Encountering alcohol and other drugs

THIRD CONTEMPORARY DRUG PROBLEMS CONFERENCE

EUROPEAN MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION
LISBON, PORTUGAL, 16-18 SEPTEMBER 2015
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Host Institutions

Contemporary Drug Problems
European Monitoring Centre for Drugs and Drug Addiction

National Drug Research Institute, Curtin University

Centre for Population Health, Burnet Institute

Centre for Alcohol and Drug Research, Aarhus University

Department of Science and Technology Studies, Rensselaer Polytechnic Institute

Venue

European Monitoring Centre for Drugs and Drug Addiction,
Praça Europa 1, Cais do Sodré, 1249-289 Lisbon, Portugal.
For venue queries, please email info@emcdda.europa.eu or telephone +351 211 210 200.

Acknowledgments

The Conference Organising Committee gratefully acknowledges the assistance and advice of Adrian Farrugia, Carina Rodrigues, Sofia Cabral, Helder Carvalho, Elinor McDonald, Jo Hawkins, Fran Davis, Vic Rechichi, Paul Jones, Nasir Dardah, Aaron Hart, Renae Fomiatti, James Wilson and Tom Mankowski.

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Welcome
As Editor of the international journal Contemporary Drug Problems, and on behalf of the conference organising committee, I’m delighted to welcome you to the third Contemporary Drug Problems conference ‘Encountering alcohol and other drugs’. In running the conference, our aims are to support an international community of critical alcohol and other drug researchers; to provide a forum for the presentation of innovative, theoretically informed, social research on alcohol and other drug use; and to promote the journal. Interest in the conference has exceeded our expectations, with a record number of abstracts submitted, and has allowed us to offer an exciting and diverse program, which I hope you will find stimulating and inspiring.

Social Program
Welcome reception: Wednesday 16 September, 6.30-8pm, at Portas do Sol, Largo das Portas do Sol, Beco de Santa Helena, 1100-411 Lisbon; http://portasdosol.pt/en/. Complimentary entry for registered delegates. Light refreshments will be served.


Conference Publication
Following the conference, Contemporary Drug Problems will publish a special issue comprising peer-reviewed papers presented at the conference. To be considered for the special issue, completed papers should be submitted online at https://mc.manuscriptcentral.com/cdx by 1 November 2015. The special issue will be published in 2016. For further information on the journal, please visit: http://cdx.sagepub.com/.

David Moore
Editor
Contemporary Drug Problems
Over the past twenty years a conceptual shift has occurred across the social sciences that increasingly focuses attention on issues of relationality, contingency and emergence. ‘Events’, ‘multi-agent systems’, ‘trajectories’, ‘flows’, ‘hybrids’, ‘networks’, ‘phenomena’ and ‘assemblages’ have all emerged as productive, if very different, ways of mapping and understanding the ‘social’. Across such work, we can trace a cumulative inclination to decentre the autonomous human subject, to bring into view the range of complex forces and elements producing scientific and social phenomena, to understand realities as enacted and as inevitably political, and to emphasise the emergent, contingent and multiple co-constitution of objects and subjects.

These new approaches offer much to the study of alcohol and other drug problems. In recent epidemiological research on alcohol and other drugs, specific consumption contexts, situations, occasions and events have become the unit of analysis for a growing strand of research. In recent qualitative social research, attempts to refine and exceed the ‘drug, set and setting’ paradigm first elaborated in 1984 by Norman Zinberg have included ethnographic and sociological studies of drug assemblages, addiction ecologies, drug treatment phenomena and the affective atmospheres of drug use, as well as many different studies on the constitution of problems in alcohol and other drug policy and other areas. Such work hints at a common interest in problematizing longstanding assumptions about the power of pharmacology, the agency of consumers, and the neutrality of settings of consumption, and their status as preceding, rather than emerging within and through, specific drug use encounters.

This conference offers a forum in which the strengths and limitations of these new approaches to alcohol and other drug research can be explored. Building on CDP’s two previous conferences, which variously opened up the question of how ‘drug problems’ are constituted, and how the complexity of drug use might be attended to and managed, we now seek submissions for presentations that grapple with alcohol and other drug use in this new mode, as event, assemblage and phenomenon.

We welcome research based on quantitative and/or qualitative approaches, and encourage innovative use of methods, concepts and theoretical tools. Possible themes include but are not limited to:

- Changing meanings, definitions and measures of alcohol and other drug events
- The gendering of alcohol and other drug use
- Alcohol and other drug use amongst young people
- Thinking policy via the event or encounter
- The multiple relationships between alcohol and other drug use and health and social phenomena
- Emerging drugs and the internet
- Alcohol and other drug use in film, news and other media
- Recovery and other treatment models and practices
- Pedagogies of alcohol and other drugs in universities and schools
- Alcohol and other drugs in urban cultures and spaces
- Subjects and practices of harm reduction
- Methods in the alcohol and other drug use field
**VENUE:** European Monitoring Centre for Drugs and Drug Addiction, Praça Europa 1, Cais do Sodré, 1249-289 Lisbon, Portugal

**DAY 1: WEDNESDAY 16 SEPTEMBER**

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<td>CONFERENCE OPENING &amp; WELCOME</td>
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<td>6.30 – 8.00</td>
<td>WELCOME RECEPTION</td>
<td>Portas do Sol, Largo das Portas do Sol, Beco de Santa Helena, 1100-411 Lisbon (<a href="http://portasdosol.pt/en/">http://portasdosol.pt/en/</a>)</td>
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## DAY 2: THURSDAY 17 SEPTEMBER

### 9.00 – 10.30

**ROOM: CONFERENCE CENTRE**

**SESSION | CRIMINALISATION**
(Chair: Alison Ritter)

1. CRAIG REINARMAN Assembling and disassembling the drug war: Fracturing the drug policy consensus under mass incarceration

**SESSION | DRUGS, BODIES AND RELATIONS**
(Chair: Nicole Vitellone)

1. SIMONE DENNIS A touching analysis: Thirdhand smoke and relations with others

**SESSION | MANAGING RISK**
(Chair: Willy Pedersen)

1. ANNE WHITTAKER Managing the risks and realities of neonatal abstinence syndrome: Accounts from parents and professionals in Scotland

**ROOM: CDS 107**

2. PETA MALINS Police-dog encounters: Exploring the ethico-aesthetics of police drug detection dogs

**SESSION | DRUGS, BODIES AND RELATIONS**
(Chair: Nicole Vitellone)

2. MARIA HEROLD The (un)comfortable chair: Friendships, gender and drug use

**SESSION | MANAGING RISK**
(Chair: Willy Pedersen)

2. ROBERT CSAK How intertwined factors can increase drug users’ risks: A case study of Hungary

**ROOM: PAL 101**

3. SIMON HOWELL & MONIQUE MARKS Drug use and policing in South Africa: Thinking beyond punitive control efforts

### 10:30 – 11.00

**MORNING TEA**

### 11.00 – 1.00

**SESSION | DRUGS, BODIES AND MOVEMENT**
(Chair: Fiona Martin)

1. FAY DENNIS Encountering ‘triggers’: The drug-body-world entanglements of injecting drug use

**SESSION | YOUTH**
(Chair: Derek Heim)

1. ADRIAN FARRUGIA The event of choice: Towards a situational understanding of decision-making in youth drug education

**SESSION | REGULATING DRUGS**
(Chair: James Rowe)

1. CHRIS WILKINS The impact of a regulated legal market for new psychoactive substances (“legal highs”) on legal high and other drug use in central Auckland

**ROOM: CONFERENCE CENTRE**

2. SWASTI MISHRA (Not) getting lost: Mapping the body out-of-body

**SESSION | YOUTH**
(Chair: Derek Heim)

2. SIMON FLACKS Youth, drugs and the law’s subconscious

**SESSION | REGULATING DRUGS**
(Chair: James Rowe)

2. MARISA OMORI & AARON ROUSSELL Postbellum pharmacology: New dimensions of drug regulation after the US War on Drugs

**ROOM: CDS 107**

3. JONATHAN NEWMAN The Medical Cannabis Bike Tour: The meanings of cannabis in transit

**SESSION | REGULATING DRUGS**
(Chair: James Rowe)

3. DON LANGILLE Sexual orientation and frequent binge drinking in female Canadian university students

**SESSION | REGULATING DRUGS**
(Chair: James Rowe)

3. APRIL D. HENNING What’s to be gained? Contradictions and inconsistencies in elite-only anti-doping testing policies

**ROOM: PAL 101**

4. FREDERIK BØHLING Alcohol and drug rhythms: Exploring the tempo-spatiality of alcohol and drug use practices and policies

**SESSION | REGULATING DRUGS**
(Chair: James Rowe)

4. GEOFFREY HUNT The culture and subcultures of illicit drug use and distribution

**SESSION | REGULATING DRUGS**
(Chair: James Rowe)

4. TOM DECORTE Ten years of cannabis social clubs in Belgium

### 1.00 – 2.00

**LUNCH**

### 2.00 – 3.30

**SESSION | NEW TECHNOLOGIES**
(Chair: Kiran Pienaar)

1. GILBERT QUINTERO Encountering drinking as commemorative event: Smartphone photography, social media and trophy consumption among American college students

**SESSION | EMERGENCE**
(Chair: Robyn Dwyer)

1. JAMES WILSON Maintaining relations, managing emergence: Alcohol use in the complex life-assemblages of two young adults

**SESSION | NEW METHODS AND APPROACHES**
(Chair: Peta Malins)

1. REBECCA L. MONK & DEREK HEIM A multi-methodological study of alcohol consumption and related cognitions

**ROOM: CDS 107**

2. HELEN KEANE Vaping as social practice: E-cigarettes, freedom and salvation

**SESSION | EMERGENCE**
(Chair: Robyn Dwyer)

2. NATASHA ILONIKA ROELS Reinventing tradition: Drinking events and youth cultures in Manado, North Sulawesi

**SESSION | NEW METHODS AND APPROACHES**
(Chair: Peta Malins)

2. LUCY PICKERING Researching under the influence: On interviewing active drug users

**ROOM: PAL 101**

3. PEKKA HAKKARAINEN Vaporising the pot world: Going healthy, cool and easy

**SESSION | EMERGENCE**
(Chair: Robyn Dwyer)

3. TORSTEN KOLIND God and self-responsibility: The emergent nature of young migrants’ narratives of recovery

**SESSION | NEW METHODS AND APPROACHES**
(Chair: Peta Malins)

3. DEAN MURPHY Enhancement and intimacy: Towards a new understanding of gay men’s drug use

### 3.30 – 4.00

**AFTERNOON TEA**

### 4.00 – 5.00

**KEYNOTE 2 | ROOM: CONFERENCE CENTRE**

EMMANUEL KUNTSCHER (Chair: Mark Stoové) | Understanding the weekend drinking of young adults from an ‘events’ perspective: The possibilities and limitations of using personal cell phones

### 7.30

**CONFERENCE DINNER**
## PROGRAM OVERVIEW

### DAY 3: FRIDAY 18 SEPTEMBER

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<td>3. Inge Van Schipstal After-party: The micro-practices of social bonding</td>
<td>3. Ana Gallegos The emergence of synthetic cathinones in Europe: Recent developments</td>
<td>3. Aleksandra Bartoszko Nocebo or quest for a better life? Trajectories of side effects in the pharmaceutical treatment of addiction in Norway</td>
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<td>4. Romain Amaro At the risk of loving: Reflections on love and risk in gay slamming culture</td>
<td>5. Aleks Hupli The side-effects of cognitive enhancement: User experience from Lithuania and The Netherlands</td>
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<td>6. Moritz Berning Experimenting on the self in a research chemical online community</td>
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### LUNCH

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<td>1. Lisa Williams Drug journeys across the life course: Structural turning points and changing risk perceptions</td>
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<td>3. Carla Meurk Datum: The case of Hello Sunday Morning</td>
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<td>3. Kati Kataja Risk taking, control and user identities: Key storylines of polydrug use</td>
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<td>Nicole Vitellone (Chair: Suzanne Fraser)</td>
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### CONFERENCE CLOSE

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CONFERENCE VENUE MAP

A – Palace
Room PAL 101

B – EMCDDA
Room CDS 107

C – EMSA
Conference Centre
Registration
Coffee Breaks and Lunch

European Monitoring Centre for Drugs and...
The dynamics of drug policy: Relational, emergent and contingent

The traditional view of policy, as epitomised in the technical-rational policy cycle, has now been superseded. Policy is now understood as a complex, dynamic, multi-determined set of processes. With reference to case examples such as recovery as the new political capital for drug policy; drug law enforcement; and treatment purchasing models, in this paper I will outline the ways in which policy processes are highly relational, and socially constructed. The ways in which policy constitutes the problems, and how solutions actively shape objects and subjects, can be observed. As an emergent phenomenon, policy can be understood as determined by the dynamic and evolving interplay among institutions, actors, and problematisations within a socio-political context subject to change. In this way, policy is not fixed but made in practice. There is something refreshing and optimistic about this view, inasmuch as it suggests possibilities that can arise in the contingent space. It gives hope to new forms of policy making around illicit drugs. However, being able to harness that opportunity is enormously challenging: it requires different actors, capacity to reflect on unspoken and covert assumptions and concepts, and a willingness to jettison or at least suspend causal thinking about the relationships between problems and solutions.

