Networked psychostimulants: a web-based ethnographic study

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Abstract
Purpose – The purpose of this paper is to understand contemporary psychostimulant use among members of online discussion fora. Two objectives are addressed: to describe accounts of practices related to psychostimulant use, and to examine how these pharmaceuticals may shape contemporary subjectivities.

Design/methodology/approach – This paper presents a qualitative analysis of three online discussion fora belonging to Reddit. Drawing on actor-network theory, psychostimulants are envisaged as networked actants to understand the underlying logics related to their use. Non-participant observation of r/Adderall was carried out over an 18-month period. A qualitative analysis of postings on the three selected fora was also performed.

Findings – For each discussion forum, a network comprised of human and non-human actors was observed: members of the forum, psychostimulants as objects and subreddits as agentic spaces. This study reveals the emergence of multiple subjectivities associated with psychostimulant use: productivity, wellness and enhancement-related.

Practical implications – Findings open to a wider debate regarding public health's and healthcare professionals' understanding of psychostimulant use outside of the clinical setting and how this may contrast with how psychostimulant use is practiced in context.

Originality/value – This research shows new online socio-cultural spaces formed around psychostimulant use. Calling upon a web-based ethnographic approach, this research presents a new perspective on the contemporary use of psychostimulants.

Keywords Qualitative analysis, Actor-network theory, Public health

Paper type Research paper

Context

Ways of understanding prescription psychostimulant use: from health risk and cognitive enhancement to new perspectives.

The growing use of prescription psychostimulants, such as Adderall, Ritalin or Vyvanse, continues to be observed in Western societies in the last two decades (Maier et al., 2018). The expansion of the pharmaceutical industry, the advance of clinical medicine and the medicalisation of many aspects of modern life, notably, have led pharmaceuticals, including psychostimulants, to become increasingly popular particularly in the USA (Tone and Siegel Watkins, 2007). Prescription psychostimulants are classified as controlled substances by government agencies in North America, which tightens surveillance concerning their prescribing and dispensing by physicians and pharmacists, and their circulation thereafter (Weyandt et al., 2016). Psychostimulants are considered first-line treatment for Attention Deficit Hyperactivity Disorder (ADHD). These pharmaceuticals can also be use non-medically, for example, to increase academic or work-related performance, which is often conflated with “misuse” or “abuse” (Weyandt et al., 2016). Attributing the growing use of psychostimulants solely to an increase in ADHD diagnosis, however, would be too reductionist. To shed light on this phenomenon, we argue that it is important to explore how psychostimulant use is practised in context. We begin by presenting two
different ways of understanding non-medical psychostimulant use: one being as a health risk and the other as cognitive enhancement. We then argue that understanding psychostimulant use as a contemporary social phenomenon can help investigate this phenomenon further. Scholars have already examined psychostimulant use through a socio-cultural lens (Vrecko, 2013; Otero and Collin, 2015; Quintero, 2012; Collin et al., 2012). To add to this literature, this paper presents a web-based ethnographic study of psychostimulant use among members of three online discussion fora.

**Psychostimulant use as a health risk**

Psychostimulant use as a health risk stems predominantly from an epidemiological perspective (Arria et al., 2018; Weyandt et al., 2016). Here, non-medical use is considered to be any use other than that which was intended by the prescriber (Weyandt et al., 2016). Research on psychostimulant use focuses mainly on prevalence data, risk factors, at-risk groups and negative consequences on health, for example, psychosis, substance abuse, overdose (Weyandt et al., 2016). However, studies have shown that psychostimulant use leading to substance abuse or other severe consequences on health is less common, and most individuals using these pharmaceuticals remain functional in their daily lives (Boeri, 2013). While it remains important to consider the accrued use of psychostimulants within the last two decades as a public health issue, as well as the associated potential harms, it is necessary to bring nuance to this dichotomic and morally charged perspective, where the medical use of psychostimulants is largely considered as proper and non-medical use as improper. One consequence of this can be the stigmatisation of users, which can have a negative impact on their health (Hatzenbuehler et al., 2013).

