Beyond the Buzzword: Problematising ‘Drugs’

Contemporary Drug Problems Conference
Monash University Prato Centre, Prato, Italy 3-5 October 2011
Contents

Organisers 3

Welcome 4

Conference theme 5

Program overview 6

Conference sessions and abstracts 8

Day 1: Monday 3 October 9

Day 2: Tuesday 4 October 25

Day 3: Wednesday 5 October 41

Conference venue floor plan 53
Conference Organising Committee

Robyn Dwyer, Editorial Board Member, *Contemporary Drug Problems*

Suzanne Fraser, Associate Editor, *Contemporary Drug Problems*

David Moore, Editor, *Contemporary Drug Problems*

Mark Stoové, Associate Editor, *Contemporary Drug Problems*

Nicola Thomson, Editorial Assistant, *Contemporary Drug Problems*

Hosting Institutions

*Contemporary Drug Problems*

National Drug Research Institute, Curtin University

School of Political and Social Inquiry, Monash University

Centre for Population Health, Burnet Institute

The Conference Organising Committee also acknowledges the assistance and advice of Fran Davis, Jo Hawkins, Paul Jones, Elinor McDonald, Peter Kaandorp, Angela O’Connor, Cathy Crupi, Francesca Vicarelli, Martin Greenberg and Pia Rosenqvist.

© 2011 Contemporary Drug Problems
As Editor of the international journal *Contemporary Drug Problems*, and on behalf of the Conference Organising Committee, I am delighted to welcome you to the inaugural *Contemporary Drug Problems* conference, Beyond the Buzzword: Problematising 'Drugs'. In organising the conference, we wanted to (a) provide an international forum for the presentation of innovative social and cultural research on alcohol and other drugs, and (b) inform researchers about the journal and its new editorial team. Interest in the conference has exceeded our expectations and allowed us to offer an exciting and diverse program, which I hope you will find stimulating and inspiring.

**Conference Publication**

Following the conference, *Contemporary Drug Problems* will publish a special issue featuring peer-reviewed papers presented at the conference. To be considered for the special issue, completed papers should be submitted to Nicola Thomson at cdp@curtin.edu.au by 1 November 2011. The special issue will be published in 2012. Further information on the journal can be found at http://federallegalpublications.com/contemporary-drug-problems.

David Moore
Editor
*Contemporary Drug Problems*
The consumption of mood-altering drugs is consistently framed as one kind of problem or another. Across the last century, drug consumption has variously been framed as a ‘law and order’ problem, a ‘health’ problem and a ‘social’ problem. In the process, an array of related phenomena are also framed, including the people who consume drugs, the putative effects of the drugs, the risks associated with their use and the drugs themselves. Indeed, as Derrida has commented, ‘drugs’ operates largely as a buzzword: a popular catch-all for a diverse collection of substances, actors and effects. What are the implications of problematising ‘drugs’? What do particular problematisations allow and disallow, create and silence? What solutions do they entail? This conference invites presenters to reflect on these questions in light of Deleuze’s (1994: 198) observation that:

[a] solution always has the truth it deserves according to the problem to which it is a response, and the problem always has the solution it deserves in proportion to its own truth or falsity – in other words, in proportion to its sense.


If solutions and their effects are shaped by the ways in which we constitute problems, what might we identify as the contemporary drug problems to which researchers in this rich and challenging field should address themselves? What kinds of sense do we want our understandings of drug consumption, our recommendations and our actions to make?

In addressing these questions, presentations could address the following areas:
> The relationships between licit and illicit drugs
> Drugs and crime
> Gender and drugs
> Drugs and risk
> Drugs and bodies
> The ‘user’
> Treatment: what and who is being treated?
> Drug ‘ paraphernalia’
> Abstinence
> Drugs research instruments and techniques
> The popular culture of drugs
# Program Overview

## DAY 1: MONDAY 3 OCTOBER

<table>
<thead>
<tr>
<th>Time</th>
<th>Sala Veneziiana</th>
<th>Sala Toscana</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.15 – 9.30</td>
<td>Conference opening David Moore</td>
<td></td>
</tr>
<tr>
<td>9.30 – 10.30</td>
<td>Keynote 1 Robin Room — Alternative terms for problematising alcohol and drugs: Their conceptual and social implications (Chair: David Moore)</td>
<td></td>
</tr>
<tr>
<td>10.30 – 11.30</td>
<td>MORNING TEA</td>
<td></td>
</tr>
<tr>
<td>11.00 – 12.30</td>
<td>Plenary 1 Drugs in pop culture (Chair: Suzanne Fraser)</td>
<td></td>
</tr>
<tr>
<td>1. Rebecca Tiger — Rock bottom: Celebrity gossip blogs and the moral order of addiction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Atte Oksanen — Dope Stars Inc.: Affect and addiction in celebrity rehab reality television shows</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. David Boothroyd — Narco-cultural studies and the possible futures of ‘drugs research’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.30 – 1.30</td>
<td>LUNCH</td>
<td></td>
</tr>
<tr>
<td>1.00 – 1.30</td>
<td>Book launch Mega Leisure Revisited, by Judith Aldridge, Fiona Measham &amp; Lisa Williams (Routledge)</td>
<td></td>
</tr>
<tr>
<td>1.30 – 3.00</td>
<td>Session 1.1 Problematising policy (Chair: Robin Room)</td>
<td>Session 1.2 After essence (Chair: David Boothroyd)</td>
</tr>
<tr>
<td>1. Peter d’Abbé — Alcohol policy as boundary maintenance</td>
<td>1. David Moore — The ontological politics of knowledge production: Qualitative research in the multidisciplinary drug field</td>
<td></td>
</tr>
<tr>
<td>3. Franca Beccaria — Changes in the conceptualisation of ‘alcohol problems’ in Italy from the 1970s</td>
<td>3. Suzanne Fraser — Beyond the ‘potsherd’: Problematisations of injecting drug use and their role in shaping hepatitis C</td>
<td></td>
</tr>
<tr>
<td>3.00 – 5.30</td>
<td>AFTERNOON TEA</td>
<td></td>
</tr>
<tr>
<td>3.30 – 5.00</td>
<td>Session 1.3 The substance of stigma &amp; stereotype (Chair: Franca Beccaria)</td>
<td>Session 1.4 Gendering drug use (Chair: Kane Race)</td>
</tr>
<tr>
<td>7.00</td>
<td>CONFERENCE DINNER — RISTORANTE IL PALAZZOLO, VIA MAZZINI, 37/39</td>
<td></td>
</tr>
</tbody>
</table>

## DAY 2: TUESDAY 4 OCTOBER

<table>
<thead>
<tr>
<th>Time</th>
<th>Sala Veneziiana</th>
<th>Sala Toscana</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.30 – 10.30</td>
<td>Keynote 2 Helen Keane — Addiction and its Others: Diagnosing problems and non-problems in the DSM (Chair: Suzanne Fraser)</td>
<td></td>
</tr>
<tr>
<td>10.30 – 11.30</td>
<td>MORNING TEA</td>
<td></td>
</tr>
<tr>
<td>11.00 – 12.30</td>
<td>Plenary 2 Governing addiction (Chair: Mark Stoove)</td>
<td></td>
</tr>
<tr>
<td>2. Caroline Clark — Alcoholism in nineteenth-century Melbourne: Who and what were treated?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Program Overview

#### 1.00 – 1.30
Book launch *Alcohol and generations: Changes in style and changing styles in Italy and Finland*, edited by Franco Beccaria (Carocci Press)

#### 1.30 – 3.00

<table>
<thead>
<tr>
<th>Session 2:1 Consumer versus official discourses (Chair: Paula Mayock)</th>
<th>Session 2:2 Exploring youth (Chair: Fiona Measham)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Robyn Dvyer — Enacting speed and ice: Experiences and understandings of methamphetamine among drug users and service providers</td>
<td>1. Amy Penney — Responding to stigma: Embracing ‘messy’ ecstasy intoxication</td>
</tr>
</tbody>
</table>

#### 3.00 – 3.30
**AFTERNOON TEA**

#### 3.30 – 5.00

<table>
<thead>
<tr>
<th>Session 2:3 From the pharmacy (Chair: Helen Keane)</th>
<th>Session 2:4 Drugs &amp; pleasure (Chair: Robyn Dayer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Gilbert Quintero — Problematising ‘drugs’ and ‘users’: A cultural assessment of recreational pharmaceutical use among young adults in the US</td>
<td></td>
</tr>
</tbody>
</table>

#### 5.00 – 5.30

### DAY 3: WEDNESDAY 5 OCTOBER

#### ROOM: SALA VENEZIANA

<table>
<thead>
<tr>
<th>Session 3:1 Addiction in public discourse (Chair: Jan Blomqvist)</th>
<th>Session 3:2 Regulating drugs (Chair: David Moore)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mutsumi Karasaki — The problem with ‘addiction’: How addiction is understood in the alcohol and other drug sector in Victoria, Australia</td>
<td>1. Kenneth Tupper — Discourses and drugs: How language impacts policies and practices that address psychoactive substance use</td>
</tr>
</tbody>
</table>

#### 10.30 – 11.00
**MORNING TEA**

#### 11.00 – 12.30

<table>
<thead>
<tr>
<th>Session 3:3 Thinking through harm reduction (Chair: Helen Keane)</th>
<th>Session 3:4 Disciplining drugs (Chair: Peter d’Abbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Katherine McLean — This is not a political agenda: How contemporary harm reduction may silence the social</td>
<td>1. Mark Stookey — Tales of twisted morality and human rights: Cultural theory of risk in framing the debate on prison needle exchange programs in Australia</td>
</tr>
</tbody>
</table>

| 12.30 – 12.45 | |
| Conference close Mark Stookey |
Alternative terms for problematising alcohol and drugs: Their conceptual and social implications

Phenomena relating to alcohol and other drugs are problematised using many terms. English-language terms, such as inebriety, abuse, addiction, misuse, alcoholism and dependence, have varied significantly over the last century, and some have changed in meaning during this time. These terms tend to focus attention on use or the user, while others, such as the liquor question or drug panics, broaden the frame to include the social milieu in what is problematised. Other European languages mobilise terms with no exact English equivalent, and conversely, some English terms have no equivalent in other tongues. The terms chosen by speakers indicate the conceptualisation of the nature of what is being problematised, and imply specific directions for seeking solutions. This paper explores the ways in which terms problematising alcohol and other drug phenomena are located in systems of thought which, on the one hand, contest each other, and on the other, often overlap and coexist.