PROFESSOR ALISON RITTER, BA (HONS), MA (CLIN PSYCH), PHD, is an internationally recognised drug policy scholar and the Director of the Drug Policy Modelling Program at the National Drug and Alcohol Research Centre at the University of New South Wales. She is a National Health & Medical Research Council Senior Research Fellow leading a multi-disciplinary program of research on drug policy. The goal of the work is to advance drug policy through improving the evidence base, translating research and studying policy processes. Professor Ritter worked as a clinical psychologist in the alcohol and other drug treatment sector prior to commencing full-time research. She has contributed significant policy and practice developments in the alcohol and other drug sector over many years. She is the President of the International Society for the Study of Drug Policy, Vice-President of the Alcohol and Drug Council of Australia and an editor for a number of journals, including Drug and Alcohol Review and the International Journal of Drug Policy. Professor Ritter has an extensive research grant track record and has published widely in the field. a.ritter@unsw.edu.au

Disruptive technology: Alcohol, addiction and surveillance

Over the past ten years, the use of continuous alcohol monitoring technology has been on the rise in the criminal justice system in the U.S. for people under ‘community supervision’ such as probation, parole and pre-trial release. The most widely used of these devices, SCRAM, a waterproof ‘transdermal alcohol monitoring anklet’, came to public attention through photos of celebrities, notably Lindsay Lohan, wearing what popular media has referred to as ‘Hollywood’s latest fashion accessory’. According to Alcohol Monitoring Systems, Inc. (AMS), SCRAM’s manufacturer, over 70,000 people are currently mandated to wear the device and more than 250,000 have worn it since its introduction to the courts in 2003. SCRAM is also used by court systems in Canada, the United Kingdom and Australia. Described as a ‘disruptive technology’ by AMS’s CEO, SCRAM and newer devices such as in-home breathalysers with facial recognition software are transforming addiction from a condition located in the criminal justice system, (2) the role the media plays in the production of meaning about SCRAM and (3) the changing ideologies of addiction and persistent alcohol use embedded in these technologies. Overall, I argue that the focus on SCRAM’s effectiveness at detecting alcohol use obscures the implications of criminal justice surveillance technology’s increasing reach and scope. Thus, I consider broadly how media coverage of mobile surveillance technologies works to support their legitimacy.
Beyond the volition/compulsion binary: A diffractive reading of personal accounts of alcohol and other drug addiction

Most models of addiction, including the influential disease model, rely on the volition/compulsion binary and a series of related binaries including order/disorder and control/lack of control: they understand addiction as a disorder of compulsion and lack of control. This paper builds on the insights of recent critical scholarship to complicate this familiar view of addiction and trouble the rigid dichotomies so central to it. To do so, we draw on preliminary data collected for a qualitative interview-based study on lived experiences of alcohol and other drug (AOD) addiction or dependence in Australia. We focus on how AOD use fits into daily life for people who consider themselves to be experiencing addiction or dependence. Applying the ‘diffractive’ methodology developed by feminist science studies scholar Karen Barad, we examine the specific material entanglements—the ‘diffraction patterns’—through which addiction is constituted in people’s accounts of daily life with regular AOD use. The paper explores how some people frame decisions about drug use as a ‘battle’ in which they feel unable to resist the desire for drugs. Others describe how they plan their use around work and other commitments. In these accounts, we see signs of agency and self-control, challenging the association often drawn in public discourse between addiction and attenuated will. Yet we also see signs of people reproducing addiction along familiar lines as compulsive AOD use. What emerges is a paradoxical picture of addiction as both the exercise of volition and the experience of compulsion. This suggests not only that lived experiences of addiction exceed the absolute polarisation of volition/compulsion, but also that addiction can never be imitated or repeated faithfully; like any phenomenon, it is remade through everyday experiences and practices, or in Barad’s terms, it is diffracted. When addiction is remade, so too are the subjectivities of those who consider themselves to be experiencing it. We conclude with some observations on how the category of addiction constitutes subjects, but always imperfectly.

2. KIRAN PIENAAR, SUZANNE FRASER, National Drug Research Institute, Curtin University, kiran.pienaar@curtin.edu.au
RENATA KOKANOVIC, Monash University,
DAVID MOORE, Curtin University,
CARLA TRELOAR, University of New South Wales,
ADRIAN DUNLOP, Hunter New England Area Health Service,
ELLA DILKES-FRAYNE, Monash University.

3. LINE PEDERSEN,
Laboratory of Sociology and Anthropology,
Université de Franche-Comté, Line.pedersen@univ-fcomte.fr

The moral economy of addiction treatments in France: Empowerment as a subjectification process

As in many kinds of social and medical treatment of precarious populations in France, empowerment seems to become a guideline in the different methods of addiction treatment. This process is supposed to make addicts ‘actors of their own lives’ (Morel, Couteron, 2008) making them aware of the conditions of addiction. They should accept and assume these conditions by deciding the meaning they want to give their lives (Ehrenberg, 2004; Soulet, 2005). This presentation will explore the content of the moral evaluation operating in different treatment models of addiction in France based on this premise. In fact, the people concerned by our fieldwork have generally, at a particular moment of their life, judged their consumption of different psycho-active products as harmful, or even pathological, and have been actively searching for a solution to get free of its hold (partially or totally). When following the trajectories of persons trying to get free of this hold, we focused our attention on the treatment models the addicts pass through: specialised treatment centres (called CSAPA in France) and/or self-help groups such as Narcotics or Alcoholic Anonymous and ‘Vie Libre’ (a French association for people with alcohol problems). By analysing the guidelines and practices of these plans we found out that addicts are often considered as ‘mentally suffering’ (Fassin, 2004). This suffering is considered as both the cause and the consequence of the addiction. Simultaneously, the professionals and the members of the peer groups envision addicts as active, free and self-managing citizens, which means that the addicts are or should be the ‘experts of themselves’. The reconstruction of trajectories aiming to exit addiction shows that people are encouraged to work on themselves by narrativising and interpreting their trajectory. This presentation will show how the moral economy (Lézé, 2013) of the treatment models participate in modifying the representations through which the individuals become aware of themselves and comprehend others (Goffman, 1968). Narrativising their trajectory, even in fragments, could be seen as a ‘subjectification’ process (Foucault, 1961) transforming an individual influenced by drug or alcohol consumption into a responsible subject by engaging oneself to keep a promise (Ricoeur, 1990) not to relapse.

10 | ENCOUNTERING ALCOHOL AND OTHER DRUGS
Addiction screening and diagnostic tools: Unmasking claims to legitimacy

Human practices of all kinds — substance use, gambling, sex, internet use, even eating — are increasingly being framed through the language of addiction. This ‘addicting’ of contemporary society is achieved, in part, through deployments of screening and diagnostic tools intended to identify and measure addiction. Typically developed within epidemiological research, these tools establish and stabilise key criteria for identifying addiction, and these criteria are then deployed to measure the extent and scale of the problem within populations. As such, addiction screening and diagnostic tools are an important element in the expert knowledge-making through which realities of addiction emerge. Promoted as objective and reliable, the tools are legitimated via statistical validity techniques. In this presentation, we critically examine the operations of these techniques as applied to substance addiction tools. Framed by feminist scholarship that decentres the epistemological guarantee of validity, we structure our analysis using Ian Hacking’s (1999) concepts of refutation (showing a thesis to be false) and unmasking (undermining a thesis by displaying its extra-theoretical functions). Under refutation, we ask how reliable the validation processes are to which the tools are subjected. This discussion considers the statistical validation processes on their own terms, identifying poor application and incorrect inferences. The tools are not, it seems, as reliably validated as is claimed. Moving our analysis to the unmasking level, we critically analyse validation as a concept in itself. Here we find validation processes characterised by circularity in their logics and by indefensible assumptions of independence and objectivity. Both on their own terms and when subjected to more searching analysis, then, the validity claims the tools make fail to hold up to scrutiny. In concluding, we suggest that our dislodgement of the legitimacy of the tools challenges the processes by which they go about making (rather than merely representing) the disease of addiction.

10.45 — 12.45 | IMPLEMENTING TREATMENT
CHAIR: HELEN KEANE ROOM: CDS 107

1. MICHAEL SAVIC,
Turning Point Alcohol and Drug Centre & Eastern Health Clinical School, Monash University,
MichaelS@turningpoint.org.au
RENAE FOMIATTI,
National Drug Research Institute, Curtin University.

Producing ‘progress’ through the implementation of outcome monitoring in alcohol and other drug treatment

Outcome monitoring — a process in which clinicians use standardised tools to routinely measure client ‘progress’ on pre-defined outcomes of interest over time — is increasingly being implemented in alcohol and other drug (AOD) treatment services as a way of demonstrating quality of care. However, relatively little is known about the implications and unintended consequences of implementing outcome monitoring in clinical and social practices. In this paper we draw on qualitative data emerging from focus groups with clinicians involved in piloting a structured outcome monitoring tool in Melbourne, Australia, using conceptual tools drawn from Science and Technology Studies. Rather than appearing as a stable empirical object, we argue that the outcome monitoring tool is co-constituted differently in relation to pre-existing service foci, AOD treatment policy and politics, clinician attitudes and dominant discourses about the harms of particular drugs. In particular we trace how the tool orders the ‘problem’ of drugs differently; how co-existing organisational practices of measurement determine the utility of the tool; and finally we highlight an unintended consequence of the outcome monitoring process — the co-constitution of vulnerable subjectivities for both clinicians and AOD service users. For instance, when clients did not make progress in ways legible to the tool, this made clinicians feel vulnerable to judgement about their own performance. Furthermore, clinicians often reproduced notions of client vulnerability to relapse in deciding not to administer the tool to clients who had left treatment. We suggest that researchers, policy makers and clinicians need to think reflectively and critically about the ways in which we and our tools and interventions are influential in producing AOD problems, what constitutes progress, and ultimately what the focus of treatment should be.
Imitations and transformations: Side effects of the ADHD epidemic among heroin users

In this paper I examine some of the side effects of the ADHD epidemic among heroin users in Aarhus, Denmark. Between 2006 and 2009 Ritalin was prescribed to a large number of drug users enrolled in drug intervention treatment, contributing to a significant rise of intravenous use of Ritalin. Today drug users, social workers, and medical doctors all tell a similar tale concerning how some drug users realised a window of opportunity in the late 2000s; they shared stories about how to respond to psychiatric assessment in order to get Ritalin. The paper is based on ethnographic fieldwork in a low threshold substitution treatment clinic and a local drug scene. In order to acquire a prescription for Ritalin many drug users were classified as symptomatic of ADHD. But did they really ‘just’ imitate such symptoms — as informant stories partly imply? To analyse this I propose to think through such practices with ideas on mimesis and imitation (Taussig 1993). The important question is not whether symptoms are really real or really copies, but that a diagnostic situation can be analysed as a space of mimetic distributions. That is, in this set-up certain kinds of phenomena were highlighted, e.g. distractibility, lack of concentration, irritability and hyperactivity. Many drug users live with unruly bodies; irritated bodies, bodies in withdrawal, euphoric bodies. Instead of analysing such experiences as just tricks of the diagnostic practice, such bodily ‘symptoms’ can be seen as contributing to the professional belief in Ritalin as a powerful remedy. In fact, many users confirm that Ritalin was initially experienced as a remedy, but that over time their administration of the drug changed (IV). The latter enactments also constitute Ritalin as a drug that imitates cocaine. Further, Ritalin is analysed as an actor-network, because what the drug does, how it acts, is related to its specific configuration with other entities (e.g. different bodies and different settings). In the practices and matters of concern in a low threshold drug treatment facility, (intravenous) use of Ritalin is partly enacted as a medicine and partly, but most significantly, as a poison. Enacted as medicine Ritalin helps users concentrate and relax, while intravenous use of Ritalin is a health hazard; e.g. blood clots in legs and arms, infectious sores which do not heal, and in the most serious cases infected heart valves and death. On the streets, Ritalin is enacted as a (dangerous) street drug that provides pleasure. A third configuration is visible in a so-called ‘safe injection room’. Here a harm reduction approach is enacted; clean syringes are handed out along with disinfection swipes, and users can crush Ritalin tablets in a mortar to minimise the remains of talc going into the veins. In other words, the paper traces how imitations and transformations constitute the double credentials of Ritalin, remedy and poison.