**Psychostimulant use as cognitive enhancement**

Psychostimulant use as cognitive enhancement presents another way of understanding this phenomenon. It generally relates to the use of these pharmaceuticals to increase academic or work-related performance (Sahakian and Morein-Zamir, 2011). Here, chiefly from a bioethical perspective, psychostimulant use is understood as “a means to affect raw intellectual powers” (Vrecko, 2013). Studies in this field focus largely on the individual’s choice to use psychostimulants and have explored ethical questions related to autonomy, accessibility and whether such use should be considered cheating (Enck, 2013; Sahakian and Morein-Zamir, 2011). However, some scholars suggest that linking psychostimulants solely to effects on cognition also presents a narrow point of view (Coveney et al., 2019; Vrecko, 2013; Steward and Pickersgill, 2019). A recent study proposes that there are different ways in which users gain enhancements from psychostimulants, such as achieving personal fulfillment or using it as a tool for personal or public safety, as in the case of truck drivers or military personnel (Coveney et al., 2019). Other research highlights the significant entanglement between emotional states and the perception of improved academic performance, suggesting that the effects of psychostimulants go beyond cognition per se (Vrecko, 2013).

**Psychostimulant use as a contemporary social phenomenon: focus on online discussion fora**

These ways of understanding psychostimulant use are anchored in disciplinary frameworks that make it difficult to account for the way context can shape psychostimulant use (Duff, 2011). Approaching this phenomenon from a dynamic socio-cultural perspective can provide important insights. To do this, we explore psychostimulant use in the setting of online discussion fora. There is a growing corpus of literature that explores drug use in the online setting (Barratt and Lenton, 2010; Murgaia et al., 2007; Rönkä and Katainen, 2017; Petersen et al., 2019; Krieg et al., 2017). Some of these studies explore the non-medical use
of prescription drugs in online discussion fora using mixed-methods (Petersen et al., 2019) or an ethnographic approach (Rönkä and Katainen, 2017). Our study builds on this research and uses a web-based ethnographic approach to explore psychostimulant use in the specific setting of three online discussion fora belonging to the Reddit website. Two objectives are addressed: to describe accounts of practices related to psychostimulant use, and to examine how these pharmaceuticals may shape contemporary subjectivities.

**Networked psychostimulants: actor-network theory as a conceptual framework**

This research draws from actor-network theory (ANT) as a conceptual framework. ANT redefines the social as “a type of momentary association which is characterized by the way it gathers together into new shapes” (Latour, 2005). Thus, ANT considers the different actors/actants of a network and the relationships between them. Our study is also situated in a broader posthuman perspective on drug use, in that it does not consider users as distinct, autonomous, psychostimulant-using selves (Duff, 2014b), rather, its ontological starting point is the alliance of human and non-human actors/actants linked together by “an assemblage of forces that produces both the subject of drug use and the effects of this use” (Duff, 2014a). In this perspective, psychostimulants are also considered to have agentic capabilities: they can effect change, transform subjectivities and lead to action (Gomart and Hennion, 1999; Demant, 2009). The concept of assemblage is utilised here to underscore the emergent, contingent and dynamic quality of these connections, which can be reconfigured and transformed: “the assemblage’s only unity is that of a co-functioning: it is a symbiosis, a sympathy” (DeLanda, 2016). “Networked psychostimulants” therefore refers to the forces that link together three actors/actants within the selected fora: members of online fora, psychostimulants as objects and online fora as agentic spaces. Our approach contrasts with traditional sociological perspectives that are generally centered on users’ agency with regard to drug use (Hammersley, 2011; Demant, 2009). However, these approaches make it difficult to show how, from a microsocial standpoint, contextual elements influence drug use (Duff, 2014b). Our approach attempts to do this by tracing how contextual elements connect with each other using users’ accounts of their experiences with psychostimulant use on online discussion fora. However, such material poses a challenge for data analysis.

**How to analyse data collected from online discussion fora within an actor-network theory framework?**

The corpus of data we are faced with differs in two important ways from more traditional qualitative research material obtained from in-depth interviews or focus groups, for instance (Georgakopoulou, 2015; Demant, 2009). First, they differ in their relationship to time insofar as material posted online is generally produced in-the-moment and can be considered as thinking-in-action, as opposed to a more formalised reflection on past events or experiences as in an in-depth interview (Georgakopoulou, 2015). Second, they differ in the way accounts are produced. Online material is often co-constructed by the original poster and members of the “audience” (i.e. other members of a given online platform) through comments and conversations that can follow the original post (Georgakopoulou, 2015).