Robin Room is a professor at the School of Population Health, University of Melbourne and at the Centre for Social Research on Alcohol and Drugs at Stockholm University. He is also the Director of the AER Centre for Alcohol Policy Research at Turning Point Alcohol and Drug Centre. He co-authored three books which appeared in 2010: Drug Policy and the Public Good; Cannabis Policy: Moving beyond Stalemate; and Alcohol - No Ordinary Commodity (2nd ed.). Robin was Editor of Contemporary Drug Problems from 1985 to 2010.
Rock bottom: Celebrity gossip blogs and the moral order of addiction

On any given day, more people read celebrity gossip blogs than the top three newspapers combined. Celebrity gossip bloggers often report on celebrity 'deviance', which they usually interpret in the language of disease and addiction. This coverage of celebrity addiction reinforces the hegemonic idea that habitual substance use is the disease of addiction and that addiction is a hybrid form of badness and sickness best managed through incarceration and treatment. This contradictory view of addiction is perpetuated by celebrity gossip blogs where the value of sobriety is articulated and reinforced by bloggers and their readers. Photos of the celebrities hitting 'rock bottom' are essential to the stories celebrity gossip bloggers tell; images of celebrity mug shots for drug-related arrests and subsequent courtroom appearances, photos of them wearing alcohol monitoring anklets or visiting their probation officer, are often accompanied by stories that reinforce these moments as the inevitable downward spiral of addiction. Celebrity gossip bloggers and their readers also reinforce the idea that 'rock bottom' is the moment when addicts need 'help', usually in the form of jail, coerced treatment or both. In this presentation, I show how celebrity gossip bloggers and their readers construct addiction as a form of badness and sickness, echoing hegemonic ideas about the intransigent nature of compulsive behaviour. I argue that celebrity gossip blogs are an important arena where dominant beliefs about addiction and punitive policies toward drug users are reiterated and reinforced. I conclude that celebrity gossip bloggers and their readers make sense of 'extraordinary' celebrity drug users in terms that resonate with the 'ordinary' person; in doing so, they reinforce hegemonic constructions of addiction as a disease and moral failing characterized by a rock bottom moment that necessitates a strong and coercive social response.
Dope Stars Inc.: Affect and addiction in celebrity rehab reality television shows

Addiction and rehab have become widely used concepts in the popular culture. Many addicted stars have gone to rehab and later narrated how they have survived their addiction. The acknowledgement of one’s addiction is proclaimed as a sign of special bravery and honesty. Theories in sociology have emphasized how intimacy has become public (e.g. Sennett and Lauren Berlant) and how modern man has become a confessional animal (Foucault). Yet, recent trends in the popular culture demonstrate that bodily affects per se have become a centre of attention. There is a general turn from a confessing subject to the body as a material entity without intentionality – or flesh (Merleau-Ponty, Deleuze). Especially reality television as a genre underlines the body and the affect. Reality television does not concern so much the confession as the frenzy to capture the pure emotion and pure bodily act.

This presentation analyses the American reality television show Celebrity Rehab that is hosted by the Doctor Drew Pinsky. The show represents (ex) celebrities checking into treatment. The data consists of seasons 1–4 that were originally aired in 2008–2011. The analysis concentrates on how addiction and treatment are portrayed. The concept of an affect is used throughout the analysis. Celebrity Rehab follows the characteristics of the reality television genre. It claims to capture the truth and reality. Often very graphic details of actual use of illicit drugs are portrayed. The show repeats the clips of the nauseous stars that are filmed during the process of detoxification. Celebrity Rehab underlines the emotional content, conflicts and the portrayal of different bodily fluids (e.g. tears, vomit). Paradoxically, the actual treatment program has a minor role in the show, which becomes rather a new testing laboratory for the genre of reality television.
Narco-cultural studies and the possible futures of 'drugs research'

We live in times in which drugs and our relationships to them are fundamentally paradoxical because there is no single doxa which is adequate to them. Prevailing 'common sense', for instance, regards pharmacology as their ultimate proper discipline and the pharmacy as their proper place of containment. Whilst various other disciplines, especially, criminology, social policy and cultural studies have laid claim to 'drugs' as an object of inquiry, the question of drugs as a philosophical question has largely been ignored. The attempt to restrict the availability of drugs as substances in circulation and to delimit them as objects of legitimised, conventional forms of drugs expertise and knowledge, however, has never stopped them becoming known in other senses or unleashing effects in various contexts of cultural production. The fact that history of modern culture can easily be delineated in terms of its many articulations with drugs is testimony to this. In my book *Culture on Drugs: Narco-cultural studies of high modernity* (Manchester University Press, 2006) I proposed the name 'narco-cultural studies' for the putative future field of drug-centred critical cultural inquiry which would be open-ended and pluralistic in approach.

In this paper I shall argue for the an indefinite widening of our understanding of 'drugs research'; and that such research be undertaken without prejudice with respect to the currently polarised 'politics of drugs' (in its various manifestations) and premised, rather, on a notion of 'drugs' as *agents of differentiation and affective force*. This involves, on the one hand, acknowledging the *undecidability* of 'drugs' in view of the evidence of the diversity of their cultural inscriptions (in artistic cultural forms as well as social phenomena) and, on the other, it calls for the serious consideration of their future critical and cultural potentials.
Alcohol policy as boundary maintenance

As a widely available psychoactive substance, alcohol offers drinkers a legal pathway to varying levels of intoxication, and governments a set of challenges about the most effective means of minimising harms arising from its (mis)use. In this paper, I argue that in many instances alcohol policy discourses and the policies based on them are framed by the concepts of self-control and social boundaries, rather than any evidence about public or personal health. Drinking that does not threaten to violate social boundaries is considered for policy purposes as non-problematic, regardless of the amounts consumed, while drinking that is regarded by those in power as threatening social boundaries – whether spatial, temporal or other markers of social distance - becomes a pre-occupation of policy makers. Empirically, I draw largely on research on alcohol in the Northern Territory, Australia (NT), both historically and as a contemporary issue. Historically, heavy alcohol consumption by non-Indigenous settlers has long been legitimised as ‘controlled’ and ‘bounded’, while Indigenous residents were for many decades denied legal access to alcohol in the belief that they lacked the capacity to control their consumption, which therefore would, should Indigenous people drink, literally spill over social and spatial boundaries defined by the white settler society. Although prohibition of Indigenous drinking was rescinded several decades ago, beliefs about drinking, self-control and ethnicity, and anxieties about social boundaries, remain deeply embedded in the local culture and continue to influence alcohol policies. Turning to contemporary alcohol policy, I consider the place of nightclub precincts within this analytical framework, arguing - again, using an NT example - that these have become politically-protected bounded spaces, where expectations governing self-control among drinkers are lowered, and where the economic interests of suppliers are accorded correspondingly broader opportunities for profit. The paper concludes by considering the implications of this interpretation of alcohol policies with respect to attempts to ground policies in public health considerations.
Booming and crashing: Psychoactive substances in Ireland, 1995-2010

The use and regulation of, and discourse around both licit and illicit psychoactive substances in Irish society is examined in this research through an analysis of secondary quantitative data, the changing legislative framework, as well as qualitative approaches. It offers a broad perspective, that seeks to provide an overall picture of the working of the social system, to show how different processes influence each other and result in the outcomes of the actual mode of usage and a rhetoric around psychoactive substance. Psychoactive substances are a ‘problem’, in the sense of a challenge that faces contemporary societies, as they lack the cultural immunity observed in several anthropological studies, with them implicated in a range of harmful behaviours, as well as the weakening of the authority of the state through the drugs trade and its attendant violation of the monopoly of violence and taxation, along with interpersonal violence and public disorder. However, they are also ‘problematised’ in themselves and have been used as a means of constructing various crises. Their consumption has been used as a lens for formulating political and economic crises, through a discourse around public and elite morality, and a model of economic development seen as akin to addiction. They have also been used as a means of articulating a social crisis in the form of an increasingly anomie society and one with a declining stock of social capital that is seen as resulting in an eclipsing of community and social fragmentation.
Changes in the conceptualisation of ‘alcohol problems’ in Italy from the 1970s

In Italy, since 1970s, while alcohol consumption and also alcohol related harm has been constantly decreasing, both the number of people affected by alcohol problems in treatment and the number of alcohol treatments units have been increasing up to now. The aim of this paper is to explore changes in the definitions of ‘alcohol problems’ and the relationship of these changes with the treatment system. The development of programs for treating alcoholics in Italy during the 1970s-1990s period is an interesting example of how a system of treatment arose through the synergy between the efforts of self help groups of alcoholics and their families, and new interests of health care services to open up to problems arising from society. In this process, the role of legislation in creating new treatment units was to institutionalize the on-going alcohol treatment experiences. Regarding the following decade (2000s), professionals involved in alcohol treatment programs seem to lack of a shared concept of alcoholism, partly due to increasing referrals of patients affected not just with alcohol problems, but also with poly-abuse and comorbidity. Also, in front of the changes which have occurred in the typology of alcoholics, services now respond by diversifying treatment typologies, even if it appears that there is no a general reflection as to the need of coordinating professional and voluntary roles and responsibilities.
The ontological politics of knowledge production: Qualitative research in the multidisciplinary drug field