Peer support in the ‘do-it-yourself welfare state’

New terms such as the ‘do-it-yourself-welfare state’ (Fairbanks 2008) have been coined in order to draw attention to the neoliberal rolling back of the state in which more responsibility is assigned to citizens and their private networks. In this climate different forms of peer work have gained a more prominent role on the political agenda as an instrument through which people can become healthier and happier without relying on public services. This paper scrutinises the question of peer work in the context of Finnish harm reduction oriented opioid substitution treatment (OST). Harm reduction OST is a fairly new form of drug treatment in Finland. In comparison to rehabilitation oriented OST it is very minimalistic and consists largely of pharmacotherapy. Large municipalities buy harm reduction OST from 3rd sector organisations after competitive tendering and expect harm reduction OST to be organised in a way that ‘enables peer support’. There thus seems to be an expectation that peer work could somehow compensate for the shrinking of the public services. In this paper we analyse the everyday realisation of peer work in the context of harm reduction OST drawing from 5 months of ethnographic fieldwork at a Finnish opioid substitution clinic. We will consider the limits and possibilities of peer work in a context where the potential peers suffer from severe medical, social and psychological problems, which challenge their ability to perform autonomous and capable agency. Through a nuanced analysis inspired by Latour we show that in this specific context successful peer work would require assistance from others (the professionals) and it is unrealistic to assume that the clients could accomplish it on their own. We conclude that peer work in the context of OST has real potential only if it is allocated sufficient resources and is not approached as a way to save costs.
4. CAROLINE CLARK & BRIDGET ROBERTS, Centre for Cultural Diversity and Wellbeing, Victoria University, Caroline.Clark@vu.edu.au

The on-again-off-again relationship between addiction treatment and mental illness treatment

These days dual diagnosis has a high priority in service delivery for people diagnosed with mental illness and alcohol and other drug problems. Within the frame of the DSM, addiction and its conceptual and terminological variations is a form of mental illness. Addiction as a medical condition began life as inebriety, a form of mental illness (or perhaps a cause or consequence), around the middle of the 19th century, and was initially diagnosed and treated within insane asylums. This paper draws on two studies, one a history of treatment for chronic drunkenness between 1870 and 1930 and the other an analysis of dual diagnosis discourse over the last 20 years, both studying Victoria, Australia. Using Victoria as a case study, the paper traces the trajectory of addiction treatment and its relationship with mental illness through to today's dual diagnosis and the ambivalent relationship between the mental health and alcohol and other drug sectors. We focus on the institutional handling of addiction and mental illness, whether they are to be treated separately or together, as well as the related medical concepts and disease ideas, treatment models and approaches, institutional needs and practice, treatment systems and legislative framing. One significant change supported by a dual diagnosis approach is the advent of ‘person-centred practice’. By taking a long view, we are able to cast a new light on the current imperative for closer collaboration between these distinct treatment sectors within health, and their possible future. Two particular concerns are whether dual diagnosis may be a stalking horse for a takeover of the alcohol and other drug treatment system, and the potential for people with alcohol and other drug problems to experience increased stigma.

10.45 — 12.45 | HARM REDUCTION
CHAIR: GILBERT QUINTERO ROOM: PAL 101

1. GEOFF J. BATHJE, DANIEL PILLERSDORF, & LAURA KACERE, Adler University, Department of Counselling, gbathe@adler.edu

Diffusion of benefits in a harm reduction program for injection drug users: A qualitative analysis of motivational and relational factors

Injection drug users (IDUs) are a neglected population, particularly when they are not yet ready to seek treatment. Despite their higher prevalence of blood borne pathogens, there is evidence that these individuals are willing to protect not only themselves, but also their partners and society by using safer injection habits (UNAIDS, 2009, p. 3). Such practices would fall under a harm reduction model. The diffusion of benefits stemming from harm reduction programs is crucial but often understated. Secondary exchange of sterile injection equipment is a wide-ranging term that refers to arrangements, either semi-formal or formal, within a stable peer network where one individual takes the lead as the ‘designated exchanger’ for the group (Benyo, 2006, p. 2). These arrangements allow the services provided by needle exchange programs to reach a larger range of injection drug users or reach individuals that would otherwise not seek out direct services. Overdose prevention is another area of diffusion of benefits stemming from harm reduction programs. The current study focused on individuals who distribute sterile injection equipment (secondary exchange) or carry Naloxone for overdose prevention. Qualitative interviews were conducted with 25 current IDUs in Chicago to examine their motivations for distributing sterile injection equipment or carrying Naloxone for overdose prevention. Thematic analysis was performed to identify motivating and relational factors that lead IDUs to engage in secondary exchange or overdose prevention. Findings and recommendations will be provided regarding 1) promoting more frequent and more effective diffusion of benefits from harm reduction programs, 2) understanding motivational and relational factors that lead to diffusion of benefits, and 3) more thoroughly documenting the impact of harm reduction programming by capturing diffusion of benefits.
Naloxone: Jolting Australian drug policy back onto a harm reduction track

The decision of the Victorian State Government to support the distribution of naloxone to drug users and their peers represents a significant advance in Australian drug policy. Important, the policy represents political action to arouse Australian drug policy from a fugue like state that, despite the nation’s initial and internationally acclaimed embrace of harm reduction in the late-1980s, has seen stagnation and the continued reliance on an ineffective and counterproductive prohibitionist law enforcement regime.

This presentation draws on qualitative research gathered during the early stages of the first peer-distributed naloxone program in Victoria. It addresses key conference themes particularly the ‘subjects and practices of harm reduction’, long neglected by policy makers fearful of appearing ‘soft on drugs’. Indeed, frustrated by the delays in the establishment of the government-sponsored naloxone program to begin, Access Health, a primary health centre for drug users and other marginalised populations in inner-Melbourne began providing naloxone to injecting opioid users and their peers at workshops in late 2013. Peers were trained in naloxone administration and overdose response before being prescribed and dispensed naloxone on-site. Participants interviewed for this research reported numerous positive outcomes — including the revival of overdose victims, a sense of greater control and autonomy over their lives and an increased understanding of the appropriate and efficacious responses to overdose. The Access Health example was quickly replicated in several dedicated primary health centres and by mid-2014 more than 250 peers had received training and naloxone with more than 25 overdose reversals reported. This research speaks to the earliest days of the first program in Victoria and notes how initial wariness of the program was overcome and the program embraced by peers in a significant and long overdue advance of harm reduction practices across Australia.

Experienced in substitution:
Layperson expertise in harm reduction

For a long time, ending with drugs addiction meant necessarily stopping completely any consumption. In the context of harm reduction policies, the introduction of substitution treatments has drastically changed the abstinence paradigm. Ending an addiction has taken a plural meaning, adding complexity to the delimitation already porous between ‘normal and pathological’ (Canguilhem 1966). Nowadays stabilizing Methadone maintenance treatment or taking drugs on an irregular basis are perceived as an alternative to abstinence or others forms of recovery. In this communication, we will analyse the attempts and strategies of adjustment process (Strauss 1992) at the entrance of an addiction centre. The goal of this work is to show the different competencies that people can display in situation of vulnerability. Our interest is to find out how from the layman point of view can emerge a valuable expertise. This proposition forms part of a current thesis that deals with polysemic uses of substitution treatment. During this research we have met about fifty substitution users who told us about their history of addiction and their perception of the treatment. We met the respondents for this study in different centres in France, Switzerland and Quebec to give a comparative glance on harm reduction. Between standardisation and singularisation of drug-related policy, our work concerns are to find out how the users deal with sometimes-contradictory information to develop their own reflexivity.
1. SUZANNE FRASER, National Drug Research Institute, Curtin University, suzanne.fraser@curtin.edu.au
KYLIE VALENTINE, Social Policy Research Centre, University of New South Wales,
KATE SEEAR, Faculty of Law, Monash University.

Emergent publics of alcohol and other drug policy making

It is by now widely acknowledged that alcohol and other drug (AOD) policy is developed within complex networks of social, economic and political forces. One of the key ideas informing these forces is the notion of the ‘public’ or ‘publics’ of AOD problems and the policy solutions to which they relate. To date, however, very little scholarly attention has been paid to notions of the public in AOD policy making. This presentation explores this area via a large qualitative research project. Taking AOD policy in Australia, Canada and Sweden as its empirical focus, and interviews with policy makers and service providers in each country (N = 80) as its central method, the project compares key concepts shaping AOD policy in each national setting. In collecting data for the first two national sites, Australia and Canada, the project found participants relied heavily on notions of the public in AOD policy making. This presentation explores this area via a large qualitative research project. Taking AOD policy in Australia, Canada and Sweden as its empirical focus, and interviews with policy makers and service providers in each country (N = 80) as its central method, the project compares key concepts shaping AOD policy in each national setting. In collecting data for the first two national sites, Australia and Canada, the project found participants relied heavily on notions of the public in AOD policy making. This presentation explores this area via a large qualitative research project. Taking AOD policy in Australia, Canada and Sweden as its empirical focus, and interviews with policy makers and service providers in each country (N = 80) as its central method, the project compares key concepts shaping AOD policy in each national setting. In collecting data for the first two national sites, Australia and Canada, the project found participants relied heavily on notions of the public in AOD policy making. This presentation explores this area via a large qualitative research project. Taking AOD policy in Australia, Canada and Sweden as its empirical focus, and interviews with policy makers and service providers in each country (N = 80) as its central method, the project compares key concepts shaping AOD policy in each national setting. In collecting data for the first two national sites, Australia and Canada, the project found participants relied heavily on notions of the public in AOD policy making.

Representations of the family as a ‘problem’ in contemporary Irish drug policy

Building on recent scholarship that has examined how ‘problems’ related to drugs are constructed and represented, in this paper I examine representations of the family as a ‘problem’ in contemporary Irish drug policy discourses. My conceptual framework draws on Foucauldian influenced theories of governmentality. The National Drug Strategy document, published in 2009, is analysed in the context of previous government policy documents, using aspects of Bacchi’s (2009) approach to policy analysis. My analysis shows that family is increasingly persistent in discourses as policy has evolved, and is contemporarily represented as risk or as resource. The risky family refers to parental drug use. This ‘abnormal’ family is assumed to have parenting deficits that place children at risk of addiction among other ‘problems’. This legitimises surveillance of families and professional interventions in order to ‘break the cycle’ and ‘safeguard the next generation’. The resourceful family refers to the family living with drug use, assumed to have inherent or potential strengths that can be developed through professional interventions. This ‘normal’ family is expected to responsibly use these capacities to collaborate with the police in the context of supply reduction, and to support and affect change in the drug user in the context of treatment, presumably rational and unproblematic actions. The family is thus incorporated into a network of governing agencies and strategies that share responsibility for achieving governmental biopolitical objectives.

These developments are influenced by wider contexts and rationalities, for example, the increasing political priority of child protection, and the neoliberal notion of family as ‘partner’ persistent in areas such as education and health. I argue that these simplified accounts ignore the complexities and diversities of families. Furthermore, these individualising representations are limited in their potential to construct solutions that address other important factors — political, material, and attitudinal — that impact on the daily lives of families.
3. KARI LANCASTER,
National Drug and Alcohol Research Centre,
University of New South Wales, k.lancaster@unsw.edu.au

‘We know this’: The constitution and validation of knowledge(s) in drug policy processes

Much drug policy processes research has focussed on the utility of evidence within decision-making processes to improve policy outcomes and increase the legitimacy of decisions made. Although some research has considered the ambiguous and contested complexity of the policy process, and the many influences on it, less work has questioned the premise of the evidence-based drug policy endeavour and whether ‘evidence’ can, and should, be conceptualised as fixed, stable and always already inherently valuable in policy. Through the lens of performance, this paper will critically examine how ‘evidence’ is constituted and validated in drug policy processes, enacted through the telling of policy stories. Following the work of Law and Singleton, I argue that policy stories do not simply describe the drug policy process, but rather frame policy (and evidence) in particular ways. Drawing on two Australian case studies and interviews with policy makers, advocates, researchers and clinicians involved in the establishment of harm reduction programs to extend distribution of injecting equipment through peer networks and make naloxone available for administration by overdose witnesses, I ask: what do participants’ accounts of drug policy perform? Through this analysis of participants’ accounts, I argue that what we call ‘evidence’ is not fixed, but rather multiple; constituted and validated by specific performances and practices. I suggest that these performances of the evidence-based drug policy endeavour are important, as they work to make and sustain (or, at times, interfere with) a set of assumptions about knowledge, evidence, and rationales for policy action. This, in turn, raises questions about how the evidence-based drug policy endeavour might be reconsidered and reshaped to more diplomatically make room for multiple knowledges.