The in-the-moment and co-constructed qualities of small stories echo the emergent, contingent and dynamic characteristics of actor networks (Gomart and Hennion, 1999; Duff, 2014a; De Fina, 2015). The small stories approach, particularly amenable to social media research, considers online material as a form of narrative. While narratives can be closely related to identities or fixed, autonomous selves (De Fina, 2015) small stories research presents a novel way of thinking about narratives, one that “is to be found in anti-essentialist views of self, society, and culture that stress the multiplicity, fragmentation, context-specificity, and performativity of our communication practices” (Georgakopoulou, 2015). We contend that the small stories approach can be useful to address our corpus of data in a
way that is coherent with an ANT framework. Small stories are closely related to the context in which they are produced (De Fina, 2015), as are the subjectivities that emerge from a given actor network. Thus, we consider that these setting-specific small story narratives can reveal how psychostimulants as objects, users and online discussion fora as agentic spaces engage with one another in the specific setting of online discussion fora.

Methodology

This paper presents a qualitative analysis of three online discussion fora belonging to the website Reddit, also known as subreddits: r/Adderall, r/Stims and r/ADHD, using a web-based ethnographic approach (see below under Field Site Selection for more on subreddits). Considering the increasing overlap between being online and offline in everyday life, performing research online can be a relevant way to explore accounts of practices to answer specific research questions (Barratt and Lenton, 2010). Furthermore, such approaches can be useful when the recruitment of participants presents a challenge, for example, when studying phenomena associated with stigma such as drug use (Barratt and Lenton, 2010). In this setting, online discussion fora can present rich material and have been the focus of prior studies concerning drug use (Rönkä and Katainen, 2017; Barratt et al., 2014; Murguía et al., 2007; Krieg et al., 2017; Petersen et al., 2019). The web-based ethnographic approach deployed for this study draws from netnography (Kozinets, 2019) and can simply be defined as a “type of online ethnography.” The key difference between it and the traditional ethnographic approach is that data are primarily collected online (Kozinets, 2015). Our approach is ethnographic in the sense that it serves to explore parts of the human experience and socio-cultural elements related to psychostimulant use. It also affords the possibility to study a particular group over time, in this case, members of online discussion fora. Careful attention is also paid to selecting appropriate field sites. However, it distinguishes itself from traditional ethnographies in that engagement with members of online fora remained non-participant. In other words, we observed interactions between members over an 18-month period; however, we did not engage in conversation with them (Kozinets, 2015). We argue that this was appropriate for our study, as the online setting affords the possibility to observe accounts of practices without researcher interference (Seale et al., 2010). Also, we contend that data collected on the three selected subreddits can be considered part of the public domain. More recently, scholars have further argued the value of obtaining unsolicited data online, notably because it avoids observer/researcher effects, where participants may modulate their behavior depending on the research context (Enghoff and Aldridge, 2019). We must still be mindful, however, of the potential negative implications of non-participant approaches to data collection online, notably when communicating research results (Kozinets, 2015). Care should be taken to protect members’ identities when presenting posts, particularly when dealing with a sensitive topic such as drug use (Kozinets, 2015). We also collected key posts for qualitative analysis. As part of our doctoral project, this research received ethics approval from the Health Research Ethics Committee (CERES), University of Montreal.

