cultural Considerations in Interviews

Following a cultural consultation with a Māori cultural advisor, participants identifying as New Zealand Māori were offered more time to build the relationship and to honor the process of

whanaungatanga prior to beginning the interview. Participants were also offered a karakia (prayer) to open and close the interview, and asked if there were any other cultural accommodations that they would like before beginning the interview. The participants that identified as Māori declined the cultural accommodations offered, but expressed that they appreciated the offer.

Thematic Analysis (TA) of Data

During the data analysis stage of the research process, the interviews were transcripted and analysed using TA as described by Braun and Clarke (2021). TA allows for flexibility and theoretical freedom while also providing a rich and complex account of participants' understandings of their experiences. TA is a method of analysis that can be applied within an IPA methodological framework and is useful for identifying patterns across a data set (Langdridge, 2007). Within TA, an understanding of participants' experiences are co-constructed, and meanings are created from this understanding by utilising my own lived experience, knowledge, and reflexivity throughout the research process. I used a feminist phenomenological TA to analyse the data, focusing on identifying shared patterns in women's experiences and how gender shaped that experience.

Transcription and Familiarisation

At the end of each interview, the recorded audio file was uploaded to a transcription software called Otter.ai. The transcript was reviewed and corrected for transcription errors. Identifying information was redacted to protect participant's privacy. During this process, I began to familiarise myself with the transcript, and then read through it again once the editing process was complete. I repeated these steps with each piece of data individually.

Coding and Identifying Initial Themes

Once the transcription and familiarisation process were complete, I began to code each interview individually. Two types of codes were created. First, semantic codes captured the explicit meanings of the data, and then latent codes captured the interpretive, underlying meanings within the data (Braun & Clarke, 2021). This process was repeated across the data set.

When the coding was complete, the latent codes were collated to look for recurring experiences across. All the codes were printed onto small pieces of paper and manually sorted into piles based on likeness as I looked for patterns to emerge across the dataset. From these codes, six subordinate themes were constructed to represent shared experiences of the women in this research. From the subordinate themes, I worked with the data to develop two overarching themes. The subordinate and superordinate themes identified in the analysis section below represent the shared experience of most of the participants, however these experiences may not have been shared by all the participants. Individual discrepancies will be identified when necessary as I describe the results.

Ethical Considerations

This research was carried out in accordance with the ethical guidelines presented in the Code of Ethical Conduct for Research, Teaching and Evaluations Involving Human Participants (Massey University, 2017) and approved by the Massey University Human Ethics Committee: Southern A, Application 22/12.

In addition to the ethical procedures discussed in the previous sections, a central ethical concern was the illegality of drug use. The application was provisionally approved by the Massey University Human Ethics Committee (MUHEC) conditional on some clarification surrounding issues of confidentiality due to the drugs illicit status. Given the illegal nature of drug consumption, issues of confidentiality were most important to ensure that participant privacy was protected and that they did not experience any legal consequences because of their participation in this research.

Specifically, in terms of harm towards myself or the participant due to admission of criminal behaviour, the committee's primary concern was about law enforcement securing access to the data and the traceability/identifiability of email communication and Zoom-based data collection. This risk was managed by consulting established drug researchers across two universities on their risk reduction procedures. The conclusion was reached that the risk of criminality was very low as this research followed an established procedure amongst drug researchers in Aotearoa New Zealand.

Additionally, it is not a crime to tell stories of past drug use, in research or otherwise, and therefore law enforcement agency would be unable to demand personal information under a specific statue (Office of the Privacy Commissioner, 2017).

Much like patient-client confidentiality, of which I'm significantly familiar with through my job as an alcohol and drug caseworker, the admittance/discussion of illegal behaviour between researcher-participant is protected by confidentiality. Any request for interview transcripts would be refused and the requesting body directed with the University Provost who would be required to deal with the request. Despite this protection, I considered the committee's concerns and to enhance the safety of the participants, I chose to redact any information regarding drug dealing from the transcript unless it related specifically to enhancing my understanding of women's drug use during the pandemic (for example, someone in the household was selling drugs but didn't have a client base anymore and so people in the house used them up). As this project is not related to drug dealing, this additional measure could further protect participants through the erasure of unnecessary admissions. Additionally, I added a disclosure clause to the participant information form that explained that the only time that I would be required to disclose information would be if I thought a serious threat of harm to self or others existed, and that I believed disclosure was necessary to prevent or lessen that serious threat (Drug and Alcohol Practitioners Association of Aotearoa New Zealand, 2021; Office of Privacy Commission, 2020).

As it is not a crime to tell stories of past drug use, the risk in conducting interviews via Zoom was the same for this project as it is for participants in any qualitative research project that uses Zoom for data collection. Despite this, additional precautionary measures were taken to enhance Zoom's privacy settings. These changes included recorded Zoom meetings being deleted from the Zoom history once they had been downloaded to my password-protected personal computer, using a customised password and virtual meeting room for each participant to avoid unwanted intruders joining the meeting accidentally, and adjusting Zoom's default settings to ensure end-to-end encryption was turned on (end-to-end encryption prevents third party access).

To further ensure that participants' confidentiality was maintained, the women chose a pseudonym and all data collected referred to them by their chosen name. During the transcription process, participant confidentiality was maintained by redacting any identifiable data from the transcript. Information that was redacted included names of people, professions, festivals, nightclubs, cities, or specific stories that could make the participant identifiable. The only identifiable information will be my correspondence with participants via email, and this correspondence will be deleted at the end of the project.

The transcripts were stored in a password protected folder during data analysis. I was the only person who had access to these files. The only information left at the end of the project was the initialed consent forms and anonymized transcripts. The final report of this project was shared on Massey University's website, alongside other Masters and PhD final projects, then all of the remaining information (i.e., initialled consent forms and anonymised transcripts) will continue to be stored on a secure Massey OneDrive for five years by my research supervisor. The anonymised extracts of the data that are included in the final report will be made public when uploaded to Massey's webpage and when the project is shared with Know Your Stuff NZ.

Reflexivity

One of the most valuable aspects of qualitative research is its call for reflexivity on behalf of the researcher. Reflexivity acknowledges the bi-directional relationship between the researcher and the researched and the way that the researcher's subjectivity can influence the data (Court & Abbas, 2022). Since it is impossible for the researcher's subjectivity to be eliminated from the research, a core component of reflexivity is the practice of positioning, which allows for the researcher to identify where they stand in relation to the research question and participants (Crick, 1992).

Positionality

Through reflexive practices, my role and subjectivity as a researcher is explicitly recognised and embraced. Within this research, I occupy an insider positionality as a female within the wider nightlife, festival, and music scene in Aotearoa New Zealand. At the start of this research, I held an outsider position within the more specific EDM culture, but over the year and a half that I worked on this project, new life experiences within the EDM festival scene have allowed me to adopt more of an insider position. My insider position amongst the music festival environment, which now includes EDM music festivals, means that I bring a firsthand understanding of what these spaces look and feel like, and my own similar experiences allows me to empathise with the experiences of many of the women. My outsider positionality within the EDM culture meant that, throughout the interviews, I was often unfamiliar with some of the festivals, artists and subgenres mentioned and this likely influenced aspects of the interview content. Specifically, my unfamiliarity allowed me to probe deeper into participant's experiences and understand the culture through their stories.

Another important aspect of my positionality is my profession as an alcohol and other drug rehabilitation caseworker. I work full-time in position where I am managing addiction with 'high harm' drugs (McFadden Consultancy, 2016) such as alcohol, methamphetamine, and opioids. Although most of my paid work involves working with people who are addicted to 'high harm' substances, I have developed a special interest in 'low harm' substances, which includes MDMA as it is ranked as the lowest harm substance for individuals and communities (McFadden Consultancy, 2016). My interest in 'low harm' drugs extends into the research that is currently being conducted by the Multidisciplinary Association for Psychedelic Studies to investigate the therapeutic properties of MDMA (for an example of this research see Brewerton et al., 2022).

Finally, regarding my feminist positionality, I was raised in an all-female household by two strong feminists and concepts surrounding the gendered experience and sexualisations of the female body within our society (that will be discussed later in the project) were drilled into me at an early age. However, this strong feminist perspective has not always been something that I identified

with, particularly during my teen years, and has been an ideology that I have had to relearn as an adult. Though I have been privileged enough to view the world through this insider feminist lens for most of my life, this might interfere with me understanding the experiences of other women whose world view differs from mine.

To counter my insider positions as a festivalgoer, feminist, and alcohol and drug professional, I developed a strategy of actively analysing the data and distancing myself from my positionality. The first time that I would read and code the data, I would view it from my own perspective, and then I would review those codes by putting on a metaphorical 'pair of sunglasses' that forced me to ask the question 'how would this be viewed from an outsider perspective?' The intention of this exercise was to create space from my own assumptions and biases and to better try to understand the nature of the experience for the participants I interviewed.

Project Development

Initially, this thesis project was intended to explore women's experiences of femininity through drug use as music festivals. I had planned to study this phenomenon ethnographically by attending a local music festival. However, the Omicron outbreak in February 2022 lead to gathering restrictions that prevented music festivals from taking place and I was forced to rethink my research question. Rather than let the pandemic disrupt my research, I chose to harness the novelty of the pandemic and explore how drug use may have shifted as a result of these global events. I began researching wastewater data and became intrigued by the unusually high rates of MDMA use during periods of intense lockdown and gathering restriction. As Aotearoa New Zealand eliminated COVID-19 early in the pandemic, and remained free of community cases for some time, I was curious how New Zealanders made sense of their drug use among their differential pandemic experience.

In addition to discovering the high rates of MDMA use during periods of gathering restrictions, my literature search also revealed that there was no information available about the how women in Aotearoa New Zealand use MDMA. In fact, in general there was very little

information about MDMA use over the past decade in the country. Therefore, I chose to explore women's experiences of MDMA use in Aotearoa New Zealand during the COVID-19 pandemic.