1.45 — 3.15 | EXPERIENCING TREATMENT
CHAIR: DEAN MURPHY ROOM: CDS 107

1. RENAE FOMIATTI,
National Drug Research Institute, Curtin University,
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Assembling recovery: The constitution of normality in consumer enactments of recovery ontologies

Over the last decade, discourses of ‘recovery’ have become increasingly prominent in Victorian AOD policy, and have begun to find a correspondingly significant place within the development of international scientific research on AOD treatment. Recent qualitative research with heroin and methamphetamine consumers has highlighted that drug consumers, in and out of treatment, have ambivalent and complex relationships with the governmentalities that frame discourses of recovery, normality and health (Nettleton, Neale & Pickering, 2012; Duff & Moore, 2014). Drawing on theoretical concepts from science and technology studies, this paper aims to further elucidate these complexities by examining how people who inject drugs from Melbourne, Australia co-constitute contingent ontologies of recovery that are inscribed on and through shifting enactments of normality. Although boundaries between these ontologies are necessarily blurry and often co-exist within individual accounts, for analytic purposes three recovery ontologies were identified in consumer accounts. I note that for some people, recovery was encountered as an embodied reality, comprising a repertoire of health practices, styles of ethical conduct and the embodiment of new spatial contexts and relationships that allowed them to enact ‘normal life’. For other people, being in recovery was constituted as contingent and problematic (though not altogether undesirable) because the notion of a stable recovery identity obscured the potential of ever inhabiting a ‘normal life’. Comparatively, other people rejected the notion of recovery explicitly, preferring instead to frame their choices to consume or abstain from drugs as part of ‘normal life’. I argue that these consumer accounts constitute divergent and even conflicting ontologies of recovery, which illuminate not only the complexities involved in negotiating discourses and practices of addiction, treatment and recovery, but moreover the problems associated with developing policy and ‘evidence-based research’ around singular discursive and empirical enactments of recovery.
‘We didn’t have perfect lives and we took drugs, so we were doomed from the start really’: An exploration of the accounts of intimate partner violence perpetration by men in drug and alcohol treatment in England

Public health research suggests that domestic or intimate partner violence perpetration is up to four times more prevalent amongst men in treatment for drug and alcohol misuse — a group we know to be highly surveilled. Using discourse analysis, this paper explores accounts of relationship breakdown, violence perpetration and victimisation by twenty men in drug and alcohol treatment in England. The paper describes how men’s accounts of violence and discord in intimate relationships are differentially framed by material-social-theoretical assemblages that include substances, scoring and dividing, addiction, intoxication and family relationships. Accounts and explanations of ‘what took place’ in violent incidents are shaped retrospectively by substance misuse treatment experience, and subsequent medical, criminal justice, and child welfare responses. Fatalist narratives suggest that intimate relationships between problem drug and alcohol users are inevitably fraught, violent and ‘sneaky’, whilst other accounts emphasise supportive relationships with female partners that challenge notions of normalised or inevitable violence. It is suggested though that prevalent conceptions of working class masculinity that are focused upon the male provider may paradoxically entrench some gendered violence amongst problem drug and alcohol users, at a time of reductions in spending for services for victims of intimate partner violence and for male perpetrators seeking help for their violence.

Cumulative and clustered acute care emergency department presentations in the Melbourne Injecting Drug User Cohort Study: Emerging evidence of methamphetamine-related harm

To further understandings of drug-related harm, researchers need to examine specific consumption contexts, related outcomes, and their temporal relationships. But the temporality of these relationships must move beyond those typically described between exposures (e.g., drug consumption events) and outcomes (e.g., health indicators), to include temporality between outcomes themselves. Outcome events clustered in time can indicate either persistence of phenomena or their severity, helping understand relative harms that go beyond a dichotomous framing of harm. We describe temporal predictors of acute emergency department (ED) presentations, measured as both cumulative events and events clustered in time, in a cohort of 658 people who inject drugs (PWID) in Melbourne between 2008 and 2010 through record-linked ED presentations between 2008 and 2013. Independent predictors of 1) cumulative ED presentations between interviews and 2) frequent ED presentations defined as ≥3 annual presentations were explored using multivariate logistic regression models. At recruitment, the median age of participants was 28 years, 72% reported heroin as their primary drug of choice, and one third were receiving opioid substitution therapy (OST). Primary methamphetamine injecting (primary drug of choice and drug most injected) was the only predictor of both cumulative (AOR=1.9, 95%CI=1.3-2.8) and frequent ED presentation (AOR=8.3, 95%CI=3.4-20.6). Unstable accommodation (AOR=1.5, 95%CI=1.0-2.3) and OST (AOR=1.4, 95%CI=1.0-1.9) were also predictive of increased cumulative presentations; employment (AOR=0.1, 95%CI=0.03-0.65) and use of primary health care services (AOR=0.35, 95%CI=0.16-0.74) were protective of frequent ED presentation. These findings were found in the context of an extensive local public discourse about methamphetamine harms; this emergent narrative has focused on ‘ice’ and is heavily influenced by anecdote and conjecture. Consistent with other local evidence of increased methamphetamine-related service demand (e.g., drug treatment) and indicators of dramatic increases in methamphetamine purity, our findings suggest increased methamphetamine harms among pre-existing drug users. While emergent public discourse has framed methamphetamine risk as a population-wide concern, our data supports enhanced resourcing for services that focus on preventing harms among existing drug users to minimise the impact of changes in methamphetamine purity and polydrug use.
2. MARK ASBRIDGE, JENNY CARTWRIGHT, KEVIN WILSON & DONALD LANGILLE, Department of Community Health and Epidemiology, Dalhousie University, mark.asbridge@dal.ca

Age of first drink, experiences of drunkenness, and alcohol-related problems in Canadian youth: Is early onset so bad if you are a moderate drinker?

Objective: This paper examines early age of first drink (AFD) (14 years and younger) and alcohol-related problems, with a focus on experiences of drunkenness. It looks to challenge the assumption that all early AFD is harmful by investigating whether early drinkers who typically consume alcohol in moderation experience minimal problems or harms.

Methods: Participants were drawn from the 2012 Student Drug Use Survey in the Atlantic Provinces, an anonymous cross-sectional survey of high school students in Atlantic Canada (ages 15-19). Logistic and negative binomial regression techniques were employed to assess alcohol problems and harms (12 item scale) in association with early onset drinking.

Results: Among ever drinking students (n=5343), 68% had their first drink prior to age 15, 72% reported having ever been drunk, and 50% indicated at least one alcohol-related problem in the past 12 months (mean 1.3 problems). Analyses revealed that the likelihood of experiencing an alcohol-related problem was more strongly associated with ever being drunk than with early AFD. Modelled together, individuals who reported early AFD and who had never been drunk reported significantly fewer problems relative to individuals who reported either early or late AFD, but had been drunk.

Conclusions: Early AFD is commonly linked to alcohol-related problems in youth and is predictive of future alcohol-related harms in adulthood. However, considerable heterogeneity in the likelihood of suffering alcohol-related problems exists, contextualised by individual drinking patterns. Given the high prevalence of early AFD, harm minimisation efforts would likely achieve greater success by directing youth to consume alcohol in moderation than focusing on delaying onset.

3. WILLY PEDERSEN & TILMANN VON SOEST, Department of Sociology and Human Geography, University of Oslo, willy.pedersen@sosgeo.uio.no

Which substance is most dangerous? Perceived harm ratings among students in the UK and Norway

Background: Recent studies, e.g. those conducted by David Nutt and co-workers, have challenged the idea that illegal substances are necessarily associated with more harm than those that are legal. We investigate perceived drug harms among students at the University of Oslo, Norway, and at the University of Manchester, United Kingdom.

Methods: Surveys (n = approx. 900) about perceived physical harm, mental health conditions, dependence, injuries and social consequences that may be associated with the use of tobacco, alcohol and cannabis. We also collected information about students’ own substance use.

Analyses: Analyses of variance and multiple regression analyses will be used to examine whether harm ratings differed for the different drugs, whether drug type, gender and country interacted in predicting harm ratings, and what role the participants’ own substance use played in their harm ratings. Results will be presented at the conference.
Re-storying: Conceptualising and contextualising problem alcohol and other drug use among Aboriginal Australians

It has been reported that the high prevalence of alcohol and other drug (AOD) problems among Aboriginal Australians (Wilson, Grey, Stearne & Saggers, 2010) bears a direct relationship to the devastating effects of colonisation and its practices (Human Rights and Equal Opportunity Commission, 1997, 2008). Although social science is often based on what is purported to be 'objective research', much of the discourse within the field serves to uphold a widespread view of Aboriginal Australians as being somehow in deficit. This paper will explore not only how the construction of deficit narratives based on notions of race (Friere, 1970; Solorzano & Yosso, 2002) has distorted and silenced the narratives of Aboriginal Australians, but also how modernist therapeutic discourse, in representing AOD issues in a manner that locates the problem within the individual, can create counter-productive situations. Narrative methodologies rest on the critique of established therapeutic discourses as to how a 'problem' is constituted, and propose to de- and re-constitute the problem in a manner that attends to social, historical and political contexts. In describing a problem as being constituted through specific events, narrative methodological approaches contextualise consumption in a manner that challenges dominant social narratives. Such methodologies have profound implications for how counselling may be performed. In presenting a case for providing culturally safe ways of working therapeutically with Aboriginal Australians experiencing problems with AOD use, the benefits of including therapeutic discourses that recognise the power of language, the relativity of truth and the relational nature of objectivity would appear to be self-evident. Narrative approaches to therapy, originally developed in Australia out of collaborations between non-Aboriginal and Aboriginal practitioners, have been reported to offer such a culturally safe approach through positioning each therapeutic subject, or person, as an expert on that person’s own lived experience (Wingard & Lester, 2001).

2. AARON HART, National Drug Research Institute, Curtin University, aaron.hart@postgrad.curtin.edu.au

‘I'm not here because I want to quit. It’s because of other circumstances’: Controversy and multiplicity in the clinical treatment of young adult AOD clients

Latour (2005) and Mol (2002) argue that different practices of analysing and diagnosing a single clinical phenomenon do not describe its different characteristics so much as they enact that phenomenon multiply. As multiple enactments accrue, they generate controversies about the ontology of their phenomena of concern. Attending to these controversies can yield insights into the political effects of practices constituting clinical phenomena. This study aims to document some of the multiple enactments and ensuing controversies emerging within a single public clinic treating young adult AOD users in Melbourne. Data were gathered through interviews with clinicians and agency staff (n=4), documentary analysis and field observations. Analysis demonstrates that clients tend to be enmeshed in a complex array of difficult interpersonal, affective, financial and material circumstances. In this context, controversies are identified for four phenomena: dependence and withdrawal; comorbidity; dosage; and forensic (court mandated) treatment. Enactments of these phenomena are grouped into aggregated, humanist and situated categories. Analysis suggests that clinicians and clients often disregard aggregated enactments, casting doubt over the clinical utility of much public health science. The humanist enactments of clinicians frequently conflict with the situated enactments preferred by clients, creating discord within therapeutic relationships. I argue that these analyses challenge service providers, researchers and policy makers to reconsider their alignment with the priorities of AOD treatment clients.
Encountering authenticity: Rethinking pregnant women and mothers’ experiences of disengaging from injecting drug use

A number of qualitative sociological studies examine women’s experiences of drug treatment during pregnancy and motherhood in relation to the normative constraints encountered in this process; these studies suggest that women attempt to claim motherhood as a legitimate social identity by presenting themselves in such a way that corresponds with the ‘ideology of motherhood.’ This paper draws on the findings of in-depth interviews with young pregnant women and new mothers who were attempting to disengage from injecting drug use, to explore how women interpret and experience having a child. A significant feature of women’s accounts was the importance of developing a close relationship, based on trust, with their children, which they saw as irreconcilable with a lifestyle associated with injecting drug use. Attributing a unique authenticity to the parent-child relationship was among the ways in which women attempted to present themselves as worthy and capable mothers. The paper discusses what these findings might indicate about shifting contemporary mothering ideals and practices and the potential necessity of rethinking a normative model of motherhood. It goes on to explore what implications women’s particular understanding of ‘connectedness’ with their babies might have in terms of the interventions commonly used to support and supervise women who use alcohol and other drugs’ transitions into motherhood.