In recent decades, numerous calls for the development of multidisciplinary understandings of drug use and related problems have led to several methodological innovations. These have included the development of mixed-method research approaches such as drug ethno-epidemiology and complex systems approaches such as agent-based modelling. In the various commentaries and debates calling for and reflecting on these methodological developments, some have argued that qualitative researchers should suspend their theoretical and epistemological commitments in order to engage in multidisciplinary research. Drawing on my recent involvement in agent-based modelling of drug use and related problems, I consider what might be won and lost when qualitative researchers adopt this 'suspension' mode of multidisciplinary engagement. To explore this question, I draw on insights from recent work in science and technology studies that focuses on the role of all research methods in constituting their objects of study. This framework allows us to ask some important questions about the relationships between research methods, the realities they produce and the political implications of these realities. Seen in conventional research terms, agent-based modelling is one way of developing more complex understandings of drug use and related problems, through the integration of data produced by qualitative and quantitative methods. Modelling the likely impact of various policy scenarios on the prevalence of drug-related problems can also provide a potentially valuable tool for promoting dialogue about policy options. Viewed from the perspective of recent work in science and technology studies, however, agent-based models involve a series of coordination strategies and simplifications that foreground and relegate specific aspects of the phenomenon under investigation. In this way, they produce certain forms of reality with specific political effects. Identifying and acknowledging the political consequences of research methods and the realities they produce should be a central element in future debates on multidisciplinary drug research.
Memory, embodied cognition and intoxication problems

In this paper I examine some of the technologies of public problems in relation to embodiment. Approaches to drug and alcohol intoxication as a public problem frequently define the problem as one of the attenuated autonomy and pathological desire. Addiction and the desire for intoxication are tangible memories. They are formed though bodily experiences of pleasure, relief, satisfaction, satiation, dissociation, craving and so on. One approach to managing and treating intoxication problems is to reconfigure memory. Talking cures re-imagine past experiences and current desires as expressions of addiction rather than pleasure or habit – though other approaches look forward and seek to construct future pathways. Treatment increasingly relies on a notion of embodied cognition. Pharmaceutical treatments also reconstruct memory. Antagonists and partial agonists reshape embodied memory. There is the possibility of new pharmaceuticals being used to manage memory, for instance allowing people to forget addiction, or traumatic experiences. This parallels the way in which recreational intoxicants are also used to shape memory, to cope with negative memories and enhance positive ones. I argue that we can better understand addiction and the use of all kinds of drugs by acknowledging how the role of embodied memory has come to be used in the process. This problematises the dominant notion of subjectivity. The autonomous, knowing, aware self has been presented as the ideal subject in liberal society, supported by therapeutic discourses and narratives of authenticity located around identities. The widespread employment of forgetting as an active social practice, assisted by drugs and therapy, highlights the limits of this liberal self. It is argued that public problem policies are incorporating an approach which relies on embodied cognition and conceptualises the subject as limited.
3. Suzanne Fraser, 
School of Political 
and Social Inquiry, 
Monash University, 
Melbourne, Australia 
suzanne.fraser@monash.edu

Beyond the ‘potsherd’: 
Problematisations of injecting drug use 
and their role in shaping hepatitis C

Notwithstanding some important variations it is possible to trace patterns in hepatitis C transmission in the West. It clusters among the most impoverished, disadvantaged and stigmatised members of almost any population. This clustering can be understood in a range of ways. The aim of this paper is to formulate an approach to disease able to acknowledge the ways in which social and political forces, namely the disadvantage and stigma often associated with injecting drug use, directly shape this clustering, and in turn, the materiality of the disease itself. Taking Australia and the changes it has seen in the provision of treatment for hepatitis C as a case study, it will draw on the work of Jaclyn Duffin and Bruno Latour to argue that, contrary to conventional wisdom, diseases are not immutable objects ‘lying around’ waiting to be discovered like ‘potsherds’ in an archaeological dig. Instead they are emergent phenomena, constantly being made and remade in the framing of social practices (such as injecting drug use) as particular kinds of ‘problems’. Given this, the paper concludes, it is necessary to scrutinise policy and public health responses to hepatitis C for the ways they problematise injecting drug use, and to consider how these problematisations may play a role in creating or reinforcing stigma.
Contaminated spaces: The construction of stigma and drug use in the media

In 2006 in Victoria, BC, Canada, newspaper headlines read ‘Despair on Cormorant Street,’ as the city’s only fixed site needle exchange became the flashpoint for the war on drugs. Within the media, Cormorant Street became a highly stigmatized space, described as a ‘war zone’ that was ‘invaded’ by people who use injection drugs, portrayed as ‘non-human,’ ‘denizens,’ and ‘lawless.’ This research examines how health responses to drug use operate within a socio-political landscape influenced not only by policies and legal frameworks, but also by public discourses. These discourses construct the symbolic elements of a community’s response to drug use and are visible in the news media’s representations of harm reduction services and of people who use injection drugs. Despite extensive evidence of effectiveness, harm reduction services remain a source of media controversy, illustrating how communities struggle to position these services within the dominant discourses of ‘drugs’ and drug use in society. This presentation explores how discourses related to drug use and the construction of drug users provide insight into the interaction of dominant social, political and economic processes that affect both health and social responses to drug use. Using a participatory research approach, we conducted a discourse analysis of local media stories related to people who use drugs, drug use and drug-related services. Over 350 media articles from a 5-year period were collected and analyzed to identify dominant themes in the framing of drug use and people who use drugs. Dominant discourses related to contested space and competing rights were underscored by morality about the worth and value of those who use drugs and drug related services. Other discourses were aligned with contested evidence, public outcry, economic costing, and the victimization, criminalization, and medicalization of drug use with limited recognition of the social determinants of drug use and related harms.
2. Nicola Thomson,
National Drug Research Institute,
Curtin University of Technology,
Melbourne, Australia
nicola.thomson@postgrad.curtin.edu.au

Exploring the construction of the ‘methamphetamine problem’ in Australia

This paper explores the ways in which methamphetamine and methamphetamine use have been problematised over the last decade in Australia, and considers some of the political effects of this problematisation. While illicit meth/amphetamine use has been documented in Australia since the 1950s, and has been the subject of previous media, policy and public health attention, the last decade has seen a marked increase in scrutiny of the drug. In order to interrogate the problematisation of methamphetamine, I draw on the work of Foucault who argues that discourse – socially produced forms of knowledge – determines what is able to be said, written and thought about a particular issue, and in doing so, brings into being specific subject positions. I examine public discourse on methamphetamine and its use via key texts including print media articles, television documentaries and national government policy. The identification of primary themes in this discourse provides insight into the problematisation of methamphetamine and the production of methamphetamine-using subjects. I also explore the manner in which public discourse legitimises particular responses to methamphetamine use by examining some of the recent government initiatives that address methamphetamine use. These include the web site ‘meth.org.au’, the establishment of a specialist treatment service for methamphetamine users and a media campaign on the dangers of methamphetamine use. I argue that current discourse produces methamphetamine users as either highly agential, with the capacity to ‘help themselves’, or as ‘dependent, regular users’ at risk of mental health problems, violence and incarceration. These subject positions produce different responses. Agential methamphetamine users, seen as capable of self-regulation, are provided with resources to manage and control their methamphetamine use. Those deemed incapable of self-regulation are subject to various disciplinary and sovereign interventions, including incarceration. This dividing practice reinforces the stigmatisation of ‘chaotic’ drug users and acts to reproduce disadvantage and marginalisation.
The changing ‘crack offender’ in American federal criminal law

Over the last 25 years, the United States has distinguished itself internationally for its draconian ‘war on drugs’ that is particularly punitive at the federal level. In the 1980s, Congress authorized a series of sentencing changes that ensured that offenders convicted of federal drug offenses would serve lengthy determinate sentences. By formal law, prescribed sentences were even longer for those convicted of offenses involving crack cocaine. Since then, a large body of scholarship has suggested that the federal crack cocaine legislation was the product of racialised ‘moral panics;’ that its application has disproportionately harmed offenders and communities of colour; and that the differential treatment of crack offenses under the law is not justified on sound scientific or policy grounds. This paper complicates the picture of the federal crack cocaine policy in two ways. First, using US Sentencing Commission sentence outcome data, we examine patterns of federal prosecutions of crack cases at the sub-national level to examine the role of regionally specific demographic, cultural and historical factors in how, and how vigorously, such cases are pursued. We look at how different regions of the US vary in rates of federal crack prosecutions; the relative use of the more punitive ‘mandatory minimum’ sentences in crack cases (such cases are subject to two different sets of sentencing laws in the federal system); and the characteristics of those prosecuted in different locales. We argue that regional variations reflect more about local race relations, power differentials, and sociopolitical culture than about national-level factors. Second, we look at how crack sentencing has been dramatically transformed by a series of legal and policy changes, beginning in 2005, thereby mitigating the degree of punitive sentencing in these cases. We again use federal sentencing outcome data to look at changes in crack sentencing over time and across place, and we content analyse a series of federal sentencing policy documents to see how the official rhetoric about the crack offender has also changed. Key here is the transformation from the construction of the crack offender as a threatening person of colour to one that also recognizes the racial oppression generated by the law itself.
Pleasure and pain: Women drug users and the question of agency