Field site selection

To identify appropriate discussion fora, we performed a wide-ranging search using multiple search engines (Google, Yahoo!, Omgili, Icerocket), and the following search terms: “Adderall + forum,” “Vyvanse + forum,” “Ritalin + forum” and “smart drugs + forum” (Kozinets, 2010). We identified 75 online discussion fora, from which we selected 18 discussion threads (stemming from 14 distinct fora) for closer exploration, according to the following criteria: the forum must be active, as defined by discussions occurring within the last three months; and the main topic must be psychostimulants (Kozinets, 2010). Among these, we identified r/Adderall, part of the website Reddit. Reddit can be defined as a massive online sharing and discussion platform (Chang-Kredl and Colannino, 2017).
It houses numerous discussion fora known as subreddits, which vary in membership size and area of interest, known as subreddits. Members can share text, images, links and videos (Chang-Kredi and Colannino, 2017). Subreddits are created by Reddit users themselves and to register to the website all that is required is an e-mail address and a chosen pseudonym. The majority of subreddits are publicly available, including the three selected fora for this study: r/Adderall, r/Stims and r/ADHD, which at the time of writing count 33,800, 54,100 and 540,000 members, respectively. We first selected r/Adderall because it was active (on average three to four new posts per day), presented a significant number of members, and the exchanges between members are rich in content (Kozinets, 2010). Through purposive sampling, we then identified two other subreddits related to psychostimulant use that were active and presented posts rich in content, r/ADHD and r/Stims, to complete our analysis.

**Data collection**

Non-participant observation of r/Adderall was performed over an 18-month period, observing exchanges between members, interactions with moderators, and aesthetic elements. A qualitative analysis of postings on the three selected fora was also performed. In total, 149, 100 and 90 postings were collected from r/Adderall, r/Stims and r/ADHD, respectively, corresponding to a total of 1,035 double spaced pages (329,159 words). Posts were selected if they focused on psychostimulant-related experiences, e.g. reflections on drug effects, ADHD diagnosis, medical expertise. Posts were excluded when they were related to questions of a technical nature such as product identification or drug-drug interactions. Posts were collected over a period of four weeks, extending up to nine months prior to the time of data collection, or as far back as was possible to go on these subreddits.

**Data analysis**

We coded all collected posts using the Dedoose qualitative analysis software. We determined codes in an iterative manner, drawing from multiple readings of the material, observations of the selected fora as recorded in field notes and our review of the literature. A journal was used to record decisions concerning data collection and analysis. Our analysis calls upon ANT and Paille and Mucchielli’s conceptual category method, which aims to make sense of the data as it is being analysed. Thus, beyond simply descriptive annotations, “meta-categories” – or conceptual categories – emerge, helping to understand the phenomenon at hand (Paille and Mucchielli, 2016). By coding and reading the material multiple times, we gleaned emerging patterns throughout all posts for each forum, and then across the three selected fora. Drawing from a small stories approach (Georgakopoulou, 2015), when coding for each post notes were taken pertaining to key points, keywords, what the story was (i.e. what the member was trying to say in their post) and the researcher’s impressions. Small story narratives were then gleaned within each forum. Through these narratives, and in keeping with an ANT perspective, we traced how elements of the actor network engaged with each other to allow subjectivities to emerge and to foster psychostimulant use (Rönkä and Katainen, 2017).

**Ethical considerations**

An important ethical aspect to consider is whether the selected online fora can be considered public or private. We contend that the selected subreddits, which represent thousands of members, can be considered publicly available. Anyone who is interested, and who has online access, may explore posts on the selected subreddits, thus rendering the data public. However, we also consider that certain members would prefer not to be identified. Reddit fosters the anonymity of its members through the use of pseudonyms, posing a challenge to the identification of users (Chang-Kredi and Colannino, 2017). Still,
we must also be mindful of the stigma that may be associated with psychostimulant use, potentially placing members at risk if the posts were to circulate to a larger audience (Kozinets, 2015). In light of this, we have chosen to reveal the names of the selected discussion fora because they are important when describing the setting in which our research takes place. However, we have de-identified the selected quotations by concealing the pseudonyms and removing any information that may help identify a member, such as age, sex, profession or provenance. We have also modified certain words in the quotations to make them untraceable by using online search engines, without altering their meaning (Kozinets, 2019).

Findings

For each discussion forum, we present a network comprised of three actors/actants: members of the forum, psychostimulants as objects and subreddits as agentic spaces. Across r/Adderall, r/ADHD and r/Stims, we argue that each forum presents itself as an agentic space in two main ways. First, by allowing members to share common experiences and experiential knowledge; second, by creating a sense of belonging among members. Through this, what can be considered as a largely lonely practice – psychostimulant use – becomes a communal one and new socialities are formed. Furthermore, across all three selected fora, psychostimulants as agentic objects also play a role in the production of their use through the effects they produce on both the body and mind. We present small story narratives that show the emergence of subjectivities across all three selected fora. Quotations identify original posters using numbers (ex. Member 1) and members who reply using letters (ex. Member A).