Interestingly, what emerged from the data was that the pandemic operated more as a background context (e.g., the freeing nature of MDMA intersected with a need to celebrate being free from lockdown restrictions). Instead, women spoke more their general MDMA experiences and negotiating men, particularly the threat of men, which shaped their MDMA drug use experiences more than anything else. This surprised me, as it is not the experience that I have had in these settings, therefore I had to actively bring awareness to my surprise to ensure that I did not let my subjective experience interfere with the data analysis process.

This research topic had its share of complexity due to its many moving parts. The combination of COVID-19, which we were actively experiencing at the time of research, and MDMA use, which there is very little literature on in Aotearoa New Zealand, were novel and challenging topics on their own. When gender was considered as well, it revealed a whole set of ideas related to postfeminism and contemporary gender relations, all of which took the research in a direction that was unexpected. This unexpected turn in the research (gendered issues of safety) is why it is important to undertake qualitative research that first engage with women's experiences and then look to the theories to help understand their experiences (e.g., postfeminism, double deviancy). I believe that this is a strength of the present research project, however it also created some difficulties for me as I navigated through the unknown and learned as the project progressed.

An additional difficulty that I encountered during this research process was the COVID-19 virus itself. COVID-19 enhanced stress throughout this research process by increasing the intensity of all aspects of my life, including managing the pressures at work due to staff shortages, concerns for vulnerable family members when they were unwell, and worrying about my own health and recovery. Essentially, the COVID-19 virus just exacerbated existing stresses and pressures and the research process felt a little unmanageable at times.

Analysis

In the analysis that follows, I explored the participants' experiences of MDMA use during the COVID-19 pandemic in Aotearoa New Zealand. The analysis produced two overarching themes that described the participants' experiences of using MDMA during the pandemic: *gendered management of safety* and *MDMA as an agent for freedom*. The first theme, *gendered management of safety*, highlights the risk experienced by women who use MDMA in relation to making them vulnerable to sexual violence or harassment from males. In contrast the second theme, *MDMA as an agent for freedom*, called attention to the various ways that freedom was experienced through MDMA use, both as a woman and as a result of the global pandemic. Each theme contains three subordinate themes that help us to understand the women's experiences and will be explored in the following analysis. The subthemes are supported by extracts from the participants.

Theme 1: Gendered Management of Safety

Most participants described men as posing a significant threat to their safety and subsequently took measures to mitigate this risk. Their experience of MDMA use was therefore shaped by a sense of needing to manage safety and that this management of safety was gendered. The participants described their gendered management of safety through descriptions of multiple safeguards that they put in place before and during their drug use. The gendered management of safety was expressed by women when they described 'having a safe ride home,' 'staying with people I trust,' and when discussing 'testing drugs,' and 'controlling dosage' in relation to staying safe from men. These measures were framed by the participants as gendered because they were necessary to manage the risk of harm from men that the women faced if they became too intoxicated. The participants' account of gendered management of safety emphasised that, compared to men, women are faced with a significantly greater risk of harm from others when using drugs, and that this increased risk impacts which drugs the women chose to use and how they used them.

Below, I discuss the gendered management of safety theme in detail through analysis of its three subthemes: men-ace, controlled loss of control, and missing appetite for change. Men-ace captures the participants' perceptions of the risk that men pose to women in nightlife, EDM and party settings; controlled loss of control explores how women used MDMA to enjoy the experience of letting go of control while still being in control of themselves, and thus less vulnerable to predatory men; while the third subtheme, missing appetite for change, explores women's perceptions of why a gendered management of safety is perpetuated.

Subtheme: Men-ace

I use the term men-ace to explain a theme in the women's discussions in which men were described as explicitly posing a risk to women's safety – men were thus a men-ace. I use the term men-ace with reference to Gill's (2009) discussion of 'men-ology' which comes from analysis of women's magazines that position woman as needing to learn how to manage men and their needs, as discussed in the literature review. Extending this idea, in men-ace I show that, within the context of Aotearoa New Zealand EDM culture, women needed to learn to protect themselves from men and the threat of sexual violence they bring with them. The participants' experiences portray men-aces as non-consent driven, opportunistic men who are ready to take advantage of women when they are intoxicated and vulnerable, and perceive women as sexual objects for male pleasure. As a result, women described having to develop strategies to protect themselves from harm from men when consuming MDMA. Below, Bella cautions us about her experiences of using MDMA around men.

> *"… and stay away from straight men …in my experiences, they've been the people who've kind of tried to take advantage of us when they can see that we're… on that sort of trusting level, they kind of can see that and maybe want to, sort of, yeah, get in there." Bella, age 24*

In the extract above, Bella described how 'stay away from straight men' was a rule that she had for herself when she was using MDMA in public settings. She explains this rule as coming from personal experiences. She also builds a case for men as a risk through reference to 'experiences' indicating that this has happened more than once, and she experiences these in terms of being part of a collective because she talks about 'us' and 'we.' This has been interpreted as a normative issue that women have to deal with when interacting with straight men. When Bella describes being on a 'trusting level' she is referring to having feelings of empathy and love towards others while also being naïve about the intentions of men who approach, which she illustrated through a story later in the interview. From Bella's experiences, it feels like straight men know that MDMA has this effect on women and want to 'take advantage' of this potential opportunity to 'get in there.'

Bella described straight men as noticing and taking advantage of women's vulnerability while under the influence of MDMA. This manipulation of women's intoxication by men was understood by Bella to be an intentional act to 'get in there,' implying that the men hoped for an outcome of sex. In Bella's discussion of men hoping to 'get in there' it is implied that the men viewed women's intoxication as a window of opportunity that would not be possible if the women were sober, therefore the acts felt predatory in nature. This understanding of women as objects for men's sexual pleasure puts women using MDMA at risk of experiencing sexual harm. Below, Maree corroborated Bella's experience of men taking advantage of women for their sexual pleasure:

> *"I don't feel like women have any autonomy… I mean, our bodies are out there for men to just do whatever they want to, and especially in a party scene, men feel even more like they can do those things because they're drunk or whatever it might be." Maree, age 24*

Maree's experiences of men in party settings also describe women as objects for men's sexual pleasure. In this excerpt, Maree elaborated on Bella's experience by specifically talking about the female body as a site of objectification. Additionally, Maree explained that the prevalence of

substance-using men in these settings contributed to the lack of safety for women, as issues of non-consent were increased when men were intoxicated. The experience of not 'having any autonomy' in the party scene makes these settings high risk for women, particularly with the presence of substances such as alcohol and MDMA, which make women more vulnerable and men feel more entitled.

Importantly, the women in this study did not attribute men's unwanted sexual advances to their MDMA consumption specifically, rather they typically discussed drunk (or polysubstance) using men as the men as the riskiest, for example, Maree saying 'because they're drunk.' While findings from Palamar (2018) revealed that both ecstasy and alcohol use increased feelings of sexual outgoingness across the genders, the women in this research did not extend their feelings of sexually outgoingness towards just anyone. The only women who mentioned their sexual outgoingness on MDMA only did so in relation to their partner and described it as being an activity that was reserved for the end of the night, though not all participants were asked about the relationship between MDMA and their sexual outgoingness.

For Maree, the denial of her body autonomy feels overwhelming as this risk is omnipresent in party settings, and she cautioned that despite 'all of these great things' that party settings have to offer, 'there is a danger to it.' Later in the interview, Maree elaborated by saying that she feels unsafe around all men, and these emotions were expressed by Maree feeling 'scared, terrified,' at the prospect of violence from men. Maree's experiences support the finding that a gendered management of safety is necessary within these settings. Similarly, Anna linked the threat that men pose to women when taking MDMA as part of a wider patriarchal belief set where violence towards women was normalised:

"I think, because of the structures that we have in our society, and the I guess, the way that violence is normalised towards women, you're always having to worry a lot more when you're taking drugs compared to men, and there's such a heightened level of anxiety."
Anna, age 22

Here, Anna explained that management of safety was a gendered issue because men posed a risk to women that was not reciprocated. As such, Anna described the experience of being a woman in this context as feeling a 'heightened level of anxiety,' when using MDMA. Anna described the issue of violence towards women as systemic, being caused by 'structures in our society,' however the onus falls onto the individual women to keep themselves safe from the systemic issue. The individualistic nature of risk that facilitates gendered management of safety is grounded in the intersection of neoliberal and postfeminist values that support the ideal woman who is empowered, individualistic, and risk managing (Gill, 2007).

As noted above, 'men-ace' is an adaptation of Gill's (2009) development of the 'men-ology' repertoire. Unlike men-ology, men-ace describes how women must learn how men operate so that they can recognise risk and keep themselves safe from potential harm. The women in this study all acknowledged that sexual assault was the greatest risk to their safety while using MDMA, therefore they took extensive measures to ensure that their safety was prioritised when using drugs. The idea that women must learn how men operate is evidenced in Bella's observation that 'men like to take advantage of us when they see that we are on that trusting level,' demonstrating Bella's knowledge that men perceive women on drugs as an opportunity to have sex. It is further evidenced in Maree's awareness that 'men feel more like they can do those things because they're drunk,' indicating that Maree has learned how men behave under the influence. In both of these examples Bella and Maree evidence awareness of men as a threat to women learned from experience, and which requires them to negotiate this threat. So, managing safety while on MDMA was experienced as a gendered form of risk management, oriented towards the risk of sexual harm from men.

Literature of postfeminism talks about how the hegemonic neoliberal ideology means that women are responsible for preventing their victimisation (Evans & Riley, 2014; Frazier, 2021; Gill, 2007). As neoliberalism places the risk onto the individual, it demands that women be responsible for keeping themselves safe. Individuals in a neoliberal context are free to make choices and the risks that those choices contain fall on to the individual to solve, rather than onto the systems that created the risk in the first place (Evans & Riley, 2014). For example, women who choose to go to nightclubs are expected to negotiate unwanted sexual advances from men, rather than the night club creating a zero-tolerance policy to prevent sexual harassment from occurring. The analysis above shows that the women understand the responsibility of managing that risk falls onto them as individuals. We know this because men are not described as supportive allies, nor do they describe the nightlife spaces that they go to as having a zero-tolerance policy towards predatory men. Instead, the focus is on what women must do to ensure their safety. The women describe taking extra caution, such as learning what kind of men to stay away from (i.e., 'straight men').