While an increasing number of clinical, treatment-focused studies suggest that most women drug users have, at some point in their lives, experienced abuse or neglect, sociologists and criminologists in the drugs field are currently attempting to ‘shift the narrative’ around women drug users, from victim to ‘empowered agent.’ This paper critically analyzes the problematic assumptions that underlie both of these seemingly incongruous assertions about the causes and consequences of women’s drug use. It identifies how clinical researchers equate drug use with the mitigation of pain, disregarding the question of pleasure, and how the empowerment paradigm in sociology and criminology frames agency as the expression of rational, self-interest, at the expense of action or experiences that may involve loss and suffering. Drawing on examples from ethnographic fieldwork with women injecting drug users, the paper proposes a conceptual framework through which it might be possible to acknowledge both the personal suffering many women drug user experience, as well as their capacity to respond and act in their own lives, including through the pursuit of pleasure.
Transforming bodies: The use of anabolic steroids among male drug addicts

International research indicates co-prevalence between drug use and disordered eating. However, the significance of this phenomenon is less investigated. Furthermore, male users and their body/eating issues are even less studied, partly because the instruments have had a female bias. This paper explores the body-related feelings, experiences, and practices of young men in drug treatment. The research presented in the paper is part of a larger project which investigates the interaction between drug use and disordered eating/bodily relations. Drawing on interviews with nine young men (18-35 yo) in residential drug treatment, this paper discusses how the experiences of the male body constituted in drug treatment relate to the use of anabolic-androgen steroids among male drug addicts. The paper is theoretically inspired by critical masculinity studies and van Gennep’s concept of liminality. In the paper it is argued that the liminal phase that young men goes through in drug treatment, a separation from the past (the drug scene) and preparation for a reintegration (the sober society), actualises a masculine position through which male ex drug user comes to experience their bodies as de-masculinised after years of amphetamine and heroin use. The young men in treatment emphasize that anabolic steroids offers not only rapid muscles, but also an experiences of thinking clearer and feeling better. The use of steroids can thus, in this situation, be seen as an innovative solution on how to reach the masculine goal set by society of a hard and muscular body. According to the findings it is argued that more research and theorizing are needed to understand how dimensions of culture, identity, and gender interfere with drug treatment.
The risk environment of heroin initiation: Gender and power dynamics in the stories of young women

**Background:** Theoretical representations of female drug users have traditionally been dichotomised into two extremes, with women perceived as either passive victims or emancipated drug consumers. Studies reporting the presence of male partners in female initiation contexts have been associated with the former while those reporting that women often initiate in the company of female friends have been associated with the latter.

**Methods:** The current research set out to examine the social course of heroin initiation among recent initiates to the drug in an Irish context. Methodologically, the study adopted an ethno-epidemiological approach, combining epidemiological and ethnographic research methods to examine the risk environments of young heroin initiates. A survey was administered to 120 respondents, including both males and females under the age of 30 years. Subsequently, a sub-sample of 40 young people under the age of 25 years was strategically selected from the larger survey sample to complete life history interviews. The research process also incorporated ethnographic observation which was conducted in a variety of outdoor and indoor locations where drug users are known to congregate.

**Findings:** The findings point to distinct gender differences in the social course of heroin initiation. Young women typically initiated at an earlier age than their male counterparts and were most often introduced to heroin by a considerably older male sexual partner. Their narratives further reveal their intimate relationships as shaping the ‘risk environment’ of their initiation rituals. While young women emphasised their agency in the process of heroin initiation, their accounts simultaneously highlight the influence of intimate relational dynamics on their drug use practices. These narratives particularly suggest that gender power imbalances fostered their dependence on their male partners and simultaneously heightened their vulnerability to exploitation and abuse. These power dynamics placed them in a disadvantaged position when negotiating condom use and also in the context of their initiation to injecting drug use.

**Conclusion:** The findings contest simple dichotomies of agency within heroin initiation environments, demonstrating that depictions of women as either victims or emancipated consumers do not adequately capture the complexity of young women’s journeys to heroin initiation. The implications for drug prevention and harm reduction strategies are discussed.
Addiction and its Others: Diagnosing problems and non-problems in the DSM

The constitution of addiction as an objectively verifiable medical disorder is a persistent preoccupation of drug science. Most recently this ‘problem’ of addiction has been constituted via neuroscientific accounts of brain dysfunction produced by long term drug use. However, the diagnosis of addiction remains inseparable from evaluations of individual conduct within specific social and medical contexts. This presentation examines the reformulation of addiction and substance dependence in the draft DSM-V, highlighting the relatively limited influence of neuroscience and the continued salience of judgements about legitimate and illegitimate drug use.

Helen Keane has published widely on the social and cultural aspects of drug use and addiction. She is the author of *What’s Wrong with Addiction?* (2002) and is currently working on a project examining ADHD and the figure of the child in educational and medical discourses. She teaches at the Australian National University.
Redescription of addiction: How the introduction of drug related problems into Finnish (1961) and Swedish (1982) treatment legislation changed the concept of addiction and abusers

All historical analyses of the addiction field can document a constant competition and the coming and going of rivalling and alternative categories and definitions of normality, abnormality, risks and ideal states. Some concepts such as addiction and abuse are obviously used during the same period in various ways by different actors; the medical or social work or legal professions, various lay person groups, and there can be important cultural differences. Changes over time in predominant use of concepts in a given setting can be analysed in terms of redistribution of the definitional powers of different actors, where concepts are viewed as their tools or weapons as they aim at redefining social phenomena. In this paper, we will, with methods imported from conceptual history, study the origins, political and administrative functions and battles between various actors in the conceptualisation of addiction problems in Nordic treatment legislation and in the debates around this legislation. We are focusing on an analyses of the conceptual changes taking place in Finland and Sweden, when problems related to use of illicit drugs were included in the same treatment legislation as treatment of alcohol problems. We will take a starting point in the national legal and regulatory frames, from the introduction of the first legislative regulation of drug treatment in 1961 (Finland) and 1982 (Sweden) respectively. Various concepts used to describe drug consumption and the drug consumers will be traced, and we will describe by whom, in what context, challenged by whom, and related to what other concepts and conceptions of the problems abuse and addiction were redescribed. The main sources will be the parliamentary committee work on alcohol and drug treatment, parliamentary discussions and the legislation in Finland and Sweden. We are also particularly interested in committee work that did not result in new legislation and the possible relation between specific concepts and failures or success in implementing new legislation and new measures.
Alcoholism in nineteenth-century Melbourne: Who and what were treated?

The ways that we constitute problems, and thus shape solutions and their effects, do not spring fully formed from the social fabric, but are themselves shaped in part by what has gone before. This paper investigates treatment for alcoholism in Melbourne, Australia, in the last third of the nineteenth century. The notion of alcoholism as a disease was developed during the second half of the nineteenth century, part of a wider process of medicalisation of ‘social’ problems. Dr Charles McCarthy was a moral entrepreneur in Melbourne who mobilised a group of supporters to establish an institution to treat alcoholism, and was successful in lobbying the government to pass enabling legislation to allow for compulsory commitment for treatment. He drew on correspondence with specialists in Britain and especially America about the nature of the disease and medical, institutional and legal approaches for its treatment. The paper explores how he and other doctors in this period constructed alcoholism through will, habit, character and class, and who he thought could be successfully treated. McCarthy’s project hinged on the new distinction between diseased inebriates, who were suitable candidates for treatment, and morally defective habitual drunkards who deserved imprisonment. The distinction was that the diseased drinker lacked control; but despite having a deficient will, active commitment of the patient was required for successful treatment; a move that was inconsistent with legal compulsion. Those suitable for voluntary treatment, those of a ‘fair moral character’, were, it turned out, necessarily also those with the ability to pay. Alcoholism was frequently an ‘acquired habit’ leading to an uncontrollable impulse to drink – a monomania of the will – as well as loss of moral principles. Restraint, on the other hand, which alcoholics lacked, was a sign of ‘character’, of possession of highly valued moral qualities.
A new diseasing of substance use problems in Sweden? Notes on a governmental report

In the middle of the 19th century, the Swede Magnus Huss published his well known ‘Alcoholismus Chronicus’, where the bodily and mental changes, caused by excessive and long term alcohol consumption, were described as a certain form of disease. During the following one and a half centuries, the ‘disease’ notion of alcohol problems has turned up in eternally new shapes, and has been applied to many forms of addictive behaviour. Despite this, and perhaps somewhat ironically, substance use problems have in Sweden been apprehended and dealt with as much within a ‘social problems’ as within a ‘medical problems’ context. Thus for example, the basic responsibility for handling addictive behaviours and for providing those afflicted with long term, psychosocial treatment is since long officially assigned to the municipal social services, whereas the health care system is charged with the responsibility for acute measures, handling somatic and psychiatric harm, and pharmacological treatment. However, in April 2011, a governmental committee, with the mandate to investigate virtually all aspects of addiction care in Sweden, will present its main proposition, which will suggest, among other things, that the main responsibility for the long term handling and psychosocial treatment of these problems should be transferred from the social services to psychiatric care within the regional health services. Based on a summary review of the historical development of addiction care in Sweden, and on a brief outline of topical addiction theory, the presentation will scrutinize this proposal from two different angels. In the first part of the presentation, the rationale and the arguments used to justify this rather substantial change in the basic conditions of addiction care in Sweden will be scrutinized. In the second part of the presentation, potential consequences – beneficial as well as detrimental – for problem users, professional helpers, and others concerned will be examined and discussed.
Enacting speed and ice: Experiences and understandings of methamphetamine among drug users and service providers

Understandings of illicit drugs and their effects emerge through complex processes of social negotiation between a range of parties – researchers, policy-makers, media, service providers and drug users. Dominant public health research and policy approaches to methamphetamine can be seen as attempts to simplify the substance, to render it a singular, stable object with intrinsic properties that produce predictable effects. These efforts are underpinned by a remedialist culture aimed at identifying problems and their solutions. The theorists Annemarie Mol and John Law have argued that such efforts are also performative, that they 'enact realities' and 'can help bring into being what they also discover'. Furthermore, because objects are constituted through practices of enactment and because practices differ across sites and social locations, then different versions of an object are brought into being. Importantly, however, these versions are not independent, they connect and interfere with one another, and nor is this process ever complete, objects are continually made and remade as they are enacted. In this paper, I analyse the accounts of people who use methamphetamine and those who provide services to drug users, to consider the ways in which research and policy versions of methamphetamine and versions of methamphetamine constituted by drug users and service providers interfere with one another. Drawing on data from in-depth interviews and fieldwork conducted in Melbourne, Australia, the paper considers the connections and tensions between the singular version of methamphetamine constituted within public health research and policy and the versions of methamphetamine enacted through the everyday experiences of methamphetamine users and service providers. Focusing on three elements that are seen as central to methamphetamine – its supposed production of violence and addiction and its implications for service provision in terms of managing 'inappropriate behaviour' – I attend to its multiplicity and examine what is created, allowed and excluded by the simplifications and complexities of various versions of methamphetamine. I conclude by tracing some of the social and political implications of enactments of methamphetamine, arguing that, in their effects, they tend to reproduce already marginalising and stigmatising conceptions of drug users as diseased, pathological, disordered and dangerous.
Towards a cosmopolitical drug policy?