Psychostimulants on r/Adderall

Posts on r/Adderall focus on the use of prescription psychostimulants, and members often discuss drug effects. These exchanges can concern achieving academic or work-related goals, as the following posts show:

Member 1. Right away, I loved it (Adderall). […] I had a few tests coming up, so I figured I’d take two Adderall pills and study all day. I took a glass of water and swallowed them both down fast, probably around noon. The few hours that followed this were amazing and filled with euphoria. I held my head down in a studying craze during this entire period, striving to finish all of my work for the next couple of weeks.

But then I started to reach the comedown. The euphoria began to go away, and the emptiness that I felt inside of me was replaced with a looming feeling that I was falling rapidly back to my usual scatterbrained […] state of mind. […]

It’s hard to explain […] very precisely, but Adderall comedowns […] make me feel like an inept person […] . I want to perform well by my own standards, but also realize that this is almost impossible without help from an outside aid.

Because of this, I don’t take Adderall very often […] . It affects my self-esteem way too much, and it seems that the more steadily I take it, the more depressed […] I become.

This post elicited the following replies:

Member A. Welcome to Adderall.

Edit: After a certain amount of time, you start to learn what kind of thoughts are specifically being channeled during your comedowns, and this lets you do your best to help those thoughts from coming up at all. For example, when I comedown, I feel inefficient and useless, and each moment that passes by I feel like I’ve wasted more time. So, I force myself to do SOMETHING, anything at all, that when I stop, it will look like a task completed or improved. There’s really no answer to this question. Nothing is free in life. Everything has to be returned - including how you feel during the ups of adderall. Best of luck.
Member B. u might want to look into vitamin supplementation. maybe ur low on vitamin D or other vitamins.

Member C. This is my battle every day. I can’t leave the house without it. I’m fearful without it. Horrible yet it allowed me to be very successful at one time and also help me get through some really tough times.

The story told here is one of a desire to be productive and achieve one’s aspirations while having to contend with the comedown related to psychostimulant use. The fears and deception, but also the increased productivity expressed by the original poster, shows how they connect with psychostimulants in an ambivalent fashion. With the use of psychostimulants, they question the authenticity of their success, and of their self-worth. Other members, through their replies, share a common sense of struggle. Some seem to cast aside negative effects by attributing them to other potential problems such as vitamin deficiency. Thus, the interactions between members allow for the co-construction of a narrative not only expressing apprehensions but also reinforcing the positive effect of psychostimulants on doing well at school, accomplishing tasks, becoming successful. We observe here the emergence of a performance-related subjectivity fostering psychostimulant use.

**Psychostimulants on r/Stims**

Accounts of members’ experiences on r/Stims refer to psychostimulants in general, including those classified as illicit. Posts that concern prescription psychostimulants focus largely on the connection with the body and on finding the sweet spot between desired effects (e.g. productivity, euphoria) and the comedown. The following quotation illustrates how questions relating to the body can be presented on this forum:

Member 2. Anyone else having to deal with […] regularly dosing stims in the morning and benzos at night to bring you back down? I know this […] will lead to a pollyaddiction eventually but damn it’s such a perfect yin and yang when you keep things under control.

How long is doing this safe? As for now I’m quite functional getting amazing grades at university, exercising regularly and so on. I feel like it can’t be healthy long term though.

This post elicited 23 comments in total. The exchanges that were liked the most by members are presented here:

Member D: As for now I’m quite functional getting amazing grades at university, exercising regularly and so on.

:/

It won’t last man.

Member 2. I figured. I have to find some semi healthy way to come down from stims crashes. I am diagnosed add and the stims have been a godsend. Just being able to sit down and focus continuously has been amazing. The crashes straight blow though.

Member D. Try seroquel at night and using your stims as prescribed. Seroquel is perfectly sustainable if you react well to it after the first week.