However, this risk management comes at a cost. In contrast to the language of empowerment that structures postfeminist sensibility ideas of sexual empowerment, here the participants describe being anxious and always having to worry. Recognising, negotiating, and countering risks in nightlife settings allows women to participate in pleasurable leisure activities (Hutton, 2006) but the cost of their participation is anxiety and always being on high alert, and as shown below, the need to engage in a range or risk management strategies to avoid the men-ace. The way that risk of men-ace was negotiated is discussed in the following sub-theme: controlled loss of control.

Subtheme: Controlled Loss of Control

The gendered management of safety was described by participants in the talk as a range of risk managing strategies including 'having a safe ride home,' 'drinking water,' 'staying with friends,' 'taking lower doses,' 'testing drugs' and the carefully calculated choice to consume MDMA over

other psychoactive substances such as alcohol. These risk managing strategies ensured that the women's safety was prioritised when using MDMA. 'Controlled loss of control' was a concept developed by Measham (2002) to describe how women use psychoactive substances in ways in which they achieve a loss of self-control while still reportedly being in control of themselves. This repertoire of controlled loss of control was evident in the accounts of participants of this study. Most participants in this research described MDMA as a substance that allowed them to enjoy feeling intoxicated while also feeling 'in control' because of the nature of the drug's effects, especially when combined with safety practices such as low dosages, drug testing, reduced alcohol consumption, and using with trusted friends. Participants described the need for control as specific to women, and all believed that it was not a factor that men considered because the risk that they were managing was the sexual threat of straight men towards women.

> *"…[women] just have to be a bit more careful with their dosage… cuz you don't wanna take too much and kind of put yourself in an unsafe situation…" Helga, age 25*

Here, Helga described controlled loss of control as being 'careful with her dosage.' Helga understood controlling her dosage as necessary to stay within the bounds of control because of the risk of an 'unsafe situation'. It was important to Helga to exert control over her own consumption because she understood that the surrounding environment contained risks to her safety. This was similar to Anna's experience and further represented the notion that women were being held responsible for their own safety and for mitigating the risk of harm from men through self-control.

Helga's representation of controlled loss of control echoed the neoliberal values that place risk onto the individual and accept that risk as part of the drug using experience. She described herself in terms of being an autonomous woman who 'puts herself' into situations that are unsafe, which contrasts Maree's description of stolen autonomy in the men-ace subtheme above. Rather than men putting women into unsafe situations, Helga describes the risks of consuming too much

MDMA and putting herself in harm's way. Within controlled loss of control, women are autonomous individuals that take responsibility for their drug consumption so that they can navigate and avoid the risks within their environment.

> *"…the biggest difference I found between like [MDMA] and like pretty much everything else is that I feel more in control… I can think clearer… I can have more coherent thoughts… I'm less likely to, you know, do stupid things because I'm not thinking like a drunk idiot… I'm thinking like, myself, but just a couple of levels higher." Maree, age 24*

Here, Maree explained that achieving a controlled loss of control was an essential characteristic of the MDMA experience. Maree described the psychoactive effects of MDMA as 'clear,' and 'coherent,' which allowed her to feel in control of the experience. This embodied experience of control with MDMA use was shared amongst most participants, who described how the drug itself promoted safety, increased awareness, and allowed for self-control. This was particularly evident when participants compared MDMA to alcohol, as Maree demonstrated when she described the effects of alcohol as, 'thinking like a drunk idiot.' Using MDMA increased Maree's feelings of self-control, which in turn allowed Maree to make safer decisions. Controlled loss of control is therefore not only about controlling the amount of drug consumed, but also recognises that the substance itself facilitates retention of self-control.

> *"…I've realised that I wasn't a fan of alcohol when I started having MDMA (.) because I like how in control I am… that's what I like about it… I feel like I can have like deep, honest conversations and I don't wake up in the morning embarrassed about how I've acted. That's what I like about MDMA." (Kitty, age 27)*

Here, Kitty expands on Maree's experience that compared MDMA to other psychoactive substances, by directly comparing it to the effects of alcohol. Kitty explained that she feels 'in control' when she is on MDMA and that her ability to stay in control while using the drug has put her off other substances like alcohol, which was characterised by a lack of control by most participants. Alcohol is a useful comparison due to its widespread use and social acceptability within Aotearoa New Zealand. Kitty explained that staying in control was important because it means she does not 'wake up in the morning embarrassed about how she's acted.' For Kitty, controlled loss of control meant creating emotional safety for herself through retention of self-control. Kitty was able to reduce the chance of shame and embarrassment by choosing to use MDMA over other substances such as alcohol.

The need to manage emotional safety is included in gendered management of safety as participants discussed the harmful effects of society's double standards for women to remain 'ladylike' while intoxicated. Many women in this study explained the way that excessive intoxication from females is unfairly ridiculed, including being filmed and posted online, compared to their male counterparts. Maree explained the double standards of intoxication as 'we make fun of women and make light of men,' and Serena evidenced this by saying 'if girls are super drunk, it's always just on other people's [social media] stories.' The women felt that they were judged more harshly than men for the same behaviour. This is an important aspect of gendered management of safety and explains why it was essential for Kitty to experience a controlled loss of control by using MDMA, rather than alcohol, and retain enough control to manage risks to her emotional safety.

Subtheme: 'Missing Appetite' for Change

Many participants attributed the requirement for gendered management of safety to the firmly established, hegemonic patriarchal attitudes within Aotearoa New Zealand. As shown above, women described feeling more vulnerable to harsh judgement, social shame or sexual violence when intoxicated. Unanimously, the women felt that almost all EDM spaces were unsafe spaces for women to use drugs in, and many women felt that house parties contained an equal level of risk

towards women. Not all participants defined this vulnerability in socio-political terms, but those who did showed an awareness of gendered issues and believed that women's disproportionate need to manage risks would be necessary so long as the patriarchy reigns in Aotearoa New Zealand, as the principles of control that the patriarchy promotes have filtered down to the EDM subculture. Basically, for a change to happen within the EDM scene, a wider social change was needed:

> *"…even though it would just be great for me to rattle off ten things that venues can do to solve violence against women, I think it's, you know, it's not going to change without huge changes in our culture and our policies and our attitudes." Anna, age 22*

Here, Anna expressed her belief that violence towards women is 'not going to change' by simply addressing the issues at the level of nightlife venues. Previously, Anna had listed off several steps that venues and promoters could take to prioritise women's safety, however, despite these practical ideas, she expressed a tone of hopelessness towards the chance of change because it needed to happen on a cultural level and there appeared to be no appetite for change at this level. This tone is supported by the literature that indicates current violence prevention efforts and interventions place responsibility onto women to reduce the chance of risk occurring, rather than vowing to eliminate the risk entirely (Frazier, 2021). The narrative of violence prevention is that violence towards women is inevitable. This is evidenced by the feelings of hopelessness in Anna's extract. Anna placed the responsibility of solving violence towards women upstream, on a systems level, rather than placing onus on the venues or individuals. It is evident that Anna believes that a major cultural shift is required to eliminate the need for gendered management of safety, leaving her hopeless and helpless despite her list of multiple actions that at a venue level that she understands as being able to create the change necessary to protect women. Similarly, Mary reflects that change is needed at a social level and argues that the motivation for that change at this level is absent.

"…I don't know how you promote [a consent-driven space] to a wider community, like, there has to be the appetite for it. And I feel like it, it, it's not really there, especially not in Aotearoa New Zealand. Oh my god. Little old backwards patriarchal country." Mary, age 40

Here, Mary's explanation further supported the belief that the primary barrier to creating 'consent driven spaces' is that there is no 'appetite for it.' Mary described Aotearoa New Zealand culture, as well as the Aotearoa New Zealand music industry, as lacking the necessary motivation to prioritise consent-driven spaces. During her interview, Mary discussed the role that 'a sense of community' plays in safe spaces, as communities are 'self-regulating' and help to 'hold each other accountable.' Mary noted that the presence of accountability was a requirement for spaces to be safe and consensual. She acknowledged that, if the 'appetite' for consent is lacking, women will need to continue to manage their own safety as is currently happening in under the postfeminist, neoliberal governance. Developing this theme, the quote below highlights and absence of men taking responsibility for their role in this culture.

"…there's still this culture of like, guys not wanting to like stand up to their friends." Wrabbit, age 26

Above , Wrabbit noted the lack of accountability, specifically amongst male friend groups, suggesting that if men 'stood up to their friends,' then the perpetuation of violence towards women could be reduced. This is the type of 'self-regulation' that Mary described within a community, where people hold one another accountable for their actions. Wrabbit went on to describe a patriarchal belief that some men hold: 'that's not for us, that's their problem.' Here, she implied that, if a man's friend is behaving inappropriately towards a woman, that it is his problem to solve, and not the friend's problem. This narrative enables bystanders to remain silent in the face of abuses

towards women. She spoke about men 'standing up to friends' as being a starting point for the creation of safety, which feels like a specific space for interventions to target, compared to the enormity of 'culture, policies and attitudes' mentioned by Anna. While Wrabbit's account of the missing appetite felt more targeted than Anna's, it ultimately still conveyed the same sense of helplessness and hopelessness in the face of change due to Wrabbit's lack of agency to accomplish the necessary changes that must be made (i.e., men standing up to their friends) combined with the lack of action from men make these changes.