Drawing on analytical tools from science and technology studies this paper presents an analysis of the political pharmacology of methadone and heroin in Denmark during the 1990s and 2000s. The analysis takes its point of departure in a definition of drugs as hybrid entities constituted of chemical, biological, social and psychological elements where the nature and the composition of the elements define whether the drug acts as a remedy, a poison or an intoxicant. Change the elements and their composition and the drug changes as well. This is a contextual and indeterminate definition of drugs which implies that drugs do not just enter a pre-established world, but are an active part in the production and reproduction of particular social worlds. The paper focuses on the strategic and political aspects of this co-constitution of drugs and the world they are part of. It shows how methadone and heroin were constituted as particular entities along with particular constructions of drug use, drug problems and drug treatment. It also shows the processes through which this happened and who got to influence what should be included and what should be excluded. This focus on power in the constitution of drugs and their world the paper calls ‘political pharmacology’.

The 1990s and early 2000s saw a change in the way political pharmacology was conducted in Denmark. Since the 1960s the definition of drugs, drug problems and drug treatment had been in the hands of a small techno-administrative network of experts and administrators. But starting in the mid 1990s drug users organized in a drug users union started to challenge the authority and the expertise of these experts and administrators.

Supported by other actors these drug users were able to make new aspects of drugs, drug use, drug problems and drug treatment publicly visible and make them into matters that needed to be taken into account in the policy making process. In this way a new of public space for knowledge and policy making was made. A space that resembles what Michel Callon calls a ‘hybrid forum’ where experts and lay-people engage in explorations of common matters of concern. Using a concept from Isabelle Stengers the debates about methadone and heroin during the 1990s and 2000s can be seen as steps towards a ‘cosmopolitical drug policy’ where knowledge and policy formation are opened for public contestation by the people who are affected by the way the world is defined and policies are made. The paper is based on the analysis of government white papers, administrative and medical guidelines for medical drug treatment, scientific reports and reviews commissioned by the government and newspaper articles concerning methadone treatment and the introduction on heroin assisted treatment in Denmark.
Using a critical analysis of discourse to problematise the concept of ‘denial’ in stories of recreational drugs use

Given the fact that the notion of *denial* has become a prominent construct framing social understandings of addiction it is important to consider whether denial is the most relevant way to interpret personal accounts of drug use. Denial is the assumption that the *truth* of a phenomenon is hidden from oneself. This paper will examine narrative accounts of drug use for content that could be interpreted as denial and explore alternative interpretations. While constructing a PhD research project to explore daily recreational drug use, the word *addiction* was avoided during recruitment, recognising that participants might not interpret their drug use as an addiction. When describing the project to others, the PhD candidate found that people concurred with this decision, stating that they assumed research participants would be ‘in denial.’ There is a risk in assuming that people who use drugs are in denial. The proposition that a person is *in denial* acts as a rhetorical device that positions personal accounts and insights as unreliable and, therefore, open to accurate analysis and interpretation by an expert. In this way, it is possible to discount an individual’s own account and interpretation of her/his own actions and choices. The analysis presented in this paper is based on data collected through narrative interviews for a PhD research project. First, selected aspects of the accounts that could be interpreted as denial will be identified. Secondly, alternative interpretations will be posited using primarily a critical analysis of discourse. In regards to drug use, the true meaning of individual accounts are considered ‘yet-to-be-decided’ by an authoritative figure (Guilfoyle, 2006). In this paper, it is proposed that there is value in suspending premature assumptions that a person is in denial, to listen carefully to what is being expressed and to carefully analyse the inherently complex and contradictory nature of personal accounts. The notion of denial requires the *truth* of personal accounts to be reinterpreted according to dominant beliefs about the experience of drug use. It is challenging to develop deeper understandings of drug use in social, professional and research contexts when the notion of *denial* is the default position. This paper is intended to contribute to critical understandings of contemporary drugs use.
Responding to stigma: Embracing ‘messy’ ecstasy intoxication

This paper reports on a theme that arose from fourteen months of ethnographic research in Melbourne, Australia, among a social network of around 25 ecstasy users in their early to mid twenties. While a growing body of research has argued that the use of ecstasy has become normalised for some groups of young people, this research revealed that there is still a considerable degree of stigma associated with its use in some amounts and contexts. One of the perceptions that was held, both among group members and non-group members, was that it is unacceptable to experience ecstasy intoxication in licensed venues because it is a ‘messy’ drug associated with contorted facial expressions and uncontrollable behaviour. As such, these young people refrained from consuming ecstasy in licensed venues, but were unwilling to forego the pleasures associated with acute ecstasy intoxication, and so created a space in which they could explore ecstasy intoxication away from the fear of stigma. Group members found an appropriate private space (a private home in ‘the bush’) to deliberately pursue, and embrace, states of ecstasy-related ‘messiness’. Network members consumed upwards of ten ecstasy pills per session in this private space to get completely ‘off chops’, ‘off guts’, ‘munted’, ‘minced’ and ‘mangled’. In particular, they engaged in ‘scatter talking’ (making incongruous comments that bore no relation to the ongoing conversation or role-playing imaginary characters), and other practices or forms of bodily comportment (e.g., staging dramatic performances, playing childhood games, overt displays of physical affection and lying on the floor during the ‘peaking’ phase of ecstasy intoxication). This presentation explores the way that groups of drug users might attempt to redefine what is considered ‘normal’ or ‘acceptable’ in relation to drug use – but also the way that these attempts are restricted by broader social forces. For example, in their attempt to respond to the stigma associated with ecstasy intoxication these young people created an alternate ‘weekend world’ in which they flirted with new identities, explored creative tendencies and pursued states of mind distinct from their ‘normal’ self; however, these practices remained a distinctly private activity.
Youth substance use and gender: A study of students in eight post-Yugoslav entities

The majority of past studies have shown that men report higher frequency of substance use than women. The bulk of this research comes from western countries and less is known about substance use patterns in postcommunist states. The present study examined the patterns and gender differences in self-reported substance use measures in eight post-Yugoslav entities. 2,178 first- and second-year social science students were surveyed. Three self-reported substance use measures (tobacco, alcohol and marihuana use) showed high internal consistency and factor analysis yielded a one-dimensional structure. Cross-national comparisons showed that socioeconomically most developed countries (i.e. Slovenia and Croatia) had highest means on composite substance use measure, while Kosovo had the lowest. Alcohol use was most frequent, while marijuana use was the least frequent. No significant gender differences were found for the frequency of tobacco use at the compound sample level and in either of the individual national samples. On the other hand, men reported higher frequency of both alcohol and marijuana use at the compound level. Gender differences for alcohol and marijuana use were non-significant only in FYR Macedonia (alcohol and marihuana use) and Kosovo (marijuana use). The results also indicated that youth in socioeconomically most developed countries expressed most liberal (i.e. the least traditionalist) value orientations, which were also found to be associated with higher frequency of substance use.