Spaces of substance use

This study considers the specific settings within which psychoactive substances are consumed. In doing so, I draw upon socio-spatial theories from sociology, human geography, environmental psychology and related disciplines. These conceptualise space not as a static entity surrounding us, but as something relational that is constantly (re)produced through the dialectic interplay of matter, interpretation and action. The study is situated within a growing body of research in the substance use field which seeks to question prevailing assumptions and obtain new insights by applying socio-spatial concepts from other disciplines (e.g. ‘assemblage’). Authors such as Cameron Duff argue that substance use should be seen as embedded within specific orderings of (not necessarily drug-related) objects and meanings. Such a perspective is thought to allow a deeper understanding of why and how substance use occurs; going beyond traditional deficit models of use to highlighting functions of substance use and how space/place are implicated therein. Thus, by systematically considering the socio-spatial dimensions of different substance use settings, I hope to learn more about (implicit) meanings and functions of substance use. Empirically, an innovative combination of mapping, repertory grids and semi-structured interviews is used to tease out thick yet structured descriptions of settings from the participants’ point of view. The resulting data should allow us to better understand how substance use intentions and practices emerge from, as well as create, particular settings. Theoretically, I’m particularly interested in possibilities to conceptualise drug use settings as a form of heterotopia (Foucault). Considering policy and practice, the implications of this research for prevention and harm reduction measures will be highlighted, especially given the increased use of environmental measures in this field (e.g. smoking bans). This research is ongoing and so the oral presentation will present initial findings from the pilot study for discussion.
City level drug policies in Europe

Background and aims: Over two thirds of Europeans now live in cities, making it one of the world’s most urbanised places. Consequently, a broad spectrum of drug problems and responses to them are found in modern cities. Despite this, and the prominence city drug problems have in different countries, the city is often overlooked in drug policy analysis. This research is concerned with the drug problems and policies in European cities.

Methods: A qualitative approach was selected for the study. Data were collected from three sources: a systematic search of scientific articles, a review of relevant grey literature, and national reports from the EMCDDA’s Reitox network of focal points. A documentary analysis was generated from this information and this overview presents the main results.

Results: Findings were grouped around four key themes emerging from the data: drug use in urban spaces, responses to drug problems at city level, drug strategy documents in cities, and the arrangements for coordinating and financing city drug policies. Open drug scenes were identified in several cities, with different levels of visibility, scale, and location. Cities diverge in the access provided to services for injecting drug users. Large nightlife areas in cities facilitate different recreational drug using behaviours. Responses in such settings, like selected prevention and pill testing, are unevenly available around Europe. Cities use strategic tools to express drug policies, including dedicated drugs strategies, issue specific strategies, other city level documents, and drug strategies linked to the national level that cover cities. City authorities are commonly tasked with managing drug policy, in some cases associated strategies and programmes have defined budgets.

Conclusions: Drug problems at the city level are diverse and require an integrated multi stakeholder response. City level drugs strategies play a role in this process and are widely used. Innovative responses to drug problems often arise from the city level as this is where new drugs and using behaviours first appear and where the pressure to respond emerges. Low threshold services are often involved in developing responses as a result of their place on the frontline of service provision. Treatment and harm reduction responses to injecting drug use are present around Europe, while some measures have not spread despite being available on a small scale for a long time.

Living with a drug scene

The neighbourhood of Vesterbro in Copenhagen has been the home of the largest drug scene in Scandinavia for more than 30 years. Since 2008 a remarkable change of policy towards this drug scene has occurred. Moving from a contradictory policy involving zero-tolerance law enforcement and low threshold harm reduction services a new coherent policy of ‘conviviality’ that aims to find ways of living the drug scene as part of the neighbourhood is developing. This paper presents an analysis of the ways in which different stakeholders (residents, drug users, social workers, business owners, police) experience the drug scene and experiment with ways of living with it. This includes: 1) how stakeholders experience, use and move around in the neighbourhood, and 2) how stakeholders make social interventions and try to change the materiality of the urban space to create certain effects. The latter includes larger projects of urban planning and infrastructural change, but also different kinds of ‘mundane governance’ involving small alterations of the urban landscape like putting up fences, putting small pitched roofs on electrical switch boards to keep them from being used as ‘coffee tables’ and putting up benches to invite to sit down or on the contrary to pour water on doorsteps to keep people from sitting there. Drawing on actor network theory and governmentality literature the paper presents an analysis of the drug scene as a socio-material assemblage and of the different kinds of social and material governance it is subjected to. The analysis is based on ethnographic data, qualitative interviews, photographs and documentary material like newspaper articles and Facebook groups. Central to the analysis is the use of sketch maps in qualitative interviews. This methods was developed in order identify places of concern for different stakeholders, to get know how they experience these places as a social, material and atmospheric space and how they sometimes try to alter the configuration of these spaces.
3.45 — 5.15 | PROBLEMATISING DRUGS
CHAIR: VIBEKE ASMUSSEN FRANK ROOM: PAL 101

1. DAVID MOORE & LIZ MANTON,
National Drug Research Institute,
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Gender, ‘intoxication’ and brain development:
Constitution and contingency in Australian
alcohol policy

Accounts of policy often focus either on the degree to which policy is, or should be, ‘evidence-based’, or on the complex political negotiations undertaken in the development of policy, which inevitably involves diverse stakeholders and interests. In this paper, we take a different approach by examining how policy functions as a key site in the constitution of ‘problems’ themselves. Drawing on the work of poststructuralist policy scholar Carol Bacchi and sociologist of science and technology John Law, we investigate some of the contingencies on which policy relies in its constitution of objects and subjects. What kinds of ‘problems’ do these policies aim to address? How are drugs, their effects and their consumers framed in these problems? How does policy work to obscure the limits of its own legitimacy? What are the political effects of policy problems? We explore some of these questions in relation to Australian alcohol policy that focuses on ‘binge drinking’ amongst young adults. We show how alcohol policy tends to ignore the role of male gender in what it describes as alcohol ‘related’ or ‘fuelled’ problems, treats ‘intoxication’ in confused ways, and prematurely embraces thin evidence regarding the effects of alcohol on brain development. In identifying some of the contingencies on which alcohol policy depends, we argue that an ethical approach to the complex issues involved in alcohol use requires that politically inflected desires to overstate, oversimplify or rely on unexamined assumptions be strictly managed. It also requires that policy responses do not overreach available knowledge and are carefully considered for their political effects. To do otherwise is to contribute to a public discourse that helps to produce the very problems policy is intended to prevent.

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Out of the margins: Poverty and the social scripting of the ‘paco problem’ in Argentina

Since the late 1990s, the use of cocaine base paste has been documented in Argentina. Known locally as paco, this drug is the highly toxic residue leftover from the cocaine production process. Argentina’s changing role in the international drug trade is often cited as the key to understanding the rise in paco use. In recent decades, the US-led crackdown on drug manufacturing in Latin America has incited cartels in major cocaine producing countries to process the drug in Argentina, a country previously considered solely a country of drug transit. As a result, cocaine production sites and paco have simultaneously spread across the country. Paco use, moreover, has been documented across Argentina’s socioeconomic classes. Users from the middle and upper socioeconomic classes, however, do not receive nearly as much attention as their lower class counterparts. In fact, the Argentine government, civil society organisations, and media outlets all draw associations between paco and poor and so-called ‘marginalised’ populations. For this reason, paco is socially scripted as a ‘drug of the poor’. Based on ethnographic fieldwork in Argentina between 2006 and 2008, this paper explores the role of ‘marginality’ in the framing of the ‘paco problem’ in Argentina. It draws critical attention to the ways in which ‘the marginal’ is at the centre of this discussion, and examines the mechanisms by which marginality is (re)produced in this particular context. The goal of this paper is not to diminish the importance of focusing on users at the economic, political, and social margins, but to suggest that there are experiences of paco use among the Argentine middle and upper-middle classes that are overlooked in the social imaginary. In doing so, this paper challenges us to consider what sorts of analyses, knowledges, and interventions are made possible or forestalled by focusing exclusively or even too closely on marginality in the study of drug use.
Polymorphous anxieties and perverse pleasures: Moral panics, drugs and the vulnerable family

The concept of ‘moral panics’ continues to be used as a framework for analysing and explaining the causes, structures and functions of social, cultural and political crises. This conceptual framework has been central in removing the focus from drug users to how drugs and drug use are problematized. However, as important as this concept has been, neither classical formulations or more contemporary modifications adequately address the historical, social, cultural and political dynamics and contingencies associated with psychoactive drug use in industrially developed societies. Recurrent heightened anxieties around drugs can be considered socio-political moments or events, an interstice in which underlying social and political agendas around drugs come to the discursive surface. However, analysing these events as discreet moral panics does not help to reveal the enduring ideological nature of state, institutional and social regulation and supervision that has shaped our understanding of drugs over the past century. It could be argued that the ‘panic’ over drugs has been with us for a relatively long time — sometimes at the periphery, often at the centre of moral, medical, legal, social and political debates. A moral panic framework risks overlooking the interrelationship between contemporary and historical concerns around, for instance, crime and corruption, addiction, disease and death, violence and sexual assault, youth delinquency, degeneracy and indolence, prostitution, unemployment and poverty, xenophobia and miscegenation, child vulnerability and familial threats, all of which serve to overdetermine the issues at hand and obscure the wider social fears condensed and filtered through the ‘panic’. Analysing contemporary and historical commentary on the subject, I argue that drug crises are best theorised as ongoing discursive struggles that condense and substitute a range of contingent social, cultural and political anxieties, many of which are linked to discursive concerns around child and family welfare.
Assembling and disassembling the drug war: Fracturing the drug policy consensus under mass incarceration

This paper theorises the rise of mass incarceration from the U.S. drug war and the current collapse of the political-economic conjuncture that sustained it. The drug war, particularly the 1980s moral panic surrounding crack cocaine, metastasised the carceral capacities of the state. Reagan-era responses to the crack scare included Draconian laws in 1986 and 1988 which increased the length of prison sentences, imposed mandatory minimum sentences for possession of small quantities, doubled sentences for second offenders, and eliminated parole for certain drug offenses. These laws created institutional momentum for the drug control industry, which then generated its own growth independent of drug use or crime rates. The Bush-I administration escalated the drug war and the Clinton administration created new police funding streams that incentivised low-level drug arrests. Cumulatively, these policies quadrupled the prison population, giving the U.S. the world’s highest incarceration rate. By 2008, however, the conjuncture that sustained the drug war had begun to unravel. The persistent prevalence of drug use among the educated and employed has created the first viable political constituency for reform. This helped the drug policy reform movement gain adherents, funding, and power, and spread harm reduction to 70 countries. In the context of the financial crisis, the rising incarceration costs and the high rates of failure (recidivism) led even conservatives to re-think imprisonment. A right-wing Supreme Court admitted that the crack era laws were often unjust (Kimbrough v United States 2007) and Congress recognised that they created racially discriminatory sentencing disparities (Fair Sentencing Act of 2010). Internationally, the U.S. has lost drug policy hegemony in the face of ‘rebellion’ in the Organization of American States and majority support for a shift away from punitive prohibition at UN drug control forums. A tectonic shift in global drug policy is underway.

Police-dog encounters: Exploring the ethico-aesthetics of police drug detection dogs

The use of dogs in policing has a long history. Dogs have been mobilised by both private and public police for search and rescue, offender detection and apprehension, emergency response (including sieges and bombs), interrogation (and torture), customs work, institutional contraband detection (including in mental health units, hospitals, schools, prisons and detention centres) and the policing of drugs (particularly at airports and music festivals but also increasingly in everyday urban and rural public space). Dogs have proved useful to policing purposes for a range of reasons including their olfactory and auditory capacities, their ability to be trained to respond to commands, their capacity for both aggression and warmth, and for their ability to provide enduring forms of companionship. Their use in drug policing, however, raises a range of legal, practical, public health, social, ethical, aesthetic, and philosophical questions, the intersections of which are yet to be fully teased out. In this paper I will start to map out some of these intersecting ethico-aesthetic considerations. Building on studies which explore the complex legal, jurisprudential and privacy considerations of police use of detector dogs, the effects of handler-dog interactions on detection success rates, and the potentially negative health impacts of detector dog use at music festivals, I will suggest that Deleuze and Guattari’s post-human concept of assemblage might allow us to better explore the specificity and affectivity of this human-animal nexus, including the roles that desire, affect, fear, stratification and becomings might have on police drug-dog encounters and their socio-ethical implications.
Drug use and policing in South Africa: Thinking beyond punitive control efforts

In this paper, we review the policy infrastructure and environment that has hereto defined South Africa’s engagement with the production, distribution, use, and users of illegal substances. We argue that past policy regimes have ironically not only been ineffective, but may have actually created the very environment in which the trade in and use of illegal substances has been further enabled. In showing this, we present the results of in-depth interviews with both the users of illegal substances and police officers tasked with the enforcement of the various laws and statutes pertaining to illegal substances. We show how a) the users of illegal substances operate in an economy that is dynamic and adaptive, b) that users themselves play a far more active role in driving this economy, and c) that the policing of illegal substance use and users is often driven by broader political concerns. Many police officers, for instance, recognise the ineffectiveness of forceful interventions, such as facilitating dispersion tactics to remove users from prominent parts or visible areas of South African cities. With this in place we look to the future, outlining a more holistic and less police-dependent response structure.
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The (un)comfortable chair: Friendships, gender and drug use

When working with friendships amongst young drug users, there is a clear tendency to place the drug use itself as the centre of attention, focusing on the relationship between the user and drugs as the primary relation (see Kemp 2009; Bahr, Hoffmann et al. 2005; Pedersen 2010). This means that friendships are constructed as secondary, or as a social practice that is constructed around doing drugs (Ibid.). Problematically, this leaves out any perspectives that open up for a deeper understanding of the meanings social relations hold to young people with a current or past drug use. With this in mind, we explore new perspectives on the meanings of friendships, arguing that these are central to the comfort of the current or former drug user (Herold 2015). Inspired by Sara Ahmed's (2014) term ‘comfortability’ we go on to explore how gendered norms impose on young drug users’ social embeddedness among friends; the intimacy of their close friendships; and how friendship is negotiated in relation to drug use. We make use of Ahmed’s metaphor of the chair to envision the ways in which norms suit different bodies and gender assemblages differently: the chair is built to fit a certain type of body, and the level of comfortability one experiences when sitting depends on the relations between the chair and the individual body (Ibid). This highlights the ways in which the informants feel more or less comfortable among actual or possible friends. We argue that this perspective could beneficially be integrated into any work directed at young drug users in practice, in order to fully comprehend the importance of looking at social relations as much more central to their well-being than previously assumed, problematising the pervasive tendency within existing literature to equal drug-experienced friends with ‘bad company’ (Herold 2015).