Member 2. Thanks for the advice bud. I actually have tried seroquel for sleep and while it works damn well for knocking you out. The groginess the next morning was a total deal breaker for me. Maybe if I had stuck with it longer those side effects could improve.

The story told here relates to a long exchange concerning the use of psychostimulants and benzodiazepines or quetiapine (Seroquel) to gain restful sleep. The original poster’s experience with psychostimulants, as in the quotation presented for r/Adderall, is also ambivalent. They
describe positive effects on their performance at university and express a desire to keep using these pharmaceuticals. What stands out in this post are the difficulties in managing the body while on psychostimulants and the attention paid to staying healthy. Members co-construct strategies for regulating psychostimulant effects by sharing advice on how to reach maximum positive effect and soften the comedown. Posts on this forum indicate members’ desire to manage their bodies in the best way possible while taking psychostimulants. Through this forum, we observe the emergence of wellness-related subjectivities fostering psychostimulant use.

**Psychostimulants on r/ADHD**

Accounts of psychostimulant use on r/ADHD are centered around the experience of ADHD. Posts often discuss how to lead a better life while having to address ADHD. Some prefer to live out their ADHD and reject pharmacological treatment. Others choose to control their ADHD by using prescription psychostimulants, as the following quotation illustrates:

Member 3. A few days ago I almost cried because I was trying to work up the motivation to get out of bed, and couldn’t. It took me five hours.

The most productive I’ve ever been was about six months ago, when I did two chores in one day. It was such an incredible fight and I barely won.

This morning I took fifteen milligrams of Adderall. I was jittery, excited, I pretty much always am. My mind was racing. Half an hour later, I was calm. I took a look at my list. You know, the list. Everything I meant to do but never did. I did it all. It came so easily. I just decided to take the trash out, and then did. Decided to do the dishes, and then did. I didn’t give up halfway, I didn’t feel like I was dying every second until it ended. It was just so easy. I walked slowly from room to room, doing my chores. I didn’t get lost on the way from one room to the next, like I always do. My wife, who works full time, will get home today to find a clean house.

I was warned by so many people: Take Adderall and it’ll remove your personality, it’ll make you a zombie. You know what? I don’t care. I’m certain this post would be far more engaging, interesting, and wordy if I wrote it in two hours when this has worn off. I’m sure the people in my life who think I’m interesting in a crazy kind of way would find me so dull right now, but this is worth it. I feel like a normal person.

Thank you, /r/ADHD, for being there for me. It’s a supportive community, and even though it’s a bit scatterbrained, it’s unfailingly kind and empathetic. This place helped me realize that I wasn’t just a lazy failure, and I wouldn’t have sought treatment without you. I wouldn’t have done my chores today without you. My wife would’ve come home, tired, and done the dishes, and so many other things.

It’s going to be a few weeks before I can get a steady stream of this stuff, but I’m not worried. I have hope.

The following reply to this post was liked by the most members:

Member E. I had the exact same experience, and this is what I can offer you from my 2 years on Adderall:

The concern about “being a zombie” is very legitimate. When I first started taking Adderall, I was getting so much accomplished and focusing so much on my tasks, which was great. But I didn’t realize I was slowly abandoning my social life because I was so happy and focused on doing all the things I could never do for myself. It wasn’t necessarily a bad thing, but eventually I realized I had neglected my friendships so much that people actually stopped talking to me. I wasn’t open with them about my treatment so they didn’t understand why I was no longer talking to them/hanging out with them. Finally, I learned that I need to add “socialize” to my lists that I would make. I would finish some chores, and when I got to socialize, I would just sit down and respond to texts/make phone calls to people who I haven’t heard from or wanted to check up on. I would
maybe even schedule something with them, like dinner or happy hour, and put it on my calendar so that I would remember to do it. That really helped me get my social life back in order.

It definitely has dimmed my personality down a lot, but my personality before was my hyper active, non-medicated self, which people grew to love. They did not understand that my crazy, randomness was actually a burden on my life. Sure when I was around them I made them smile, but when I was alone I was struggling. Struggling to pay bills, get to work on time, finishing daily tasks that they don’t even have to think twice about. People sometimes tell me they miss the “old” me, but I explain to them that the “old” me wasn’t the best me for myself. Maybe I was goofier, quirkier, more random, but that wasn’t because I wanted to be that way, it was because without medication my mind races 1000 miles a second and I have no control over it. The right people stick around regardless, so that’s a blessing.