Our study extends the understanding of the impact of gender on substance use in postcommunist states since quantitative data from the observed environments is largely missing in the world literature. Future studies should employ larger representative samples to allow generalizability. Our study has implications for both researchers and the policy makers. Specifically, it shows that gender should be taken into account in the context of substance use intervention, prevention, and treatment efforts in postcommunist states.
Children and ‘problematic’ drug use in the UK: The socio-legal construction of a problem

Societal anxiety around both children and drugs in the UK shows no sign of abating, as exemplified by the public and political response to the recent riots in London as well as the campaigns to reform drug laws. This presentation, and my thesis, which begins from the well established premise that both ‘childhood’ and debates around drug use are socially constructed, first considers how discourse concerning drugs and children is reflected in the legal framework addressing the ‘problem’ of children and drugs. Examples include the express exclusion of both children and drug and alcohol ‘addicts’ from the UK Equality Act 2010, and youth justice provisions which arguably penalise people under 18 more severely than adults. Second, using interviews with 13 children between the ages of 15 and 17 and six children/young people’s drug counsellors working at treatment services providers in three London boroughs, it considers how such discourses are reflected and/or reproduced within a treatment setting. As analysis of the interviews is ongoing, only preliminary reflections on these will be given. The study is important because violations of the rights of young drug users in law and practice reflect discourses which either marginalise or demonise drug users and children, and drug using children. Moreover, there are very few studies which consider the specific experiences of children identified as ‘problematic’ drug users.
The OxyContin crisis: Problematisation and responsibilisation strategies in addiction, pain and general medicine journals

In light of public concerns about OxyContin™ (Purdue Pharma) and charges within pain medicine that media coverage of the drug has been biased, this paper reports on a four-year study of the problematisation of OxyContin, a prescription pain medication, and the responses of pain medicine and pain activist-patients to the drug’s representation as a ‘prescription for ruin.’ Using searches of newspaper and medical literature databases, two samples were drawn: 924 stories published between 1995 and 2005 in 27 North American newspapers, and 197 articles published between 1995 and 2007 in 33 medical journals in the fields of addiction/substance abuse, pain/anaesthesiology and general/internal medicine. The foci, themes, perspectives represented, and evaluations of OxyContin presented in these texts are analysed. A brief overview of ten years of North American newspaper coverage of the drug is presented to identify the rhetorical strategies used to represent OxyContin as a dangerous drug of abuse. However, the presentation will focus upon representations of the drug in medical journal articles. Techniques for assigning responsibility for the OxyContin crisis, or for counteracting the problematisation of the drug, will be compared and contrasted in additions medicine, pain medicine, and general medicine journals. This paper is informed by social theories of moral regulation and, more specifically, the notion of responsibilisation. We conclude with an examination of the implications of the OxyContin crisis and medical responses to it for the treatment of pain.
Problematising ‘drugs’ and ‘users’: A cultural assessment of recreational pharmaceutical use among young adults in the US

Recent trends in the socio-recreational use of pharmaceuticals among young adults in the United States highlight a number of issues regarding how drugs and users are conceptualized. These practices illuminate important cultural distinctions concerning the meaning of licit and illicit drugs, perceptions of risk, and characteristics of the ‘user.’ This paper provides an anthropological analysis (derived from ethnographic research and epidemiological data) that examines cultural trends shaping recreational pharmaceutical use and emphasizes how these developments require us to rethink fundamental meanings commonly associated with this class of drugs and those who use them. Recreational pharmaceutical use presents unique challenges to cultural categories that distinguish licit from illicit. Licit medical utilization of prescription drugs lays experiential foundations for illicit recreational use and thus provides a basis for transforming ‘medicines’ into ‘drugs.’ Recreational pharmaceutical use is illicit not because of the chemical composition and pharmacological effects of these substances, but as a result of the context of use and the intent of the user. A cultural assessment of recreational pharmaceutical use reveals complex constructions of risk. Young adults have direct familiarity with medical uses of pharmaceuticals that they later utilize to achieve socio-recreational purposes. Individuals gain knowledge from this experience and from many other sources, including the media. As a result, they assume they possess considerable understanding of effective dosages, effects, and risks. At the same time, media accounts and health education programs that highlight the danger of illicit drugs may influence this sector of society to prefer the predictability and perceived safety of prescription drugs. Finally, this paper considers the large-scale cultural currents shaping recreational pharmaceutical use. Why do we see these patterns in this population of ‘users’ at this time? Two features stand out. This generation of ‘users’ has been subjected to myriad anti-drug messages directed at illicit use, and they are arguably the most heavily, licitly medicated generation in history.
Smoking problematised as nico-rette versus nico-wrong: The Swedish experience

Where did the idea of nicotine replacement come from as a strategy for addressing the health consequences of smoking? This paper discusses Sweden as the first national home and laboratory of nicotine replacement practices and technologies. Today a global brand, Nicorette® started out in the late 1960s as a Swedish entrepreneurial vision of nicotine (nico) delivered in the right (rette) way. Directly inspired by a unique Swedish tradition of oral tobacco consumption, this vision initiated a quest for a new and generally acceptable substitute for smoking: A substitute capable of establishing a new divide between good and bad nicotine; rational and irresponsible nicotine consumption. The establishment of such a divide after 1980 coincided with the rise of ‘medicinal nicotine’ as a global antidote for cigarettes. Confirming the identity of the cigarette as a drug delivery platform, medicinal nicotine also played a vital role in the making up of a new type person – the nicotine addict. Medicinal nicotine today, however, is suffering under the weight of its own success. Having quickly mutated from prescription drugs to consumer healthcare products, medicinal nicotine is itself something increasingly vulnerable to replacement. Once again, this is a pattern of development plainer to see in Sweden than elsewhere. While nicotine chewing-gum was originally developed as a better substitute for cigarettes than oral tobacco, the latter has continued to be refined and promoted by the Swedish tobacco industry as the true heir to the title of ‘Nico-Rette’. Alongside these efforts, a new generation of pharmaceutical replacement therapies has been developed in Sweden after 2000 offering faster and, by implication, more addictive relief from nicotine cravings. While still only on sale in Swedish pharmacies, these new therapies are serving to unravel further the category of medicinal nicotine and the divide between rational and irresponsible nicotine consumption. For this reason they have also captured the imagination of leading tobacco companies like R.J. Reynolds and BAT.
GLB: The neglected ‘legal high’

This paper focuses on the use of gammabutyrolactone (GLB) which was scheduled as a Class C substance in the UK in 2009. GLB, banned in 2003, is a precursor of gammahydroxybutrate (GHB). We explore aspects of UK GLB use by drawing on surveys in London’s gay clubs, in-depth interviews with GLB users and drug workers, and theoretical work on the cultural production of GLB as both a pleasure-giving and life-taking agent (Moore 2011). Serious problems with GLB recently identified in the UK include acute toxicity and long term dependency for a minority. Medical detox guidelines are in their infancy and harm reduction advice remains minimal and targeted at particular social groups (e.g. students) despite little or no evidence of GLB use amongst such populations.

UK drug researchers have been largely silent on its use. Hence, we argue that GLB has been neglected in UK drug research, policy and practice, and explore here why this has been the case. Firstly the recent focus in the UK has been on the rapid rise in popularity of mephedrone and other substituted cathinones and debates around the efficacy of the ban introduced in April 2010. This debate ignored the lessons which could have been learned regarding the consequences of banning GHB as an earlier ‘legal high’. These consequences included displacement (from GHB to GLB from 2003, with the latter thought to be more ‘risky’ and potentially harmful than the former); lack of evidence of deterrence or reduced demand; and diversion from legal sales of GHB and now of GLB in the post-ban period. Secondly GLB is largely viewed as a ‘recreational’ drug as a result of its association with (gay and electronic dance music) club scenes, and has therefore only recently come to be seen as problematic. GHB/GLB is linked neither to poverty nor crime in the popular imagination in the same way that heroin is, despite GHB/GLB and heroin sharing similar national prevalence figures (Hoare and Moon 2010). The construction of GLB as a ‘gay’ ‘recreational’ drug, despite serious acute and chronic problems for some, strengthens critiques of the rigidity of the recreational/problematic dichotomy (Simpson). Thirdly, with GLB seen as a ‘gay drug’ in the UK (and indeed in the US and Australia) we suggest that an apparent lack of concern regarding GLB use relates to it primarily affecting a stigmatised minority group. This is highlighted by how mainstream (press) concern about GLB only emerged after UK medical student Hester Stewart died from its ingestion which contrasts with the lack of media coverage of the first confirmed mephedrone death, an HIV positive gay man at a sex party. We suggest that this echoes the way in which HIV/AIDS – perceived as a ‘gay disease’ - was neglected as a public health issue until it was seen as ‘spreading’ to heterosexual society.
Pleasure as an event: 
Drug practice as experimentality 

In recent years, a number of drug scholars have turned to Foucault’s work on ethics, the use of pleasure, and care of the self in order to conceptualise practices of drug use and harm reduction. But some - especially those informed by the use of these concepts in governmentality scholarship - have been concerned that such concepts reinforce an ethic of sovereign individuality which dovetails all too neatly with the autonomous, responsibilised self of neoliberal ideology. In this paper I argue that Foucault’s conceptualization of pleasure as an event - ‘an event which happens ‘outside the subject’, or at the limit of the subject’ (1988) - lends itself to an alternative theorization of pleasure which I develop here by drawing on recent concepts from science and technology studies, in particular Latour’s conceptualization of the experiment. The experiment is a process through which the experimenter learns to attribute certain agencies to the world by articulating new relations within it. For both Foucault and Latour, the experiment does not produce a discovery, so much as an ‘event’, a concept which is not reducible to the usual distinctions between subject and object. The event is an outcome of specific ‘structures of entanglement’ through which something new emerges, or through which something becomes available that would not otherwise have been available through some other structure of entanglement. As such, the event is a prime space for attending to how bodies learn to be affected by each other that does not resolve easily into any sort of essentialism about the properties of human or non-human actors. Following from these insights, in this paper I argue that drug practice should be conceived according to an ethic of experimentality, and that such a conception displaces the figure of the sovereign subject as the privileged subject of harm reduction. In addition, I offer some thoughts about what attentiveness to experimental practice, conceived in this way, would look like.
The problem with ‘addiction’: How addiction is understood in the alcohol and other drug sector in Victoria, Australia

Understandings of what it means to be ‘addicted’ and, consequently, how addiction should be addressed, differ depending on how addiction is conceptualised and on the philosophical assumptions underlying these conceptualisations. Whilst in public discussions of drug use in the West addiction is largely problematised as a disease, a range of interpretations of the term ‘addiction’ are used in policy and service provision settings. Drawing on qualitative data collected through 20 semi-structured interviews with alcohol and other drug (AOD) use policy makers and service providers, this paper develops a typology of concepts of addiction used in the AOD sector in Victoria, Australia. This typology is composed of five domains: susceptibility, craving, consequences, social and psychological issues, and self-concept. These domains are further divided into two subtypes based on whether or not the participants believe ‘addicts’ have a degree of will or self-control. The typology reveals that notions of volition and compulsivity are at the heart of the problem of ‘addiction’ but that agreement does not exist on how much volition can accompany addiction, or how this volition should be viewed in treatment and policymaking. This paper aims to spell out assumptions surrounding the problematisation of drug use as addiction, and to generate a basis on which service providers, medical practitioners and policy makers can engage in a constructive and critical discussion of these models and their implications.
Prescription painkillers: What's the problem?