While all participants believed that nightclubs were not safe spaces for women, there were handful of venues and events that were mentioned specifically for creating a safe space. In Hutton (2006) a distinction was made between the *mainstream* and *underground* nightlife venues as these spaces differed in terms of patrons, music, and attitudes of others. While it was out of the scope of this study to explore differences between the venues and events that participants attended, it is worth noting that the places that were mentioned as 'safe spaces' contained many of the same qualities that Hutton (2006) identified. Specifically, these safe spaces were described by participants as having reduced alcohol consumption with MDMA being the primary drug consumed, diversity amongst the patrons in terms of age, gender identity, and sexual orientation, and a friendly atmosphere created by staff and patrons alike.

It appeared that these safe spaces also upheld values of collective accountability, rather than the typical neoliberal attitudes found in nightlife settings. Two of these safe spaces had a specific code of conduct that was outwardly promoted to patrons and included a direct line of action that could be followed if patrons felt unsafe, as Bella described 'there's signs with club managers phone numbers on them so you can contact them if you feel unsafe.' The presence of these safe spaces indicate that immediate changes can be made by venues, events, and organisers to increase safety for women and that a transformation of 'our culture, policies and attitudes' as a society is not a prerequisite for creating safer spaces.

The women who participated in this research describe themselves as agentic, able to solve their own problems, and protect themselves. But they felt that this was necessary because the neoliberal rhetoric of choice and autonomy enabled a 'boys will be boys' attitude within our culture that permitted men to behave inappropriately towards women in leisure settings without intervention from their peers and set double standards of acceptable behaviour. Although the women were capable and experienced in protecting themselves from men, they expressed resentment that this task was necessary, as it ultimately prevented them from feeling safe and valued as autonomous people.

Overall, the subtheme of men-ace described the risk that men pose towards women, and controlled loss of control was a technique that women employed to manage the risks of the men-ace, while 'no appetite' highlighted the participants understandings of practices and systems that perpetuate the threat of men-aces. When combined, men-ace and controlled loss of control demonstrate the need for gendered management of safety across nightlife settings, and 'no appetite for change' described participant's lack of agency to enact the necessary changes because the changes must occur at a level that is out of their control (i.e., men's behaviour, venue policies, and social systems).

Theme 2: MDMA as an Agent for Freedom

In contrast to the data focusing on gendered management of safety and the restrictions these posed on women, a second strong theme through the interviews was the feelings of freedom when using MDMA. MDMA as an agent for freedom was understood tangibly, such that participants used the drug to celebrate being free from lockdown restrictions and enjoy each other's company, as well as intangibly through participants achieving mental freedom from the pandemic stresses, expectations around gender identity and roles, and gendered thought patterns. Descriptions of freedom were closely linked to ideas of escaping, or breaking free, from distressing ways of being and oppressive forces. MDMA as an agent for freedom is divided into three subordinate themes: feelings of freedom in a postfeminist era, escaping political stress, and freedom of (re)connection; in

these themes the association of MDMA with freedom that is found across the drug and EDM literature is reinforced through participants' experiences, and shows how their experiences of freedom were shaped and intensified through the experiences of restrictions related to COVID-19 and gender.

Subtheme: Feelings of Freedom in a Postfeminist Era

MDMA was described as an agent of freedom that helped the women create space from the gendered patterns of thought that the women experienced when sober. These gendered patterns of thought can be understood through Gill's (2007) postfeminist sensibility as self-surveillance and discipline, individualism and empowerment, and the female body as a site of femininity. This was expressed through the participants' ability to abandon the need for bodily self-surveillance and behavioural monitoring that are embedded into women's lives under a postfeminist framework and link to a culture of self-judgment, especially around body image.

> *"I'm not as (..) critical of my body… yeah, just don't judge myself as much as I normally would." Maggie, age 29*

Above, Maggie described how her MDMA use impacted her relationship with her body. For Maggie, MDMA helped her to be less 'critical of her body,' by altering the cognitions that she held about herself while she was using the drug. She described her body critical judgement thoughts as normative when she said 'I normally would,' implying that the reduction of them is a relieving feeling. MDMA was thus used as an agent for freedom, enabling her to feel good about herself by freeing her from the negative self-talk that was typically present for her. Maggie's negative self-talk was centred around her bodily properties, and her 'normal' level of body dissatisfaction reflected the postfeminist necessity to be vigilant and 'work on self' (Gill, 2007), a context vividly described by Alina below.

"…most females I know are, on some level, a bit neurotic about their appearance. And I think the benefit of MDMA is that it takes you out of that a little bit. You stop fidgeting with your clothes as much, you don't worry so much about how awkward you look when you dance… I think it's freeing. And I think… that experience is really beneficial to the female spirit because we're so conscious all the time of being watched. So conscious all the time of how we come across." Alina, age 27

Here, Alina expanded on Maggie's statement about 'not judging myself as I normally would,' by specifying which aspects of herself require constant vigilance. Alina described 'fidgeting with clothes,' 'awkwardness when dancing,' and 'how she comes across,' as areas of appearance and behaviour that need monitoring. For Alina, the MDMA experience was freeing as it allowed her to disconnect from these behaviours of self-surveillance and just be herself. Alina identified that this sense of freedom was particularly 'beneficial to the female spirit,' acknowledging the gendered pressures that women face in our postfeminist society. In reference to the 'female spirit,' Maree evokes an understanding of a collective feminine energy that is being suppressed by the conventional world that we live in and is released through MDMA use.

Maree refers specifically to male gaze when she says 'so conscious all the time of being watched, of how we come across.' Here, Maree describes this experience as shared across all women when she says 'we're so conscious,' and as all-pervasive through her use of 'all the time.' The experience of all women *always* being conscious about their appearance demonstrates the tremendous about of pressure that women experience in everyday life and how they experience it as normative. It is in this context that MDMA acts as a powerful agent of freedom because it alleviates the intense appearance-based pressure that women experience, at least a little bit.

In this excerpt, MDMA was understood to create freedom from gendered constraints by reducing Alina's need for self-surveillance when using the drug. Importantly, Alina used the phrase 'as much' and 'so much' to describe the reduced need for self-surveillance. From her understanding,

she therefore experienced these spaces as still structured by gendered behaviours that must be attended to, but that the drug allowed her to be less self-conscious which felt 'freeing.'

Similarly, the literature indicates that those who participated in the EDM and festival scene viewed these settings as spaces that were not bound by the neoliberal social constraints of conventional life, therefore required less self-monitoring (Griffin et al., 2018) or self-constraint (Riley et al., 2010). These spaces were characterised as having minimal external surveillance and a lack of judgement from others. This sentiment is supported by results from Hunt and Evans (2008) that described MDMA inducing a sense of freedom and a reduction in self-conscious thinking.

Although drug use was not mentioned by Griffin et al. (2009) within this phenomenon, it can be assumed that drugs help facilitate festival goers to break free of the social and self-constraints due to drug use prevalence amongst festival going populations. Maggie and Alina's reduction in self-monitoring on MDMA demonstrated that changes in judgement and surveillance also occur on an internal level, regardless of the presence of a festival setting.

In Hutton's (2006) exploration of clubbing women, the author clarified that women who use MDMA to 'escape' can do so to achieve many objectives, many of which are positive and pleasurable. Such objectives include escape tangible pressures like family or work, as well as the rigid expectations surrounding gender identity and roles that are included within a postfeminist sensibility. For Maggie and Alina, freedom in a postfeminist era means freedom to be themselves, rather than the version of themselves that society has conditioned them to be, and escaping is viewed as a positive act that is 'beneficial to the female spirit.' The ability to engage in this intentional escapism was even empowering for Bella:

> *"FUCK NO! Like, absolutely not ((laughs)) …more and more… women… are doing it for themselves, [to] have good times for us, with each other. And, you know, [we] don't give a fuck about what men think about that." Bella, age 24*

Feelings of freedom in a postfeminist era was also expressed by participants through female empowerment. Above is Bella's response to the question 'Do you think women use MDMA to be one of the boys?' as earlier in the interview Bella said that 'some people might think women take MDMA to be one of the boys.' Here, Bella's response made it clear that her choice to use drugs served as an act of empowerment. Bella demonstrated how ridiculous the notion that she was doing MDMA 'for the boys,' was when she responded with 'FUCK NO!' and indicated that the reality was quite the opposite, as she used the drug 'for us, with each other,' to have a good time with other women.

For Bella, MDMA acted as an agent for postfeminist freedom by empowering Bella to seek out pleasurable experiences 'for herself,' without considering, or 'giving a fuck,' about men's opinions on the matter. Bella's tone of empowerment reverberated the ideal postfeminist subject who does it 'for herself,' (Gill, 2007) and this identity as an independent, empowered woman gave her feelings of freedom from patriarchal oppression. As the interview progressed, Bella discussed the constraints of the patriarchal, 'puritanical,' systems that oppress women's pleasure-seeking behaviours, evoking strong emotions and demonstrating a socio-political understanding of the forces that have shaped the current gender relations in Aotearoa New Zealand. Here, drug use was viewed as an act of liberation that actively defied the forces that sought to oppress pleasure seeking women.

Similar to Maggie and Alina, Bella also experienced freedom from the gendered constraints of everyday life through her MDMA use. However, how that freedom was experienced was different for different participants. For Alina, freedom was the opportunity to be a little less self-conscious about her appearance. Comparatively, for Bella it was an opportunity to be free from caring about what men think and freedom to enjoy having fun in the company of other women. Alina and Bella's experiences are reminiscent of the 'club babe persona' described by Measham (2002), in which MDMA helped women become more empowered and social, less self-conscious and increased confidence. MDMA acted as an agent for freedom in a postfeminist era by allowing participants to break free from the gendered and oppressive act of vigilant self-surveillance, while it simultaneously

provided an outlet for women to embrace the ideals of postfeminist sensibility through self-empowerment and exercising their agentic freedom. In addition to escaping pressures of gender and appearance, freedom was also experienced by participants as an escape from the global pandemic.