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The role of the body and senses in alcohol and other drugs related assemblages: Insights from the sociology of the body and ethnography

In the last few years researchers inspired by Bruno Latour and his colleagues’ work in Science and Technology Studies have started to criticise the traditional approaches to study alcohol and other drugs related behaviours and attitudes. If medical and epidemiological researchers have been criticised for taking into account only bio-physical factors, in the same way sociological research cannot rely only on socio-cultural elements. Actor-network theory helps to restrict both pharmaceutical and structural determinism moving beyond epistemological dichotomies as subject/object, structure/agent, nature/culture and human/nonhuman. The first part of this paper aims to reflect on how within this paradigm shift can be conceptualised the corporeality and sensoriality of the subject. In the latter it will deepen how in ethnography and qualitative methodologies these two dimensions are studied and which contribution it provides to Alcohol and Other Drugs Studies.
Managing the risks and realities of neonatal abstinence syndrome: Accounts from parents and professionals in Scotland

Drug misuse during pregnancy and its impact on infants and children remains high on the policy agenda. Neonatal Abstinence Syndrome (NAS), a constellation of drug withdrawal symptoms seen in infants following birth, is the most commonly reported adverse effect of maternal drug use during pregnancy and is well described in infants born to opioid-dependent mothers. NAS varies in onset, duration and severity and babies can be unwell for days, weeks or even months following birth. NAS is increasing in prevalence and is very costly to treat. Importantly, NAS is a highly emotive subject and a stigmatising diagnosis, which continues to spark moral and ethical debate. Disputes centre on how best to treat drug-dependent pregnant mothers, how to manage the infant and family in the postnatal period and whether child protection interventions should be mandatory. A lack of consensus on these topics has led to differing policies and practices, with little data published on related outcomes. Consequently, NAS remains challenging for health and social care services and a worry for drug-using parents themselves. To date, only a handful of qualitative studies on the topic have been published, adding to our poor understanding of what might help or hinder good quality care. This qualitative study, conducted in Scotland, aimed to explore the way parents and professionals manage the risks and realities of NAS during the antenatal and postnatal period in both hospital and community settings. Interviews with twenty parents and focus groups with twenty-five professionals were analysed using a social constructionist approach. Findings reveal how parents and professionals construct and contest the causes, consequences, diagnosis and treatment of NAS. Discourses on the problematic nature of drug-dependent mothers and ‘innocent victims’ as well as the sociology of diagnosis help to explain why the care of families affected by NAS is contingent and contentious.

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How intertwined factors can increase drug users’ risks: A case study of Hungary

Around 2010, heroin and amphetamines, the main substances PWIDs used in Hungary, were gradually replaced by cheaper synthetic cathinones, followed by the emergence of new psychoactive substances. Compared to the injection of ‘traditional drugs’, the injection of these new drugs triggered not only higher number of daily injecting episodes, but also a higher prevalence of syringe sharing and re-use. At the same time, the coverage of needle exchange programmes have significantly decreased as the two largest NEPs in Hungary (distributing 55% of all syringes) closed down last year. The largest substance user group, cannabis users, were also strongly affected by this phenomenon: by 2013 the number of seizures of synthetic cannabinoid had exceeded the number of seizures of herbal cannabis. Meanwhile, access to school prevention programmes worsened due to the lack of appropriate funding and the implementation of a strict regulation of school health development programmes. How to make sense of these changes in Hungary? In an often-cited article on risk environments, Tim Rhodes (2002) has suggested four ideal types of environments relevant for the analysis of harm associated with drug use, namely physical, social, economic, and policy environments. Focusing on the examples of injecting drug use and synthetic cannabinoid use in Hungary, this paper draws upon Rhodes concept in order to show how increased chances of drug-related harm can be expressed as changes in the risk environment. While doing so, however, the paper also attempts to reconceptualise Rhodes’ ideal typical environments as a complex system with intricate connections amongst diverse heterogeneous actors. Risk environment in this reading stands for an ever-changing assemblage of blood-borne viruses, drug users, clean and used needles, policemen on the street, mayors, the National Anti-drug Strategy, dealers, harm reduction services, researchers, and so on. Through the case study of Hungary, the paper shows how this complex, dynamic structure offers not only new analytical tools to analyse drug-related harm, but also new spaces of intervention within the current political setting.
Drug quality assurance practices and communication of drug alerts among people who use drugs in Vancouver

Regional health bodies in British Columbia, Canada issue drug alerts to the public when health risks associated with drug quality are identified, such as increased illicit drug deaths, overdoses or other harms. There is a lack of evidence-based guidelines for producing timely, effective public health alerts to mitigate these harms. This qualitative study sought to understand 1) the practices used by people who use drugs (PWUD) to assess the quality of street drugs and reduce harms from adulterants; and 2) how drug alerts could be better communicated to PWUD and integrated into policy and practice. Guided by interpretive and descriptive methodology, this study consisted of brief questionnaires and in-depth focus groups with 32 PWUD. Findings suggest the most effective and trusted information about drug quality was primarily from: a) trusted, reputable dealers or b) peer-based social networks. Most PWUD did not discuss drug quality with health service providers, and information received through them was not thought to be timely. A number of concrete guidelines were suggested by participants to improve the effectiveness of drug alert modes and methods of communication in the community, including the use of language on drug alert postings that implies harm, indicates what drug effects to look out for, and suggests appropriate responses to overdose, such as the use of naloxone. Participants also emphasised the need to date posters and remove them in a timely manner so as to not desensitise the community to such alerts. Since it is difficult to control adulteration practices in an unregulated drug market, findings from this study suggest effectively communicating drug alerts could be a key element to protect PWUD from elevated risk of drug related overdose morbidity and mortality.

Encountering ‘triggers’: The drug-body-world entanglements of injecting drug use

This paper will draw on my current PhD project which explores the socio-material entanglements of injecting drug use. This research took place in London and included in-depth interviews with 31 people who inject drugs (predominantly heroin and/or crack cocaine) and 10 service providers, alongside participant observation over a 6 month period at a central drug service. ‘Triggers’ were a common term used by my participants to describe both things in the environment — objects, people, places and situations — that ‘triggered’ a feeling or sense of wanting to use drugs, and the encounter itself. In this, triggers were at once force, thing and feeling; and highlight the relationality of people’s drug using experiences. This relational account was also aided methodologically by the use of ‘body-mapping’, in which the non-linearity, openness and flatness of the drawing allowed for a more symmetrical understanding of humans and non-humans, affects and senses. Triggers are better thought of as trigger ‘events’ — seen in terms of drug-body-world entanglements — that give rise to enacted feelings, variously described by my participants as a ‘draw’, ‘pull’, ‘force’, ‘invisible hold’ etc. In neurobiology, these feelings may be objectivised as ‘addiction’ or ‘dependence’; and perhaps (and understandably), in previous sociological approaches these feelings may be overlooked in favour of reinforcing people’s ‘rationality’ and ‘self-control’ in their drug use. However, through my participants’ accounts, and drawing on recent work that elides any notion of the bounded ‘human’ subject or ‘self’ (Duff, 2014), I find that both these approaches risk underplaying the complexities of these experiences. Instead, by highlighting the drug encounter as pre-individually relational, trigger events help to realise a relational sense of control described by my participants as shared, negotiated and manipulated between different ‘attachments’ (Hennion and Gomart, 1999), which both disrupts the irrational (addiction models) and rational (sociological models) user in favour of a radically un-pathological account that can still take these feelings seriously.
(Not) getting lost: Mapping the body out-of-body

This paper presents an innovative research method that was used to map the experience of psychedelic drug-use at festivals. We used body mapping to gain insight into ‘non-ordinary’ bodily states. At festivals, through the combination of psychoactive drugs, friends, music, other people, our interlocutors experience their body differently. Through body-mapping (Gastaldo et al. 2012) we charted the experiences of different versions of the body, and linked it to different situated drug use experiences. Methodologically these experiments allow the researcher and the informants to attend to personal connections and disconnections established during drug-use. With these maps, researcher and informants can navigate together the high body and its archipelagoes of feelings and materialities, in an attempt to understand the fear for or desire of getting lost.

The Medical Cannabis Bike Tour: The meanings of cannabis in transit

The Medical Cannabis Bike Tour is a charity sports event run by the legal business infrastructure of European cannabis production. Seed breeders, hydroponics and fertiliser manufacturers, rolling paper wholesalers, and cannabis media companies sponsor the tour and ride during the three-day event covering over 400km through mountain roads. Sponsorship funds pioneering medical research with a leading cannabinoid research group at Complutense University, Madrid, into the use of cannabis compounds as first-line treatments against gliomas (brain tumours). Three-years ethnographic research on the MCBT reveals an intersection of forces brought together by these entrepreneurs and their workers: political activism to legitimise their sector to a wider audience through engagement with charity and healthy sport; the promotion of the medical qualities of cannabis to expand the customer base and encourage legal reform; marketing their businesses to existing cannabis consumers through sponsorship; the opportunity to network with other businesses; determination to help find treatments for cancers that have affected the lives of many riders; moral obligations, from the people who have been breeding cannabis for over 30 years, to assist medical research in their field of expertise; and a passion for cycling. This marketing of ‘medical cannabis’ is accompanied by the consumption of cannabis by many of the cyclists during the ride, such that cannabis use becomes integrated into a wider discourse of healthy lifestyles. The history of the MCBT suggests, however, that this is not a completely cynical move. The particular setting of the MCBT provides a unique lens to observe changes in the practiced interpretation of cannabis consumption. Interviews with organisers and riders (who work in the heart of the European cannabis industry) demonstrate how they are engaging with, and re-working, the meanings of cannabis use during a time of legislative, medical, economic and consumptive transition.
Alcohol and drug rhythms: Exploring the tempo-spatiality of alcohol and drug use practices and policies

Alcohol and other drug (AOD) practices are temporal and spatial phenomenon; they unfold in time and take place in particular spaces. Notions such as event, chronotope, and assemblage have been deployed by scholars seeking to develop a more fine-grained understanding how subjects, bodies and practices of (AOD) consumption are co-produced and organised by the actions of time and space. This article aims to expand this body of work, and our understanding of the tempo-spatiality of alcohol and other drugs use. More specifically, I explore Lefebvre’s rhythmanalytical ideas as a way to conceptualise AOD practices and policies. In order to do this, the article takes two overall steps. First, the notion of rhythm is proposed as an analytical device for understanding both the use and political handling of alcohol and other drugs. Rhythms are non-mechanical yet ordered temporalities that emerge from and centre upon place. The usefulness of rhythmanalysis, it is argued, lies not least in its attention to the range of cycles — calendrical, diurnal, biological and socio-economic — that interact in specific places and whose rhythms organise human and social life. Drug users for example, both ‘addicts’ and ‘recreational users’, are entrained into and produce certain (biological, pharmacological, socio-cultural and economic) rhythms; the temporalities of different drugs, the cycles of the week and the night, and the tempo-spatially fluid expectations and norms governing use. In the second part of the paper, two cases are examined rhythmanalytically. The first is the treatment of heroin addicts with methadone, which, it is claimed, can be seen as a way of politically imposing new (more governable) rhythms on the users by supplanting the erratic, abrupt temporalities of heroin with more orderly and long-lasting rhythms of methadone. The second case explores the rhythms of recreational alcohol and ecstasy users. A number of the rhythms produced by and shaping the consumption of psychoactive substances in the nightlife are mapped out (conventions and habits of use, nocturnal rhythms, music schedules, pharmacological effects), and the situated dynamics of intoxicated bodies and geographies are discussed.
Youth, drugs and the law's subconscious

The use of drugs by people under the age of 18 is a cause of considerable social anxiety and is governed by a broad and sometimes conflictual mixture of regulatory approaches in a range of policy spheres. Yet, although there is no shortage of literature on youth and drugs in general, or on the complicated relationship between crime and adult drug use, there has been scant research on, or theorising about, attempts to control the use of illicit drugs by under-18s. At once punitive and welfare-orientated, coercive and ‘liberating’, policies reflect the contradictory and complementary approaches towards both childhood and the consumption of psychoactive substances. The purpose of this paper is to plot the dilemmas, inconsistencies and semblances of coherence in law and policy responses to under-18 drug consumption, focusing in particular on the education, health and criminal justice sectors. It will attempt to provide a theoretical basis for this governing regime, drawing inspiration from the relationship between law and psychoanalysis. The choice of a psychoanalytic reading stems, in part, from the relative absence of such critique from much of the discourse on drugs and drug policy — somewhat surprisingly given the centrality of such themes as desire, death, transgression and prohibition. Moreover, public discourse on youth drug use is dominated, in the present day, by two overarching themes: the criminal status of psychoactive substance and, relatedly, the relationship between drug harms and criminalisation and; neuroscientific and psychological evidence, resulting in part from technological advances in brain studies, suggesting possible links between adolescent substance use and physical/psychological abnormalities. However, the sights of the psychoanalytic gaze have been focused on the individual rather than on the law itself, or on legal narratives — an approach that is grounded in a recognition of legal discourse as an expression of unconscious desire. Moreover, the agency of young people, and under-18s in particular, has been absent from drug law reform debates, an absence which can be partly explained, it will be argued, by considering the writings of Sigmund Freud and Jacques Lacan.