Thanks for sharing with us, and glad you are here and you are feeling more like yourself! A lot of “regular” people just don’t understand the constant journey we are on.

The story in this exchange centers around the struggles related to living with ADHD. Two members share similar experiences in how psychostimulants were key in transforming their lives for the better, by controlling ADHD symptoms and making them feel normal. These positive effects were so significant that negative effects, such as the possibility of eventually becoming a zombie, were readily dismissed. The original poster also describes a strong sense of attachment to the r/ADHD community and credits the subreddit with helping them improve his life, which highlights the significant connections that can be made in this space. We observe the emergence of enhancement-related subjectivities fostering the use of psychostimulants. Enhancement takes a broader meaning here than cognitive enhancement, it refers to an overall improvement in how individuals lead their lives.

Discussion

Our findings show how the interfaces between elements of an actor network comprised of members of online fora as agentic spaces/psychostimulants as objects allow multiple subjectivities to emerge and foster psychostimulant use. The ANT framework was helpful to our analysis because it helped to focus on psychostimulants as agents that can effect change, for example, on performance, on the body and on overall quality of life. Despite the spectre of the comedown or the figure of the zombie looming in the background, we observe a general enthusiasm for what psychostimulants can afford: increased productivity, a sense of wellbeing and a better life. Furthermore, the concept of the network helped to highlight the dynamic and contingent character of psychostimulant use. The small story narratives presented in our findings coexist with ways of understanding psychostimulant use stemming from biomedical (health risk) or bioethical perspectives (cognitive enhancement). Certainly, questions of health risks and cognitive enhancement permeate some of these stories, such as Member 2’s concern of finding a healthy way to navigate the comedown, or the quest for increased productivity, as expressed by Member 1. However, members’ stories are informed by their lived experiences with psychostimulants, which do not necessarily correspond faithfully to more formalised – or static – ways of understanding their use (McPhee et al., 2019).

We present multiple subjectivities that emerge through the selected fora. We acknowledge that the subjectivities described in our analysis are not restricted to each subreddit and may be found across all three fora. However, our findings suggest that certain subjectivities emerge more significantly in a given forum. There are also differences in the strength of the linkages between actors/actants within each forum, which further highlights the dynamic character of the actor network. Notably, the connections in the actor network related to r/ADHD seem more intense than those related to r/Adderall or r/Stims, as observed in the exchange between Member 3 and member E. Their experiences show the very significant role psychostimulants as objects and the r/ADHD community play in their lives.
The small story narratives we have gleaned are also embedded in broader digital cultures, notably that of Reddit. Reddit differs from other online discussion platforms in part because it fosters a grassroots approach to building content. While the platform offers a structure for engaging with others, subreddits are created by members, and they decide what content is relevant by liking posts, which brings them to the forefront of each subreddit (Chang-Kredl and Colannino, 2017). Is it possible, then, to gain insight from these findings on elements of a contemporary psychostimulant culture? Part of the answer may be that the use of psychostimulants can be closely related to a performance ethic that permeates contemporary western societies (Otero and Collin, 2015). Psychostimulant use today seems related to ideals such as having a “better life” or reaching social performance goals by obtaining a job, a car, a diploma, etc. As our results suggest, the quest for productivity, success or a normal life through the use of psychostimulants can allow some individuals to attain or maintain conformity to a broader performance ethic.

Conclusion

Our findings contribute to a wider debate regarding public health’s and healthcare professionals’ understanding of psychostimulant use outside of the clinical setting and how this may contrast with the way psychostimulant use is practiced in context. This may contribute to shaping public health policies and interventions in ways that go beyond stigmatisation. This research also explores new online socio-cultural spaces formed around psychostimulant use. Calling upon a web-based ethnographic approach, this study presents a new perspective on the contemporary use of psychostimulants by accessing accounts of experiences related to practices that remain largely below-the-radar.

References


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