Subtheme: Escaping Political Stress

MDMA as an agent for freedom was understood through the gendered experience described previously, as well as through participants' stories of using the drug to experience escape from unprecedented restrictions of COVID-19, both physically as lockdown restrictions lifted and mentally through temporary escapism. The drug was understood to be both a vehicle that allowed participants to free their minds from the intensity of the pandemic stresses that ranged from break ups, heightened anxiety, long periods of isolation, and conspiracy theories. On the flip side, MDMA was also understood to assist participants in accessing feelings of freedom in a celebratory capacity by escaping the confines of lockdown. Regardless of whether their drug use was motivated by escapism or celebration, participants intentionally used MDMA as a means of achieving an escape during a time of intense restriction and uncertainty.

> *"…at the peak of the first lockdown [my use] was very heavy, and taking it [for] like escaping from reality…" Maggie, age 29*

Here, Maggie described the role that MDMA played in helping her to temporarily free her mind from the stresses of the pandemic. Maggie had an anxiety-filled, first lockdown due to her family's promotion of COVID-19 misinformation, which left her feeling like reality was unbearable. She described her MDMA use early in the pandemic as an escape from the anxious thoughts and emotions. For Maggie, it felt difficult to find freedom in her daily life because there were constant reminders of the pandemic everywhere and it felt overwhelming. MDMA helped create distance between herself and the pandemic, allowing her to be present, and it created a space where Maggie

could feel free to share her intense family experiences with others without fear of judgement, helping her to feel supported and connected.

> *"I like it because, you know, it makes me feel good and it makes me happy. And I think we, we live in a world that's full of a lot of things to not be happy about. So it's nice to be able to enjoy yourself and have a good time." Maree, age 24*

Like Maggie, escaping was understood as an intentional action that Maree achieved through her MDMA use that was particularly helpful to counter the sense of hopelessness that she felt about the state of the global affairs. Maree described her use as giving her an escape from the negativity of the world by allowing her to 'feel good and happy.' Earlier in the interview, Maree explained how she only takes MDMA if she is in a 'good mindset' therefore she did not take any during the lockdown periods. This distinguished Maree from Maggie, as Maree's use was less centred around mental escapism for coping and more around a general sense of mentally escaping to 'enjoy herself,' compared to Maggie who used MDMA to be free from specific distressing thoughts and emotions.

> *"…when the Russia-Ukraine war started, I was kind of like, 'What is going on in this ridiculous world that we live in? Man, fuck this, I just want to have some fun.' I wasn't so much thinking about maybe the long term effects of it. I was like, I just want to feel good for a weekend and just sort of, yeah. I think I was really taken by how uh how cruel the world can kind of be sometimes." – Bella, age 24*

Here, Bella describes the increasing sense of despair in the global political climate that developed in early 2022. There were large changes in global politics, such as the Russia-Ukraine war, that were occurring at the same time as the Omicron outbreak in Aotearoa New Zealand and the government's subsequent decision to 'let Omicron rip' (Bella). Bella explained that she used MDMA

to provide a 'fun' escape from 'how cruel the world can be' because it allowed her to 'feel good for a weekend.' For Bella, MDMA acted as a coping mechanism to manage the overwhelming politics and feelings of uncertainty in the world.

Similarly, in an exploration of illegal raves during lockdown restrictions of the pandemic, a UK study revealed that attendees experienced a literal and figurative sense of escape as they left their home against government instructions, danced for eight hours, and forgot about their lack of money and job (Avis-Ward, 2022). The participants in that study described the experience as beneficial to their mental health, despite the risks of gathering during that time. Avis-Ward's (2022) study differs from the experience in Aotearoa New Zealand, as all participants in the current research described strict adherence to the government's COVID-19 restrictions and their attendance of EDM events were legal and commercialised. However, despite these differences, the experience of escaping their physical confines, forgetting about the life's problems, and seizing the moment were consistent across both experiences.

Subtheme: Freedom to (Re)connect

Freedom to (re)connect was understood as the way that MDMA use allowed participants to celebrate togetherness in between the various lockdown periods. Literature on MDMA use talks about feelings of connection being a fundamental aspect of the drug experience (Hunt & Evans, 2008; Lyubomirsky, 2022; Mey et al., 2018) and as well as the EDM nightlife experience, more broadly (Canon & Greasley, 2021; Little et al., 2018). It is unsurprising that (re)connection became a prioritised experience when rebounding from the isolating lockdown measures, as social motivation was identified as one of the four primary motives for MDMA use (alongside expansion, coping and energy) (Sottile et al., 2023). The social experiences that MDMA provided appeared to become more salient during the pandemic, with some participants noting that they had taken these immersive social experiences 'for granted' before gathering restrictions were imposed. Importantly, freedom to (re)connect and escaping political stress were not mutually exclusive experiences, and some participants described a shift from one experience to the other as the pandemic endured.

"…I have a different relationship to it now… it's more about creating connections and having a good time with my friends as a way to make more memories, as opposed to, yeah, to forget about things. So it's gone from being from a negative substance use to more of a positive one." - Maggie, age 29

Above, Maggie explained how MDMA acted as an agent for freedom in different ways as the pandemic progressed. Initially, Maggie was using MDMA to provide an escape from the stresses of the COVID-19 politics but with time the experience transformed to allow her to experience freedom by making meaningful connections with friends, in a sense healing the disconnection that she experienced early in the pandemic. Existing literature supports the idea that the forming and deepening of connections is an important characteristic of the MDMA experience due to the drug's ability to enhance social relations with others (Hunt & Evans, 2008). The shift from escaping to enjoying was characterised by Maggie as moving from a 'negative to a positive' motivation. The way that Maggie described 'making memories' with her friends suggested that (re)connecting felt good and allowed her to create positive memories that helped buffer the difficult experiences during the pandemic, acting as a protective mechanism. In contrast, 'forget about things' was described as a crisis response to overwhelming distress during an unprecedented period of isolation.

Supporting Maggie's experience, research has documented that social ties and social support contribute to positive physical and mental health outcomes, and serve as a protective mechanism against stress exposure (Cohen et al., 2009; Thoits, 2011; Uchino, 2009) At the beginning of the pandemic, Maggie described feeling isolated and scared, and consequently was using MDMA to escape from these feelings. As the pandemic progressed, Maggie began to (re)connect with friends and immerse herself in meaningful social experiences, and as she did her feelings of isolation dissipated. MDMA acted as an agent for Maggie to experience freedom by enhancing her social

experiences and allowing for deeper levels of (re)connection. Kitty also spoke about immersing herself in social experiences after lockdowns:

> *"Well… [after] the [Delta] lockdown was… when my [MDMA] use was really [high] too because I have friends in [locked down city] that were like stuck, couldn't go out, whereas I was like, any excuse I'd just be going out and about doing stuff. Yeah, but it was just more social aspect of that freedom of 'I can go out now, so I will.'" - Kitty, age 27*

Here, Kitty expanded on the way that freedom of (re)connection impacted her drug use. Kitty referred to her friends being locked down in a different city for four months and contrasted their intense restrictions with her unrestricted, and even excessive, access to social events. This contrast served as a justification for her unhindered drug use as she embraced the freedom to (re)connect by using MDMA. Kitty's 'I can so I will,' attitude represented a 'seize the moment' ideology that was shared across the datasets and demonstrated how participant's newfound appreciation for social freedom increased their MDMA use, as they were unsure of when they might have those freedoms taken away again. The appreciation and gratitude for social freedom was expanded by Bella in the excerpt below.

> *"…we're so happy to see each other …this is amazing that we can do this …I look back at that moment and I feel really happy even just thinking about it. I can feel those feelings of just like closeness, joy, again, gratitude. I think that's a common theme throughout my experience with MDMA and going out and partying, sort of like in this pandemic, is the gratitude to be able to do this …I took that for granted before, and now I don't so much. I'm like, wow, this is a real privilege" - Bella, age 24*

In the excerpt above, Bella articulated the embodied experience of using MDMA as a vehicle to (re)connect with her friends after the first lockdown. For Bella, the emotional experience was so powerful that she 'felt really happy even just thinking about it,' and she described an emotional memory of 'closeness, joy and gratitude' that could be recreated by simply remembering the experience. The strength of this memory, and the way that it can cause emotions to resurface, helped explain and elaborate on the way that Maggie's memories in the previous excerpt acted as protective mechanism.

The phenomenon of 'gratitude' and 'privilege' was a common experience for many participants, and Bella described gratitude as a 'common theme throughout her experience.' In the excerpt, Bella was referring to the stretch of time around the 2020/2021 New Year period. This specific block of time is significant for Bella as much of the world was locked down amongst the worsening pandemic, meanwhile Aotearoa New Zealand had zero community cases of COVID-19 and was free of gathering restrictions. Bella described the freedom to (re)connect as a 'real privilege' because her global perspective made her aware that Aotearoa New Zealand was one of the few nations in the world that could party together safely.

Overall, the women in this project all experienced MDMA as an agent of freedom in their lives and described the drug as helping them access something that had formerly been inaccessible. The subthemes 'freedom in a postfeminist era' and 'escape from political stress' allowed the participants to find moments of contentment and pleasure despite the restrictive and controlling ideologies and global events around them. In a different way, the subtheme 'freedom to (re)connect' was born from women's stories of using MDMA to access the physical and social freedoms that had been stagnate as a results of COVID-19 restrictions. MDMA was described by participants as a valuable technology that allowed access to feelings of freedom in its various forms, and participants spoke highly about its ability to accomplish this.

Discussion

The aim of this study was to gain an understanding of women's experiences using MDMA during the global COVID-19 pandemic in Aotearoa New Zealand. Gender is often minimised or ignored in drug research (Measham, 2003), therefore a goal of this study was to capture the experiences of this population, specifically exploring the experiences of women who enjoy EDM, as there are high rates of MDMA use within the EDM culture. Furthermore, this research was conducted during a global pandemic that imposed unprecedented social restrictions intermittently for nearly two years. As both EDM culture and MDMA use are both highly social experiences, Aotearoa New Zealand consumes the highest levels of MDMA per capita compared to other countries, and the wastewater testing showed high levels of MDMA consumption during periods of gathering restrictions, it provided an opportunity to examine the impact the pandemic had on this populations drug use.