Sexual orientation and frequent binge drinking in female Canadian university students

Binge drinking (BD) is common among university students, and alcohol related harms are known to increase with bingeing frequency. There also is evidence that drinking behaviours vary by sexual orientation (SO) in university students. However, most studies of associations of SO and BD have used very low thresholds to define bingeing (typically at least 1-2 episodes per past month or two weeks), often have not controlled well for confounding and have used a limited range of SO response options. To determine associations of SO with very frequent BD in female Canadian undergraduate students, 7162 female students attending eight universities in the Maritime Provinces of Canada answered questions about SO and BD in response to an online survey. Very frequent BD was defined as ≥5 drinks on ≥6 days in the previous 30 days. Potential confounders and a choice of five response options for the survey’s SO item, which ranged from completely heterosexual to completely homosexual, were included in logistic regression analysis. Compared to heterosexuals, those who were mostly heterosexual or bisexual more often reported very frequent BD versus no BD. Those who were 100% homosexual were less likely to indicate very frequent BD. Similar results were seen when very frequent BD was compared to less frequent BD (≤5 binges in the previous 30 days). Very frequent binge drinking varies considerably by sexual orientation subgroup among non-heterosexual female students. This could be due to a greater amount of life-stress experienced by bisexual and mostly heterosexual women, or to the high prevalence of socializing that occurs at bars or nightclubs in the LGB community, which bisexual or mostly heterosexual women, due to their higher prevalence among non-heterosexuals, might frequent more often. Decreased bingeing among those who identify as completely or mostly homosexual may be due to more self-acceptance of their sexual orientation.
The culture and subcultures of illicit drug use and distribution

The aim of this paper is to explore youth cultures and subcultures in the context of illicit drug use and distribution. In charting this path, we aim to highlight the ways in which notions of culture started as a central and principal organizing concept in the study of drug consumption but gradually the culture lens becomes reshaped, and the focus shifts on to subterranean qualities of drug consumption. While anthropologists had begun by documenting the ways in which particular drugs were part of indigenous belief systems in ‘other worlds’, this focus gradually gives way to an emphasis on drug subcultures especially in the US and the UK. In tracing this development and its more recent re-focusing from sub-cultures to normalisation, we note the extent to which youth has been at the centre of these developments. We ask what is it about youth cultures that links so closely to drug use. We also consider the movement of the subculture concept from the US to the UK and consider why more recent debates about subcultures, especially around issues of drug use, appear to have remained relatively unacknowledged within the US. In examining this process of conceptual migration, we began to consider why it was that the dissemination of theoretical ideas only went in one direction? Why have recent theoretical developments in studies of youth cultures, subcultures and drugs been largely ignored by US researchers?

The impact of a regulated legal market for new psychoactive substances (‘legal highs’) on legal high and other drug use in central Auckland

Background — The enactment of the Psychoactive Substances Act (PSA) in New Zealand in July 2013 created the world’s first regulated legal market for psychoactive products (i.e. ‘legal highs’). Aims — To investigate the impact of the PSA on legal high and other drug use. Method — Frequent legal high users (monthly+) were recruited from outside eight randomly selected licensed legal high stores in central Auckland. Eligible participants completed an on-line survey about their legal high and other drug use before and after the passage of the PSA, and the impact the PSA had on their substance use. 105 completed the survey. Results — The proportion who had used synthetic cannabinoids (SC) ‘weekly or more often’ increased from 67% before the passage of the PSA to 82% after the passage of the PSA. Conversely, there was a decline in the proportion who used alcohol ‘weekly or more often’ (down from 68% to 57%) and natural cannabis ‘weekly or more often’ (63% to 50%). The grams of SC used on a typical occasion increased from 1.7 grams before the passage of the PSA to 2.2 grams after the passage of the PSA. The grams of natural cannabis consumed decreased after the passage of the PSA (down from 1.6 grams to 1.3 grams). Fifty-two percent who had used cannabis reported they had changed their use of cannabis due to the enactment of the PSA. Twenty-eight percent had ‘stopped using’, 22% were using ‘a lot less’, 19% using a ‘little more’, and 22% ‘a lot more’ cannabis. Conclusions — The PSA lead to higher consumption of legal highs but lower consumption of alcohol and natural cannabis.
Postbellum pharmacology: New dimensions of drug regulation after the US War on Drugs

Scholars have demonstrated the racial implications that the War on Drugs has had for Black and other non-White communities, but have neglected emerging liberal trends in U.S. drug policy in their analyses. We argue that the focus on the regulation of White drug use, such as precursor regulation for methamphetamine, prescription drug use, and marijuana legalisation, as well as rollbacks on punitivism for crack-cocaine and marijuana represent continued public policies of anti-Blackness, protect drug-using Whites, and enhance White capital investment. The logic of these liberal initiatives uses the same fear of the Black subject that was the centrepiece of the War on Drugs. The shock of methamphetamine infecting the ‘heartland of America’, like that of prescription drug abuse, is positioned against the idea that drug use is naturalised in Black (and Brown) urban communities against which the justice system interventions is rightly aimed. Successful marijuana legalisation campaigns have built on the idea that its ubiquitous use by White college students and hipsters has demonstrated its safety, in contrast to other dangerous drugs. All of these arguments are articulated in a ‘colour blind’ manner that imply 1) what drug users look like, 2) where drug use is located, and/or 3) what a drug is and how safe it is. In other words, these campaigns build their success on anti-Black arguments. The modest parallel gains reversing the excesses of the War on Drugs that disproportionately affect Black and Brown people (e.g., federal non-enforcement of mandatory minimums, crack-cocaine sentencing reductions, softening three strikes laws) have been made with little fanfare. In an economy no longer structured around the need for controlling Black labour, the policies can fall away. The War on Drugs has done its job creating a permanent lumpen class and challenges to Drug War injustices can be sustained without empowering Black people.

What’s to be gained? Contradictions and inconsistencies in elite-only anti-doping testing policies

The current approach to anti-doping is based on three main factors, as laid out by the World Anti-Doping Agency (WADA): promoting health, fairness, and protecting the spirit of the sport. These goals are intended to apply to all levels of sport, but in practice they generally apply only to the very top reaches of the sport. The risks of performance enhancing drugs (PEJs), including those regularly found in legal and widely available supplements, apply to all athletes, not just elites. Further, if fairness and the integrity of the sport truly depend on eradicating doping, then PED use by any athlete must be taken seriously and addressed. However, anti-doping efforts in road running have targeted elite runners—those professionals competing for monetary wins—while ignoring the amateurs who make up the bulk of race participants at most events. The decision often comes down to balancing the cost of testing with what may be gained from that testing. Preventing a doping elite from winning large cash prizes and the accompanying fame and benefits justifies the cost. The benefit of testing amateurs is less clear from the perspective of a race organiser, as amateurs do not have the same extrinsic motivations as elites and present little danger of ill-gotten prizes to the racing organiser. Drawing on data from interviews with race organisation officials and public statements to the media regarding doping in road running, this presentation will explore the ways organisations’ views of the role of anti-doping testing conflict with and contradict WADA’s stated philosophy. Analysing these points of contrast enables the creation of alternative approaches to the current detect and ban approach to anti-doping that would be effective at all levels of the sport.
Ten years of cannabis social clubs in Belgium

Cannabis Social Clubs (CSCs) are a proposal of self-production and self-distribution of cannabis for the personal use of adults, which are organised in non-profit systems of shared responsibility with the goal of reducing the risks associated with cannabis use and its derivatives, and to prevent possible harms. CSCs are non-profit associations whose members are adult cannabis users, most of whom use it recreationally, although others use cannabis medicinally. People who join the club have to fulfil conditions in order to avoid risks of selling or passing on to third persons or to minors. The CSC members organise a professional, collective cultivation of limited quantities of cannabis to cover the personal needs of their club members and the system is regulated by security and quality checks. In Spain the first CSC was created in Barcelona, and was soon followed by others in Catalonia and the Basque country. The actual number of clubs and associations with collective plantations currently operating in Spain is estimated between 400 and 500. The model of a CSC was also developed in other countries, such as Switzerland and Belgium. Belgium now has 7-10 cannabis social clubs. In our paper we examine the phenomenon of CSCs in Belgium, based on document analysis, interviews with representatives of the Belgian CSCs and field visits to the clubs. We describe the clubs in detail (their formal organisation), and describe and analyse the responses to these social experiments, both from official authorities and from other actors in the illegal drug markets.
Vaping as social practice: E-cigarettes, freedom and salvation

In a recent article in *Critical Public Health*, Blue et al. (2014) argue that social theories of practice offer an innovative and productive approach to both understanding healthy and unhealthy activities, and developing effective interventions to increase wellbeing. Blue et al. insist that practice is not a synonym for individual behaviour in this context, but rather refers to complex social phenomena coordinated over time and space, resulting in the ‘patterning of daily lives’. They focus on smoking as a social practice which has co-evolved with other practices such as having a night out, drinking coffee and tasks such as studying and writing. This paper builds on their analysis to examine vaping or the use of e-cigarettes as a recently emerging social practice which interacts with tobacco smoking practices and is relevant to health. It draws on data from a 2014 Australian online survey of e-cigarette users to outline the way vaping integrates materials, competence and meaning to produce a daily practice which is experienced as highly rewarding and indeed liberating by many users. In particular I focus on the themes of freedom and salvation which appear in the survey responses. I suggest that in contrast to the constriction and stigma which characterise tobacco smoking in contemporary Australia, vaping as a practice is sustained and reproduced because of its ability to form linkages with other everyday practices and its ability to positively transform users’ sense of self.

Vaporising the pot world: Going healthy, cool and easy

Vaporisers are booming. The technological transformation in devices has created a new expansive pot industry which is challenging traditional ways of smoking cannabis. The legalisation of cannabis in Colorado and Washington is accelerating this expansion. I will deliver some theoretical and empirical reflections around this development based on the analysis of media articles and internet sites. My argument is that the rapid development in the technology of new kinds of inhaling devices may lead to radical changes in cannabis culture. The future may be written by vape pen! In this presentation I focus on three main points: the smoking versus vaporising distinction, technological development in devices and a growing popularity of concentrates.

1. A healthier high: Vaporisers are the e-cigs of the pot world. Many cannabis users are health-conscious and a concern about the harms of smoking may lead to similar developments as in tobacco smoking. Hence smoking joints, pipes or bongs as means of administering cannabis will be challenged. Moreover, vaporisers may also fit cannabis users who are non-smokers.

2. Technological fancy: The top model of the new devices is the vaporiser pen (vape pen). It is a user-friendly (portable, compact and versatile) product which represents advanced new technology. For example, it fits perfectly for those who wish to consume cannabis without detection by others. Legalisation speeds up commercial interests and the development of new models.