This paper investigates how prescription painkiller (mis)use has been constituted as a problem over the past decade. It focuses in particular on Ontario, Canada, which in 2010 became the country's sixth province to introduce a narcotic monitoring initiative aimed at decreasing opioid misuse. For some critics, such action was long overdue. Between 1991 and 2009, the number of prescriptions in Ontario for drugs containing oxycodone rose by 900 percent and Ontarians are now thought to be among the highest users of these narcotics in the world (Government of Ontario, 2010). For other stakeholders, however, the main thrust of the initiative—the creation of a database to track prescribing practices and patterns—promised to do little to address what they saw as the real problems: An overburdened addiction treatment system, the need for a provincial chronic pain strategy, and high rates of dependency in places where there is a scarcity of professionals (i.e., physicians and pharmacists) authorized to prescribe. As part of a larger project concerned with competing truth claims about prescription opioid misuse this paper has two primary goals: a) To explore the antecedents of the Ontario legislation, which preliminary research suggests was provoked as much by panicked media coverage as it was by rising prescription rates; and b) To examine how the problem of painkiller dependency is understood and configured through public narratives about the new initiative. I am especially interested in better understanding how discourse about misuse shapes attempts to demarcate legitimate from illegitimate pain and licit from illicit drugs. Drawing on media coverage, policy documents, and materials from various stakeholder groups, the paper offers a discursive analysis of panic and policy in response to prescription painkiller use in Ontario. Taking leads from theorists of pain, I will approach painkilling as a phenomenon that is at once an experience and a discursive construct, a physical perception and a social relationship replete with meaning.
‘But I don’t need treatment’: Why Australia’s current treatment options might not be accessed by methamphetamine users

There are inherent problems involved with stereotyping drug use and associated harms, even when doing so with ‘good’ intentions. For example, while the dissemination of graphic ‘meth mouth’ images might discourage non-users from initiating methamphetamine use, such exposure undermines the seriousness of the less tangible methamphetamine-related consequences many current users might experience, potentially deterring them from seeking appropriate assistance when/if required. Such an approach also ignores the practical- and hedonistic-use motivations of many individuals who might benefit more from learning to manage their drug use instead of aiming for abstinence. This presentation draws on longitudinal data from a cohort of methamphetamine users (N=256) for the ‘Un-MET Study’, recruited in Melbourne, Australia from late-2009. The primary aim of this project is to examine barriers and incentives to treatment and/or health service utilisation among this population. Participants were asked why they had not accessed services regarding their methamphetamine use, with the most common response being a perceived lack of need, a notion enforced by their non-adherence to the methamphetamine ‘addict’ or ‘junkie’ stereotype, particularly among non-injectors. However, such perceptions potentially affect the abilities of individuals to recognise personal experience of the more subtle – yet potentially far-reaching – consequences of methamphetamine use. Findings from the Un-MET Study indicate that, of those participants who reported no apparent need for professional assistance regarding their use, substantial numbers still reported recent experience of methamphetamine-related adverse effects on education/employment, social relationships, financial situations and/or physical health. Over two-fifths presented with high-high psychological distress at baseline, and 33% were classified as methamphetamine-dependent. Such findings highlight the need to implement targeted interventions towards a broader population of methamphetamine users, particularly current non-service users, to improve recognition of, and minimise complacency towards, the less visible methamphetamine-associated harms, and facilitate access to appropriate treatment and/or health services if required.
Discourses and drugs: How language impacts policies and practices that address psychoactive substance use

This presentation critically analyzes how popular and professional terminology relating to psychoactive substance use—such as ‘drug,’ ‘drug user,’ and ‘drug abuse’—operate in public discourses to sustain dominant policy frames deeply rooted in modern social, political and economic systems. Specifically, it explores the establishment of a stereotypology for psychoactive substances that coincided with the rise of the international drug control regime in the 20th century, whereby substances were classified in implicit categories of drugs, non-drugs and medicines. With respect to the category ‘drug,’ two hegemonic metaphors (‘drugs as malevolent agents’ and ‘drugs as pathogens’) socially construct people who consume illegal substances as bad and deserving punishment, or sick and requiring treatment, or both. Likewise, although presented as an objective scientific category through research and clinical diagnostic practices, the concept of ‘drug abuse’ has a moral dimension that raises questions about modern systems of authoritative knowledge production and the policies they inform. The presentation in turn considers how these contemporary discursive frames impact public policy, especially in the fields of health, education and criminal justice. For health systems, the exclusive authority of physicians to allow the use of controlled substances contrasts with unquestioned individual freedom to use substances such as alcohol, tobacco and caffeinated beverages; for school systems, the distinction between abstinence and harm reduction illustrates underlying tensions between prevention and education agendas; for criminal justice systems, law enforcement and punishment as deterrents against psychoactive substance use are increasingly shown to be costly and ineffective. It concludes with some consideration of what the optimal use of state power might be for influencing human behaviours, impacting commodity markets, and reducing health and social harms relating to psychoactive substances.
Illegal drugs and security: A non-Western perspective on the militarisation of drug supply reduction interventions

This presentation critically analyzes how popular and professional terminology relating to psychoactive substance use—such as ‘drug,’ ‘drug user,’ and ‘drug abuse’—operate in public discourses to sustain dominant policy frames deeply rooted in modern social, political and economic systems. Specifically, it explores the establishment of a stereotypology for psychoactive substances that coincided with the rise of the international drug control regime in the 20th century, whereby substances were classified in implicit categories of drugs, non-drugs and medicines. With respect to the category ‘drug,’ two hegemonic metaphors (‘drugs as malevolent agents’ and ‘drugs as pathogens’) socially construct people who consume illegal substances as bad and deserving punishment, or sick and requiring treatment, or both. Likewise, although presented as an objective scientific category through research and clinical diagnostic practices, the concept of ‘drug abuse’ has a moral dimension that raises questions about modern systems of authoritative knowledge production and the policies they inform. The presentation in turn considers how these contemporary discursive frames impact public policy, especially in the fields of health, education and criminal justice. For health systems, the exclusive authority of physicians to allow the use of controlled substances contrasts with unquestioned individual freedom to use substances such as alcohol, tobacco and caffeinated beverages; for school systems, the distinction between abstinence and harm reduction illustrates underlying tensions between prevention and education agendas; for criminal justice systems, law enforcement and punishment as deterrents against psychoactive substance use are increasingly shown to be costly and ineffective. It concludes with some consideration of what the optimal use of state power might be for influencing human behaviours, impacting commodity markets, and reducing health and social harms relating to psychoactive substances.
Rethinking opiate dependence: Production, consumption, and the making of disease

This paper explores the practices and meanings associated with opiate dependence in neoliberal medicine and politics. The paper reviews published ethnographic, historical and epidemiological data to analyze the political economy of opiate production and use and rethink the biomedical model of addiction disease. This paper highlights how opiate use is sometimes integrated into circuits of production and habits of work, but other times excludes narcotized bodies from these. The paper contends that any form of consumption that marginalized opiate addicts engage in would appear as problematic dependence from the point of view of biomedical models of addiction disease, and that explaining what this dependence means or how it is produced requires rethinking the meaning of physiological and economic dependence. The paper also demonstrates the importance of investigating opiate production and exchange as part of learning about its consumption, and challenges anthropologists and others to rethink opiate dependence and consumption as a question of material, physiological and political economy, not as already known object of knowledge for which it is enough to investigate external causal conditions. The paper illuminates the multiple productive and consumptive practices that go into making opiate addiction, and shows how anthropologists and others might model production, consumption, and disease in an integrated theory.
‘This is not a political agenda’: How contemporary harm reduction may silence the social

In the United States, harm reduction has been described as a ‘progressive,’ ‘rational,’ and ‘realistic’ approach to illicit drug use. Based upon the belief that drug use represents an intractable phenomenon, harm reduction providers in the US share a diffuse mandate to ameliorate the risks faced by drug users, with a pronounced emphasis on health-related harms. HIV infection, and more recently, opiate overdose have consequently emerged as the two greatest dangers addressed by harm reduction programs – a prioritization that reflects an overarching problematization of drug use as a public health matter, and addiction as a disease. In its discouragement of criminal intervention and displacement of moral blame from individual drug users, this dual framing contained within harm reduction is rarely questioned by its advocates from above; indeed, harm reduction is largely funded by state and city health departments, and managed by licensed health professionals. Yet, this understanding may be contested both actively and passively by the staff and clients of harm reduction programs, whose perceptions and experience of risk may extend beyond the biomedical. This paper will attempt to ‘problematize the problem’ underwriting harm reduction services in the United States, and specifically New York. Based upon participant observation and interviews at a multi-service harm reduction organization in New York City, it will consider how the dominant framing of drug use is expressed in a predominance of services and messages around individual health risks; it will also document the ways in which alternative discourses around drug use and addiction grounded in economic and racial inequality are silenced, while certain persistent user needs may remain unaddressed. As harm reduction moves toward an ever more therapeutic model in the United States, this paper will contend that some perspectives, and participants, may be alienated in the process.
Re-calibrating problematisations of ‘street-based drug injecting addiction’:
Hybridity, harm minimisation discourses, and the Sydney Medically Supervised Injecting Centre