Gendered Management of Safety

The women in this research who used MDMA understood that there were external risks posed to them in nightlife settings that required careful management to ensure their safety. Specifically, most women felt that straight men posed a significant risk to their wellbeing due to the risk of sexual assault. A similar risk from men has been described in nightlife settings by Hutton (2006), particularly settings containing high levels of alcohol consumption.

The women in this study describe the risk posed by men as gendered because the risk is not reciprocated, and explained that they felt responsible for preventing victimisation towards themselves. This description supports the neoliberal and postfeminist literature that demands that individuals be responsible for their own 'risky' behaviours, rather than placing that same responsibility on the system that created the risk in the first place (Evans & Riley, 2014; Fraizer, 2021; Gill, 2007). Participants felt that there was a lack of accountability for men's behaviour, both from their peers and from nightlife venues, and described feelings of hopelessness about the possibilty of change occurring.

To manage the risks that men pose to women, the participants described achieving a controlled loss of control, supporting the concept that was originally developed by Measham (2002), indicating that harm from men is still experienced by women in the nighttime economy despite two decades of social advancement. Within controlled loss of control, the women described a state of controlled intoxication that allowed them to be in control of their body and their behaviour. The women also listed off numerous safety measures that they put in place when using MDMA to ensure controlled loss of control was acheived, indicating that this practice was intentional and thoughtful.

Controlled loss of control served several purposes for the women. The first was that it allowed them to ensure their physical safety by allowing them to remain aware of their surroundings and avoid situations that could jeoprodise their safety. The second was that it allowed the women to retain socially-appropriate behaviours, therefore protecting their emotional safety. In Shiner's (2006) explaination of double deviancy, women are first judged for using drugs, and then judged for acting in a way that is 'unladylike' or does not conform with gender role expectations. The women appeared to mitigate the consequences of double deviancy through controlled loss of control. They described the psychoactive effects of MDMA as supporting controlled loss of control practices, compared to other substances like alcohol. Alcohol was characterised by the women as 'out of control,' leading to shame and embarrassment about their behaviour the following day. Most women described an absence of shame or embarrassment about their behaviour following MDMA use.

Men-ace significantly develops the idea of men-ology, such that I showed that women not only study and manage men to meet men's sexual and emotional needs the way that men-ology was described by Gill (2009), but also to meet their own safety needs. The constant threat of male violence in these settings means that studying and managing men is required for women to protect themselves from men's advances. Similar to men-ology, the responsibility is placed onto women to manage men, rather than asking men to manage themselves, while operating in a postfeminist context where women are interpellated as equal. As a result, social issues (e.g., violence against

women) becomes the responsibility of the individual, in a 'fend for yourself' type of experience (Becker et al., 2021).

MDMA as an Agent of Freedom

Despite the womens' descriptions of managing safety, MDMA use was simultaneously experienced as freedom by the participants. For these women, MDMA was understood to create distance between gendered patterns of thought demanded within the neoliberal, postfeminist culture, such as bodily self-surveillance and behavioural monitoring. This finding supports Measham's (2002) description of a 'club babe persona,' in which consumption of MDMA helped women feel more confident, less self-conscious, and increased sociability. In a sense, the women described MDMA as providing them with a temporary sense of empowerment amongst a disempowering, patriarchal and postfeminist society. The women's experiences of freedom in a neoliberal, postfeminist society develop Griffin et al. (2018) findings by showing how the neoliberal pressures themselves are gendered and therefore so is the experience of freedom on MDMA. These findings also support the participant's in Hunt and Evans (2008) descriptions of feelings of freedom through MDMA use, and a reduction in self-critical thinking.

In terms of the pandemic, two other forms of freedom were experienced in this research. The first was described by particpants as a mental escape from the political stress over the course of the pandemic. Participants described MDMA as a vehicle for escaping the magnitude of stress that accummulated throughout the pandemic, ranging from conspiracy theories, long and uncertain periods of isolation, and heightened anxiety. This finding support's Little et al.'s (2018) descriptions of psychological escapism, in which people attended music festivals to forget their worries and present life circumstances. Here, I have developed the literature on drug use during COVID-19 by showing that there is a synergy between MDMA and the intense need for escapism elicited by the pandemic, as the partipants used MDMA to create distance between themselves and the negative psychological experience of the pandemic.

Relatedly, participants also described MDMA-induced feelings of freedom, but it was in a celebratory capacity this time. All participants described MDMA use during the pandemic as a celebration of togetherness and as freedom from the enduring isolation of the lockdowns and gathering restrictions. These experiences support Little et al.'s (2018) description of physical escapsim, in which an escape from the physical confines of participant's geographical location motivated music festival attendance.

These descriptions of freedom and MDMA use amongst the COVID-19 pandemic also support the results of Avis-Ward's (2022) research that explored attendance of illegal raves during the COVID-19 pandemic. In both studies, the participants achieved psychological escape from the intense pressures of the pandemic, physical escape from the isolating confines of periods of lockdown, and a sense of freedom through reconnection and togetherness. These findings have extended the findings of Avis-Ward (2022) by showing that the use of MDMA produced feelings of freedom and connection not just during lockdowns, but for more than a year after the lockdowns ended.

Interestingly, the experiences of the women in this research did not explain or support the results of the wastewater testing in Aotearoa New Zealand that showed high levels of use during first lockdown period. Only four of the women reported using MDMA during this period, and not in high amounts or frequencies. The experiences of these women were not intended to be representative of the general population of Aotearoa New Zealand, due to the small sample size and methods used, however the lack of use was surprising to me as a researcher.

In keeping with existing research on women's use of MDMA, these findings support that (i) there are risks to women who use MDMA; (ii) the women's drug use was characterised as a controlled loss of control; (iii) MDMA helped participants achieve feelings of freedom. These findings also extend the literature by (i) exploring the experiences of MDMA using women in Aotearoa New Zealand (ii) revealing the relationship between freedom and MDMA use amongst a global pandemic.

Within an Aotearoa New Zealand context, this research extends the literature by capturing rich descriptions of the relationship between the pandemic and the highly social drug, MDMA, in Aotearoa New Zealand. There is a lack of research investigating MDMA use is Aotearoa New Zealand, which is problematic given that New Zealanders consume higher rates of MDMA than elsewhere in the world (World Drug Report, 2022). This study adds to the body of literature on drug use during the pandemic by exploring motivations and meanings underlying participant's MDMA consumption. Feelings of freedom, escape and connection motivated MDMA use during the pandemic amongst the EDM population.

Importantly, this research also extends the literature on gendered MDMA use. At the time that this project was written, there was no literature exploring the experiences of MDMA using women in Aotearoa New Zealand. In fact, gendered use of MDMA was so overlooked in Aotearoa New Zealand that gendered prevalence rates of MDMA consumption were unable to be obtained from the New Zealand Ministry of Health. This research has shown that MDMA use is gendered, particularly through the threat of heterosexual male violence and predatory sexual behaviour that shapes and structures the drug experience of women.

Implications

This study has revealed that the risk of violence towards women in nightlife settings is omnipresent and concerning. To manage the threat that men pose towards women, women have learned to engage in risk management techniques. The women in this research described inherently practicing safe drug use and minimising risks within their control, over factors such as dosage, testing drugs, not mixing drugs, staying with friends, drinking water, having a safe ride home, and more. Because women carefully manage their drug use, the risk of harm should be low, yet almost all the women felt that the risk of harm was still high due to the presence of predatory men.

Additionally, this understanding of the threat posed by men can be applied to harm reduction efforts by focusing on behavioural and cultural change amongst the men, so that women do not have to learn risk management techniques in the first place. Participants were concerned that

there was no appetite for change amongst their peers, nightlife venues or the EDM music industry. However, in the UK, public harm reduction interventions are beginning to target this threat (see the video here: https://www.youtube.com/watch?v=qbk3iJqmjNU). In the video, a group of young, intoxicated men are harassing a woman while she waits for her cab, and one man contemplates his friend's behaviour in an internal dialogue scene before deciding to stop being a bystander and speak up to his friend and protect the woman. Harm reduction efforts such as this encourage men to help manage each other to increase safety, rather than requiring women to do all the safety management. Public harm reduction interventions would be a step in the right direction to begin changing the culture within these spaces and would increase women's safety.

Another implication of this research is the buffering role that MDMA may have played throughout the pandemic. The participants in this research reported feelings of freedom as a result of their drug use during the pandemic. While it is unclear whether these same conclusions can be applied to the rest of the MDMA using population in Aotearoa New Zealand, it is certainly a possibility that others experiences feelings of freedom and escape due to their drug use. These feelings of freedom and escape may have buffered against some of the more psychologically damaging experiences of the pandemic, such as isolation, loneliness, fear, and anxiety.

Furthermore, the women in this research seemed to experience a healthy distancing from the gendered conditioning and body shaming that is so prominent in our culture. With this in mind, it should be considered how drugs like MDMA can be used therapeutically with women to heal the traumas of the patriarchy and postfeminist ideals. Very few psychoactive substances have been described as 'beneficial to the female spirt,' and this power should not be overlooked.

Limitations

As with all research, this project is not without its limitations. Regarding participant diversity, one limitation may be the similarities in age between most participants, with only 12.5% of participants being over the age of 30. This study describes the in-depth experiences of women in their 20s but may not have captured a clear understanding of the women's experiences as they

mature. Furthermore, all the participants in this study were cis-gendered women, therefore these stories fail to capture the perspective of transgendered women.

Another limitation of this study is the use of interviews for data collection. Many participants were able to give rich, details accounts of their experiences and reflect on their emotions, producing deep and moving transcripts. However, this was not the case for all participants and a handful of the women seemed unable to provide much depth to their experiences and struggled to answer several questions. It is unclear whether this was the result of the participants feeling uncomfortable, or if it was simply due to individual differences in personality and reflection abilities between the women. A criticism of IPA methodology is that participants may lack the communication skills to accurately portray and assign meaning to experiences (Tuffour, 2017), and this may have been what occurred. Furthermore, within the context of postfeminism, some of the women did not have the language to talk about gender inequity (McRobbie, 2009) which limited the depth of our discussions.

A final limitation of this study was that, at the time of data collection, it had been more than two years since the first lockdown in Aotearoa New Zealand. Though participants were given a timeline to support their recollection of drug use during the past two years, this extended period of time may have resulted in participants forgetting certain events, and the meaning and emotions associated with the event fading over time. Participant feedback indicated that the timeline was a very effective tool to map out the events of the pandemic, and several reported using the camera roll on their phone alongside the timeline to keep track of special events and drug use occasions. Therefore, the timeline was a useful method for a retrospective project such as this one.

Future Directions

Future research should focus more specifically on one aspect of gender and MDMA use. As no studies to date have explored women's MDMA use in Aotearoa New Zealand, this study aimed to understand important aspects of their use from a broad, non-specific perspective. Going forward, research can continue to explore some of these findings in more depth, specifically as it relates to bodily self-surveillance. I would also like to see future research on the way that women experience

MDMA as freedom from gender role expectations, including if this freedom has transferred into their daily lives and how it has impacted their sense of self.

Many of the women's descriptions of freedom and escape through MDMA use, both as a woman and amongst the pandemic, suggest that MDMA's psychoactive properties may have therapeutically, non-clinically, assisted participants in making sense of their experiences and finding a sense of wholeness through difficult psychological experiences. While this study did not specifically explore the perceived therapeutic benefits of recreational MDMA, the fact that participants' experiences shared a common narrative of freedom from negative thinking, increased self-forgiveness and decreased self-judgment may mean that MDMA acted therapeutically for them during times of psychological stress. Furthermore, participants descriptions of social togetherness and reconnection may contribute to positive health outcomes, as social connection (without drug use) has been shown to buffer stressful experiences (Thoits, 2011).

Another area for future research could focus on how venues and events can create safer spaces for women to be intoxicated. The women in this study expressed that changes in societal attitudes need to occur before spaces will be safe and expressed a sense of hopelessness about the magnitude of this problem. However, I believe that steps can be taken at a venue, event, and government level to start creating a safer culture for women, such as the public health campaign in London that was designed to encourage men to stand up to their friends. Given that some participants were able to identify two spaces in Aotearoa New Zealand that have already begun creating a safer culture, I am curious how this culture that prioritises women's safety can become the norm, rather than the exception. Therefore, future research could explore this issue on an organisational level to find out more specific details about how the venues and events currently respond to these behaviours, and what interventions and policies could be established to create immediate safety for women.

In terms of the wastewater testing results during the first lockdown period, further research could explore meaning behind people's drug use during this period, and how it changed due to the

change in settings (i.e., from festivals to home environments). To do this, a methods design that supports a more representative sample would be helpful. This study was unable to explain or understand the high levels of MDMA consumption during this period.

A final area for future investigation is the queer experience of MDMA use in EDM scenes in Aotearoa New Zealand. As mentioned previously, this study only explored the female gender within a gender binary framework, and all participants identified as cis-gendered women, therefore this study failed to capture the experience of transgender people. An exploration of this topic from a queer perspective may capture issues of intersectionality and provide a valuable contribution to drug use literature. Although the experiences of queer folks were out of the scope of this project, it is an important space for future research as their intersectional identities require them to negotiate sexual violence and identity-related violence. Furthermore, EDM spaces in the UK have been described as "unique social spaces for LGBTQ+ individuals to create community, emotional connections, and express their sexual identity," (Avid-Ward, 2022; p. 39) therefore it would be interesting to see how their experience of safety in these spaces compares with that of the cis-gendered women in this research.

Conclusion

This study extends the literature by exploring women's lived experiences of using MDMA in Aotearoa New Zealand amidst a global pandemic. It has shown that women experience an unequal distribution of safety management responsibilities when using MDMA due to the threat that men pose, despite the women listing off numerous harm reduction practices that they engaged in. It also demonstrated that, as part of this safety management, the women felt that using MDMA was safer to use than other substances because of the feeling of control that they experienced while under its influence. Although women have learned to manage their safety independently, they felt as though change on a cultural level was necessary to reduce the need for gendered management of safety. Concerningly, the women felt as though the social culture in Aotearoa New Zealand was lacking the appetite necessary to achieve this change.

Importantly, this research has highlighted the need for urgent public health interventions that target the safety of substance-using women. Women are utilising all of the safety precautions within their control, yet they still feel incredibly unsafe due to the behaviour of men. Interventions targeting inappropriate behaviour from men will help to change the patriarchal culture of Aotearoa New Zealand. This type of social change is necessary to increase women's safety in the nighttime economy and should be actioned immediately, as it will have a direct impact on reducing violence towards women.

Another finding from this research was that MDMA was used to access feelings of freedom during the pandemic, motivated by both escapism and celebration. MDMA allowed some of the women in this study to escape the anxiety and stresses of the pandemic (and its related politics), while others used it to enhance the feelings of freedom and celebration when they were able to reconnect with their friends again. Interestingly, a gendered experience of freedom was revealed as the women described the way that MDMA allowed women to be less self-conscious about their body and behaviour and was understood as being free from the confines of social conditioning and surveillance that permeate Aotearoa New Zealand.

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Appendices

Appendix A. Interview Schedule

Interview Schedule (semi-structured)

[Collect age, ethnicity, profession, and education information before recording]

I would love to hear about your experience of the pandemic in general. Let's start with the first lockdown, how was that for you? [living situation, working situation, activities, general impression]

How would you describe your mindset over that period?

What was that feeling like and how did it affect your drug use?

Prior to the start of the pandemic, how and where were you using drugs?

What did your MDMA use look like during the pandemic?

How did the pandemic affect your drug use?

How has your drug use changed since the pandemic started?

What did that mean to you to be able to use MDMA after periods of lockdown?

How would you describe that feeling?

What was your motivation for using MDMA during the pandemic?

What is easy about using MDMA? Difficult?

Why do you like using MDMA?

How do you typically use MDMA?

How would you describe the setting of your drug use?

What do you like about that using MDMA in that setting? Dislike?

Are there any benefits of being a woman and using MDMA? Challenges?

What do women worry about when taking MDMA? Do women also worry about that when sober?

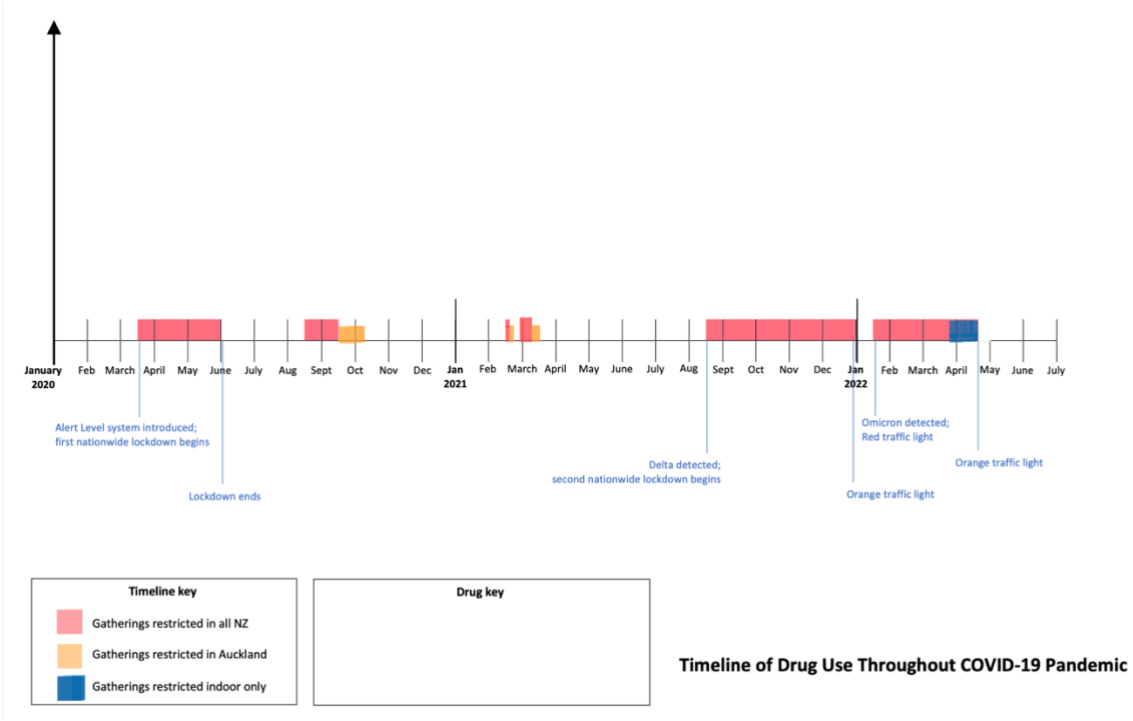
Have you noticed any differences in the way women and men use MDMA?

Is there any relationship between MDMA and your relationship with your body?