The emergence of harm reduction discourses, practices, and programs in the 1980s has been identified as a watershed moment, a shift in the politics of drug addiction and drugs governance. Indeed, Bunton (2001) argues harm reduction drug policy reframes the problem of government, shifting from drug addiction to managing drug consumption; while a number of scholars (see O’Malley & Valverde 2004; Fraser & Moore 2006, 2008; Keane 2003, Moore 2008) have theorised harm minimisation discourses are characterised by the replacement of ‘drug addict’ subjects with prudent drug consumers capable of caring for the self. In this paper I explore the extent to which clinical harm minimisation discourses deployed by the Sydney Medically Supervised Injecting Centre (Sydney MSIC) re-calibrate governmental problematisations of ‘street-based injecting drug addiction’. Informed by Fraser & Moore (2006), I note Sydney MSIC clinical harm reduction discourses frame ‘street-based injecting drug addicts’ as approximating a neo-liberal enterprise self. However, Sydney MSIC clinical harm minimisation discourses and practices are still haunted by disease concepts of injecting drug addiction, inscribing an unsettling hybrid subject of discourse: a pathologized injecting drug addict subject bearing the potential to care for the self and approximate a prudent, risk managing drug consumer. Considering Sydney MSIC clinical harm minimisation discourses via the lens of ‘hybridity’ makes visible the provisional, messy, and often contradictory nature of these framings. While the Sydney MSIC assemblage frames modes of existence that include public drug injecting as both wrongful and unhealthy, it also unsettles punitive constructions of totalised injecting drug addict identities, and attempt to inculcate dispositions of the ‘healthy citizen’ in an already marginalised group of citizens.
Colliding interventions: The problematising of public injecting drug use

This paper addresses the problematisation of public injecting drug use and drug related litter that is (physically and socially) situated within public settings in urban centres (such as toilets/restrooms). More specifically, this paper contends that the truths underlying such problems are reflected in the relevant statutory responses and preferred solutions to these issues. It is further contended that these associated responses and solutions may actually amplify and exacerbate particular health-place problematisations. In addition to the above, and in accordance with the conference themes, this paper further demonstrates that the problematisation of public injecting allows continued and legitimated sanction (and control) upon vulnerable and marginal people (i.e. drug dependent injecting drug users); disallows a right to the city and active participation in citizenship, silences rational and reasoned objection to statutory control and creates an environment of colliding intervention consisting of oppositional, operational, procedures. These debates have been informed by the author’s extensive research into public injecting in several different settings throughout the UK. As such, this paper is illustrated with (textual and visual) data to substantiate each of the above claims regarding the problematisation of public injecting drug use. These qualitative case studies will serve to highlight the manner in which particular micro-level (injecting) environments are managed (at a meso-level) to establish a form of colliding intervention (that extends to the mismanagement of drug-related issues). How the colliding intervention outlined in this paper may affect/influence current and future drug-related research (or otherwise) is presented to delegates as a concluding point for ‘round-table’ discussion.
Tales of twisted morality and human rights:
Cultural theory of risk in framing the debate on
prison needle exchange programs in Australia

'I don't see how I, as a manager and as a human being, in conscience
can allow, can say to someone I'm going to give you authority to put into
your body whatever you want and then allow you to perhaps sue me or my
organisation because we haven't taken due care of you.'

Taken from the recent evaluation of drug policy and services at the newly
commissioned Alexander Maconochie Centre – a prison in the Australian
Capital Territory established to comply with a human rights framework –
this quote from a custodial officer reflects on the 'morality' of establishing
a needle exchange program (NSP) in the prison. This quote also goes to
the heart of comparative risk perceptions that frame the debate on prison
NSPs in Australia. Although the quote above includes framing risk in terms
of accountability and litigation, it also frames risk in relation to comparative
health outcomes that are largely politically and culturally defined. Approaches
to defining the scale of risk in relation to injecting drug use and harm reduction
within the criminal justice system invariably involve reflections on the social,
political and cultural – constructs that vary over time and place. Whereas
the 'whatever' referred to by the custodial officer above are injectable drugs
(with associated risks of establishing an NSP construed as corrections giving
'authority' to their use), we could easily supplant injectable drugs with a blood
borne virus (BBV). In this latter context, risk interpretations are reversed;
not establishing an NSP in the knowledge that injecting occurs could be
construed as giving 'authority' for BBV transmission, and again assuming the
associated risks. Using Sparks' (2001) cultural theory of risk and comparative
penology as a basis, qualitative and quantitative data from recent Australian
studies of injecting drug use and incarceration will be used, alongside public
commentaries and recent policy changes, to explore the problem of injecting
drug use in prison and the comparative solutions to this problem.
Social control and coercion in addiction treatment: Client perspectives

In Canada and other countries, substance misuse is simultaneously a health issue and a law and order problem. Mainstream views conceptualize substance misuse as a symptom of disease while paradoxically recognizing a need to punish or correct this ‘deviant’ behaviour. As a result, addiction treatment under social control and perceived coercion has become widespread, in the form of drug courts and legal directives, formal mandates (e.g. child welfare authorities), and/or informal pressure from families or friends. However, most research on addiction treatment assumes clients attend voluntarily and few studies have examined how clients and providers experience treatment under legal, formal and/or informal social controls. Our qualitative study addresses this gap by describing the ethical and therapeutic challenges faced by clients and treatment providers in the context of different social controls and how these challenges are navigated in the course of addiction treatment. Our semi-structured interviews with clients and providers are eliciting examples of practice situations that highlight role conflict and ethical dilemmas (e.g. reporting requirements) and other aspects of addiction treatment under social controls. Data collection is ongoing but approximately 30 adult clients and 12 providers have been recruited from three different facilities (1 outpatient, 2 inpatient) in Edmonton, Alberta. Concurrent analysis using grounded theory is yielding a comprehensive account of both personal narratives and experiences, and social practices and roles related to addictions treatment in a social control context. The initial findings of this project provide insight on the differential impacts of social control in various treatment settings and modalities and suggest that motivation should be viewed as distinct from objective measures of social control and coercion. Policies supporting forced addiction treatment have already been implemented without taking into account the perspectives of clients and addiction treatment providers or fully understanding how to approach clients with varying levels of motivation. This study contributes to the evidence base with which to inform policy and clinical decision-making in this controversial area.

2. Elaine Hyshka, Sara Komarnisky, Jody Wolfe, Carmen Sadoway and T. Cameron Wild.

Elaine Hyshka,
Addiction and Mental Health Research Laboratory,
School of Public Health,
University of Alberta,
Edmonton, Alberta, Canada
elaine.hyshka@ualberta.ca
The Drugs Intervention Programme: Systemic responses to drug use and 'drug harms' in the risk society

This paper will examine aspects of the drug policy environment – in relation to drug use, risk and perceived 'drug harms' – through an analysis of recent developments in policy initiatives, especially criminal justice responses, to drug use in Britain. This paper surveys both general and specific policy and legislative initiatives and the emergence of what has been called the 'new drugs intervention industry' (Parker, 2004) analysing the degree to which drug use and criminal justice responses to such use can be seen as both a response to and a contributing factor to discourses of 'risk'. The paper focuses on how the 'problem' of drug use and, indeed problem drug use, is constructed and situated within discourses of crime, crime prevention and control. I argue that the current deployment of programmes, such as the Drugs Intervention Programme, not only reflect responses to perceived risks and threats but have also been shaped by persistent construction and definition of drug use, and its effects, in particular ways. The paper will critically examine policy prescriptions, discourses and frameworks and map development drug policy in relation to structural interventions which can be seen to characterise the Drug Intervention Programme (DIP). DIP currently forms a key element of the British Government's strategy for tackling drug use. In doing so I draw on the now extensive literature theorising risk, insecurity and fear and argue that policy developments such as DIP can be best understood in relation to the implicit and explicit assumptions regarding risk and risk environments conveyed in both specific and general policy and practice prescriptions. In addition I argue that a broader understanding of the contemporary context of 'risk' is useful in exploring the development of drug policy in the last two decades.
Prato Centre – Floor plan

ROOM ALLOCATION
AS AT 14 APRIL 2011

FIRST FLOOR

1 Sala Caminotto
1a Landing
1b Foyer
2 Sala Grollo / Salone
2a Corridor and mini foyer behind Grollo
3 Piccolo bar
3a Storeroom (cleaning products)
4 Breakout room 2
5 Breakout room 1
6 Sala Veneziana
7 Main bar
8 Sala Billardo
9 Sala Specchi
9a Storerooms + Attic storage space
10 Admin office 2 – Narelle McAuliffe & Leonardo Tinti
11 Studio 1
12 Studio 2
13 Studio 3
13a Metastasio corridor – Storage space
13b Storeroom
14 Sala Toscana
14a Reference collection
15 Sala Giochi
16 Kitchen
17 Visiting professor office 2
17a Visiting professor office 3
17b Storeroom (archives)
17c Reading area
17d Anteroom to Visiting professor office 2
18 Visiting staff office
19 Computer lab 3
20 Terrace
20a Reading area - Entrance to terrace
21 Visiting professor office 1
21a Basement kitchen
22 Computer lab 1
23 Computer lab 1
23a Computer lab 2
24 Admin office 1 + Stationery storeroom
25 Director’s office
26 Manager’s office
26a Waiting area + Photocopier + Water
26b Server room
26c Storage space
26d Storeroom

GROUND FLOOR

27 Seminar 4
27a Entrance hall
28 Studio 6 – Loredana D’Elia and Antonella Rossi
28a Foyer
28b Photocopier
29 Seminar 1 – Law Reading Room
29a Bill Kent Library
30 Seminar 2
31 Seminar 3
32 Visiting professor office 4
32a Storeroom (cleaning products)
33 Studio 5 – Wireless lab / study area
34 Studio 4 – Mac lab