[end recording, ask if they have any further questions and encourage them to email through any questions, comments, or concerns]

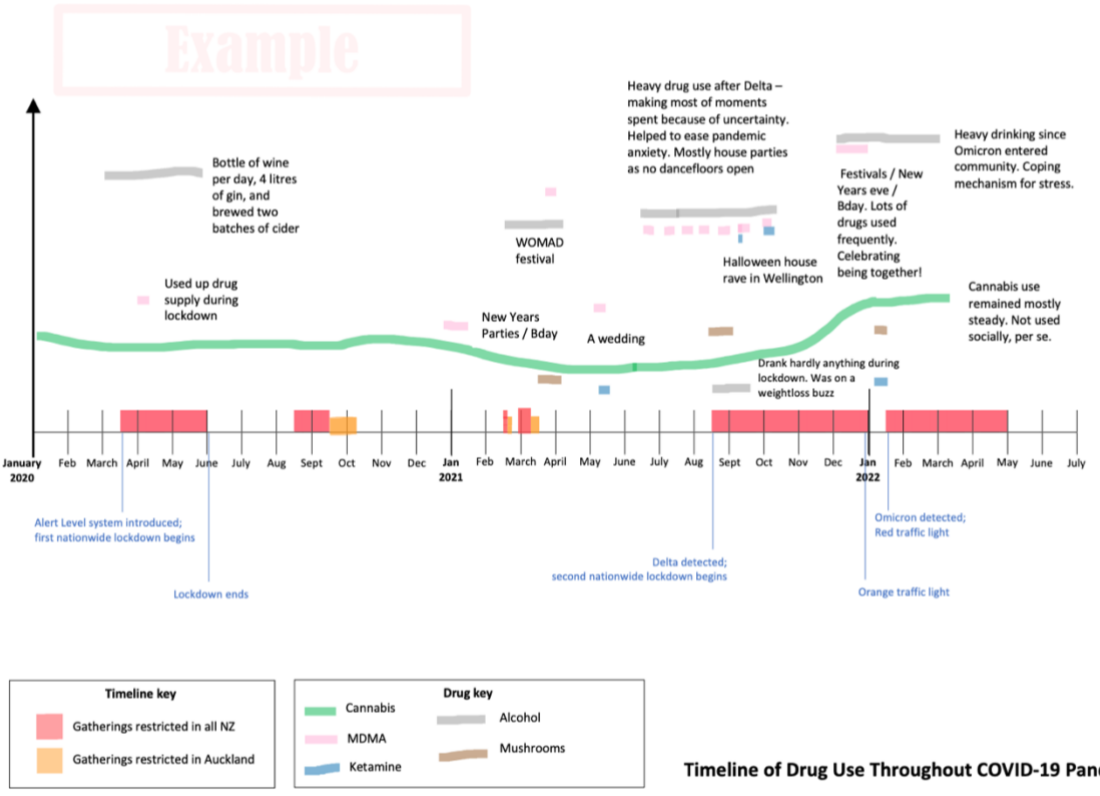
Appendix B. Blank Timeline and Example Timeline

Blank Timeline Provided to Participant



Timeline of Drug Use Throughout COVID-19 Pandemic

Example Timeline Provided to Participant



Timeline of Drug Use Throughout COVID-19 Pandemic

Appendix C. Participant Information Form

Participant Information Form

How have female electronic music fans used MDMA/Ecstasy among the gathering restrictions and event cancellations that occurred as a result the COVID-19 pandemic?

You are being invited to take part in a study on recreational drug use during the COVID-19 pandemic. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and ask me if there is anything that is not clear or if you would like more information. Thank you for reading this.

What is the purpose of the project?

This research is being conducted to fulfil the requirements for a research project. For this research, I have decided to interview people who are female, are fans of electronic dance music, and resided in Aotearoa New Zealand during the pandemic. This is because the pandemic had a likely impact on people's drug use, and often in research on drug use women's voices are missing. The purpose of this research project is to train me as a researcher, and the findings of the research may be of interest to organisations, such as Know Your Stuff NZ, and other researchers with an interest in drug use.

Do I have to take part?

Taking part in this research is entirely voluntary. If you do not want to take part, please say so. If you decide to take part, you will be given this information sheet to keep (and be asked to initial a consent form which is a check to make sure you're participating willingly). If you decide to take part, you change your mind, and if you do the interview, you have two weeks from that day to change your mind and withdraw your data.

What will happen to me if I take part?

You will be interviewed for approximately one hour on the topic of recreational drug use during covid via zoom at a time that is convenient to you. The types of questions you will be asked will be about your experience of the pandemic and its related restrictions, and your drug use during this time. If there are any questions that you do not wish to answer, you do not have to. The audio of the interview will be recorded as I will be required to transcribe the discussion for my thesis. You will also be asked to complete a timeline of important moments of your recreational drug use. This will aid our interview and help to remind you of various stages of restriction that we have experienced in Aotearoa New Zealand since the pandemic began. Before the interview I will talk you through this process, so you understand what is being asked of you and so you can have input on the questions asked so it suits you best.

What are the possible disadvantages and risks of taking part?

There are minimal risks associated with this study and it is hoped that you enjoy taking part. Sometimes talking about drug use or the pandemic can bring up unexpected emotions. If this occurs for you, I will ask if you want to stop the interview. If in the course of participating in this interview you think that you would like some support, then I can provide you with a list of resources (see the bottom of this document). While every attempt will be made to keep the recording safe and secure, by ensuring the interview takes place in a password protected meeting secured with end-to-end encryption, there is always a security risk with online discussion. I hope you find this an enjoyable experience, but if you have cause for complaint, you are invited to contact my research supervisor, Professor Sarah Riley, s.riley@massey.ac.nz.

Will my taking part in this project be kept confidential?

All personal information relating to you (e.g., email address, mobile phone number) will be kept confidential and in a password protected file stored on Massey University's network, OneDrive, which is a highly secure cloud system. This data will be backed up and protected against viruses and other attacks. This reliable system ensures that privacy and confidentiality is respected.

Any quotes from your interview included in my thesis submission will be anonymised so that you cannot be identified in the research in any way. For example, if you say something that might give away your identity (e.g., where you live), then this information will also be removed to protect your privacy. If this project is published, anonymised data may be uploaded onto an online repository.

As the researcher, I will conduct the interview via Zoom from a private office space, and encourage you to find a private space, or a space where you feel comfortable speaking on the subject matter for the duration of the interview. The audio recording of the interview is downloaded to my personal computer by zoom immediately after the interview. The audio file will be password protected so that no one else can access it. The audio recording will be transcribed, making it anonymous, and then the audio recording will be deleted. Any quotes used from your interview will be anonymously transcribed before being reported in my assignment. Although we do our best to minimise the risk buy ensure the interview is password protected with end-to-end encryption, we cannot guarantee complete security of the platform.

Additionally, if you tell me about plans to seriously harm yourself or others, it is mandatory for me to report this and I would have to break confidentiality.

What happens immediately after the interview?

You will have the opportunity to ask further questions regarding the study should you wish to do so. Once I have typed up your interview, I will send you the transcribed copy and an Authority for the Release of Transcripts document. You will have one week to amend/remove any of its contents, for example, you might want to add more information to develop an exclamation, or you might want to remove something you don't want included. When you are satisfied with the transcribed document, please complete the Authority for the Release of Transcripts and return to me.

Later, towards the end of the project, I will write a brief report outlining my main findings. I can send that to you if you would like to receive it.

What happens to my data?

I will analyse your anonymized transcripts and identify shared themes across people's experiences. These will be written up for a report for my student project, and I will give examples from people's interviews to let the reader hear the voices of participants. This report will be read by my supervisor and examiners, and you will share it with recruitment partners, Know Your Stuff NZ, a community-based drug harm reduction organisation that provides free drug checking services to clients

I may also at this stage try to publish the research for other researchers to read. This means that extracts and perhaps even full anonymously transcribed interviews would be uploaded into a public online research space. if you choose to participate in the study, you will be given the option to opt in or out of having your full transcript shared, if you agree to having it shared, I will check with you again to make sure you are still happy for this to happen before I publish your data. If you do not want your full interview transcript shared, you can still participate in the study.

Appendix D. Participant Consent Form

Participant Consent Form

Principle Investigator: Peggy Barrett

Interview study on the experience of MDMA use throughout the COVID-19 pandemic.

I have read and understand the Information Sheet. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from participating in the study at any time. I understand that if I do not consent to my interview content being used I have two weeks from the date of recording to redact the data, and one week from receiving a copy of the transcript to redact its contents. I understand that consent includes agreeing to have my anonymized data used in the researchers' project.

	Initial Showing Consent
I confirm that I have read and understand the information sheet for the project in which I have been asked to take part and have had the opportunity to ask questions.	
I understand that my participation is voluntary and that I am free to withdraw at any time during the interview without giving any reason.	
I understand that that I am free to withdraw my data without giving any reason until two weeks after the interview, and one week to redact information upon receiving my transcript.	
I understand that the interview will be recorded and that the audio file will be stored securely and only listened to by the Investigator signed below.	
I understand that my responses will be anonymised in the interview transcript, and extracts will be seen by markers / examiners of the thesis and readers of any subsequent reports from the study.	
I understand that all personal data about me will be kept confidential.	
I agree to have my anonymized interview transcript placed in an official archive if this research project is published in a scholarly journal. This means the anonymized transcript can be viewed by anyone searching the public archive it has been uploaded to. (This is not a requirement to participate, and is not available for those recruited through Know Your Stuff NZ)	
I agree to take part in the above research project.	

I, …… (**Participant's** initials) hereby volunteer to participate in the above-named study.

Signed** (participant initials) ……..* ***Date*……*

_____

I, …… (**Investigator's** full name) certify that the details of this procedure have been fully explained and described in writing to the person named above.

Signed (investigator) ..... **Date**……

Appendix E. Timeline Instructions

Timeline Instructions

In this packet, you should find a timeline dating from pre-pandemic to present and some coloured markers. A few key moments, for the country as a whole, have been noted beneath the timeline to help jog your memory. Additionally, periods of time have been highlighted in red (whole country) and orange (Auckland-specific) to indicate when large gatherings were prohibited.

The timeline and markers are for you to use to record important moments in your drug use. There is no correct way to complete this timeline – some participants may like to colour-code the drugs they used, or use distance away from the axis as the amount of the drug they used. You may want to simply write words, take notes or get creative and draw pictures. Feel free to capture each important moment in your recreational drug use throughout the pandemic in whatever way you see fit. There will be an opportunity to discuss the timeline during the Zoom interview, so as long as you understand what you've written or drawn, that is all that matters.

If you find that this timeline is unhelpful or confusing, you do not have to use it. An example timeline has been included in this packet