3. Potent concentrates: The rise of vaporisers coincides with the development of new forms of concentrated cannabis extractions in liquid, viscous and waxy form. Advances in extracting active ingredients from cannabis plant can cause a shift in consumer demand. Concentrates pre-packaged in cartridges for use in vape pens make consumption of cannabis cool and easy.
Maintaining relations, managing emergence: Alcohol use in the complex life-assemblages of two young adults

Orienting citizens towards living safe, meaningful and healthy lives has long been a priority for Australian alcohol policy. In recent times, policy has also begun to recognise the need for strategies focused on the ‘whole individual’ and which ‘look across the life span’ in order to achieve sustained health outcomes throughout individual lives. For example, young people are produced in policy discourse as vulnerable not only to immediate, acute alcohol-related harms, but also jeopardising their proper biological, social and moral development, and their futures, by engaging in risky alcohol use. However, notions of the life-course have so far eluded critical attention and theorisation in the field of youth alcohol use, particularly in relation to how young people themselves think about their own lives, and where and how alcohol use might be situated in that thinking. In this research I adopt a moral assemblage analysis approach, informed by Jarrett Zigon, which conceptualises ‘morality’ or ‘moralities’ as modes of living which emerge from the exigencies of everyday life. In doing so, I aim to examine how alcohol use and morality might be implicated in the constitution of what two participants of my ethnographic PhD research call their ‘lives’. I argue that these participants understand their lives to be both intrinsically and extrinsically relational, made up of various coalescing forces and entities, and contextualised within a complex world. These ‘lives’ might be understood as effects, produced emergently through the various ways in which elements of their lives combine and co-constitute each other, including work, family, health, but also drinking and going out, in the participants’ ‘life-assemblages’. This presentation has potential policy implications as it explores the extent to which neo-liberal values and ideals embedded in policy discourse motivate ‘ethical’ practices, and orient the lives of young adults.
God and self-responsibility: The emergent nature of young migrants’ narratives of recovery

In general, European studies of migrant youth have tended to construct their analyses on essentialist notions of (sub)culture and ethnicity. In explaining young migrants’ experiences, this type of analysis has portrayed these young people as being caught up between two competing cultures — a traditional cohesive culture and a modern globalised culture. A variant of such essentialist thinking can be found in contemporary studies on the role of drugs in young migrants’ sub-cultures. Instead of portraying the current situation as one of a modernised culture conflicting with the migrants’ traditional culture, we argue that the notion of subculture or street culture developed in response to experiences of marginalisation and stigmatisation is a critical concept which can explain the young migrants’ practices. Furthermore, we suggest that focusing on an essentialist view of culture tends to overlook the emergent nature of migrant cultural practices and experiences. This paper, based on a qualitative study of 22 young male migrants (age 19-31) in Denmark in treatment for drug use and criminal behaviours, is informed by an analytical focus on fluidity and identity work in practice. Instead of focusing on the young migrants’ culture or subculture, we theorise that patterns of (sub)cultural coherence operate as a bricolage of different and dissimilar emerging practices and narratives. We examine these young men’s discussion of self-responsibility, the role of the family, comradeship and commitment to (former) gangs, the quest for a ‘normal life’ and the importance of God. We argue that this bricolage of practices and narratives cannot be explained by the young migrants’ belonging to any specific kind of culture (traditional, modern, sub-cultural). Instead we focus on the intersectionality of social class and masculinity as a possible way of explaining these narrative practices.
Researching under the influence:
On interviewing active drug users

Is it ethical to interview an intoxicated drug user? Why does intoxication matter? Such questions bring in their wake a number of ethical, methodological and ontological questions: this paper is an attempt to address some of these questions. In it, I argue that intoxication can be more productively viewed as a process than a state, and that such a processual view necessarily destabilises the very notion of intoxication itself. In its place, I advocate for a shift away from intoxication as the basis for making choices about whether, when and how to interview active drug users towards an ethical and methodological framework based on the concept of ‘under the influence’. To do this I draw on the experience of interviewing heroin and crack dependent older drug users in Liverpool, recorded ethnographic conversations with habitual (daily) cannabis users in Hawai‘i, and interviews with recreational drug users (primarily cocaine and MDMA) in the welfare tent at UK dance music festivals. In all settings, I needed to make a decision: is this person too intoxicated to participate? Whether I used subjective researcher assessment or participant self-report, the expectation was that participant sat somewhere on an intoxication scale, that could then be translated into one side of an un/intoxicated- interviewed/uninterviewed binary. Yet the practice of fieldwork has repeatedly challenged the neatness of this binary: where does a heroin user becoming increasingly agitated, or a Hawai‘i drop out deciding to smoke a joint midway through or a festival goer who claims — and appears to be — sober coming up as we talk fit in to this binary model of un/intoxicated- interviewed/uninterviewed? This binary approach fails to adequately account for substance use (and withdrawal) as process. By contrast, under the influence creates a conceptual space to accommodate the shifting, evolving interaction of bodies, settings and substances, and through that to create a framework for reporting which is necessarily contingent, and necessarily fluid, and consequently open to engagement with the ontological assumptions about rationality, capacity and decision-making that underpin each field research decision.

Enhancement and intimacy: Towards a new understanding of gay men’s drug use

This paper addresses two significant and related problems. The first relates to the urgent need to reconceptualise gay men’s illicit drug use in a way that takes account of the specific sexual contexts in which much of this drug use occurs. The second problem relates to the need to consider how HIV antiretroviral drugs, when taken in combination with illicit drugs, may reduce potential harms, specifically the transmission or acquisition of HIV. By approaching drug use in terms of ‘enhancement’ (of performance, pleasure, and prevention) rather than risk and harm, this approach considers together a range of substances rarely recognised as linked, thereby offering much-needed new understandings of polydrug use in this context. This approach suggests that the particular constellation of drug use factors among gay men may be both the problem for, and the solution to, reducing risks and harms from drug use. There are two ways in which the current conceptualisation of drugs use is inadequate for considering such opportunities. First, conventional models of understanding models of drug use, namely ‘addiction’, are of limited value in settings where drugs are used in a ‘recreational’ context, primarily to enhance sexual encounters. Drug use cannot be separate from its social context and this context is predominantly related to sex. Second, gay men’s drug use is different from other (heteronormative) models of drug use and drug harms. We therefore need to understand more about the variations in sociality and kinship (that are formed through sex and drug use), because these connections (or gay socialities) are what generate different forms of drug use patterns, and have an influence on how men experience the effects of different drugs.
Understanding the weekend drinking of young adults from an ‘events’ perspective: The possibilities and limitations of using personal cell phones

This presentation examines the emerging use of personal cell phones in quantitative research on drinking events amongst young people. Much existing knowledge on patterns of alcohol consumption is based on retrospective-recall methodologies. Such methods are cost-efficient and convenient but are limited in their capacity to record important data on the specific circumstances of alcohol consumption events as they emerge in time and space. By contrast, personal cell phones and particularly current smartphone technology, widely adopted throughout the world and particularly by young adults, offer many exciting possibilities for tracking these circumstances. To explore these possibilities, as well as their limitations, I draw on a range of recent and ongoing studies that use the internet-based cell-phone optimised assessment technique, or ICAT, which consists of a series of internet-stored questionnaires completed by participants on their personal cell phone browsers. These studies focus on how aspects of the social and physical environment unfold in real time, which has led to more comprehensive understandings of the interactions between the various factors shaping alcohol use during drinking events. For example, I show how alcohol consumption progresses from one hour to the next on weekend evenings in a sample of young adults in Switzerland, how evenings with excessive drinking patterns can be identified and how personal drinking motives, pre-drinking, time spent in bars and the number of friends present all shape drinking events. I also discuss some ethical questions that emerge when data is collected via personal cell phones.

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**1. HAYLEY MURRAY,**
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**Risk practices of recreational drug users at Amsterdam music festivals**

The growing use of ‘party drugs’ (mainly ecstasy) at music festivals has created a new environment to explore perceptions and practices of risk in Amsterdam. While harm reduction programs have proven effective for the city’s injecting drug users, no comparable program has responded to the rise of the party drug scene. This article focuses on how young (aged 18 to 30) recreational drug users perceive, manage, and legitimise the risks and harms of drug use in festival settings. How does the festival environment shape their perceptions of risk and drug use practice? How and why do participants’ plans for drug use change while at the festival? Do youths have their own harm reduction, or risk management, practices to minimise the risks associated with ecstasy, such as substance mixing, overdosing, and ‘coming down’? Three separate interviews were conducted with each participant — before, during and after the event — to aid our understanding of how the socio-physical environment shapes individual risk-taking behaviour.

**2. DAAN KAMPS,**
Department of Anthropology, University of Amsterdam, daankamps@gmail.com

**The downside of uppers: Chronobiology, stimulant use and working at night**

Drug use is an intrinsic part of the night-time leisure economy, and not only for recreational purposes. This article explores how workers in Amsterdam’s night-clubs (from DJs and sound technicians to managers and event organisers) use stimulants such as cocaine, amphetamine and nicotine to enhance their on-the-job performance and their presentation of self. However, their line of work — being active on weekend nights until the morning hours combined with drug use — takes a toll on the human body. Alongside their strategies to counter the unwanted effects of stimulants, this ethnographic study reveals that Sunday is often the day of recovery through sleep, healthy eating and the use of vitamin supplements. Being awake during weekend nights also leads to a socially jetlagged body that must shift back to regular diurnal life in the upcoming workweek. Here, too, we can see patterns of recuperative self-medication, notably the strategic use of melatonin pills and THC to fall asleep.

**3. INGE VAN SCHIPSTAL,**
Department of Anthropology, University of Amsterdam, I.L.M.vanSchipstal@uva.nl

**After-party: The micro-practices of social bonding**

This article explores the ways in which regular substance use among young adults (aged 21-33) in the Dutch after-party circuit facilitates social bonding and group solidarity. Ethnographic fieldwork was conducted over 18 months among two social networks consisting of around thirty young adults who identify themselves as ‘ravers’. The author has been part of these networks since 2008 and joined them in raves, clubs, festivals and after-parties. The aim is to paint a picture of how the collective use of party drugs in the private settings of the home contributes to social bonding. The comfort of the home stimulates physical contact and care, the common use of amphetamines creates a feeling of timelessness, hallucinogens bring up the inner child in users, while empathogens enable boundless communication. These factors combine to induce a strong sense of an in-group and group solidarity, with implications for how young people manage the risks of drug use and care for their drug-using peers.

**4. ROMAIN AMARO,**
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**At the risk of loving: Reflections on love and risk in gay slamming culture**

This article reflects on new forms of drug use among young gay men in France and the ambivalent role affects and romantic relationships play in how the attendant risks are experienced and addressed. The analysis is based on 25 interviews with young gay men who use drugs, including 14 ‘slammers’ who inject drugs in group sex gatherings after chatting on dating sites. Stepping aside from the public health paradigm that privileges individual conduct as the site for analysis and the target of harm reduction programs, the present work shows that relationality, intimacy and love are key elements in how these young slammers experience pleasure and increase or decrease risks. Interviews were conducted in the French cities of Paris and Lyon in the framework of the multisite anthropological Chemical Youth study, which aims to understand what chemicals — both legal and illegal — ‘do’ for young people.
The side-effects of cognitive enhancement: User experience from Lithuania and The Netherlands

The off-label use of pharmaceuticals for cognitive enhancement among university students is an oft-discussed topic. Alongside ethical criticisms of cheating and breach of authenticity, concerns have been raised about the safety of cognitive enhancement drugs and the apparent ignorance of students concerning their potential for harm. This paper examines how university students in Lithuania and the Netherlands minimise or prevent the possible side-effects of their cognitive enhancement drug use. Semi-structured interviews revealed that students were not only aware of the possible side-effects, but also actively sought to prevent them. Moderating consumption and reserving use only for important and demanding tasks prevented experiencing side-effects too often. Furthermore, knowing why one engaged in cognitive enhancement was important to manage the effects rather than be overwhelmed by them, which for participants meant risk of addiction.

Experimenting on the self in a research chemical online community: Emerging issues

This paper describes a large web-community whose central practice is experimentation with uncharted research chemicals. The members are a kind of unsanctioned early stage clinical trials to test new chemicals for safety and efficacy. The jointly construct methods, results, and dosages in the space of the online community. Participants appear to be the first users of designer chemicals, which makes this interesting for monitoring emerging developments and what happens after a new chemical formula is published. The paper describes how the experimenting users of the designer drugs manage uncertainty and risk when testing uncharted substances. This social safety net does not only seem to consist of strong social interaction but also of stories published on the net, and exchange of monitoring methods. The paper focuses on one relatively new substance (AL-LAD) and observe how the members share methods, history and also experiences around this new substance.

New and old challenges in reporting on drug trends: Results and reflections from monitoring the European drug situation

As well as succinctly describing what the data tells us about recent patterns of illicit drug consumption, related harms, market activity and responses in Europe, this presentation also looks at how new and emerging patterns and trends challenge existing monitoring techniques. In particular it will explore strengths and weaknesses of the current monitoring approach in the face of specific challenges, including: the challenges of handling emergent issues, for example outbreaks in fentanyl-related deaths, while lacking consolidated evidence; responding to the need for more timely and rapid reporting particularly linked to fast changing developments in the NPS markets; how best to keep up with developments among communities of drug users who gather primarily in virtual rather than geographical locations, and linked to this the growing recognition of ‘glocal’ patterns of drug use, for example seen in the cases of methamphetamine use across Europe, where community not necessarily country appear to be a defining factor.
2. JANE MOUNTENEY & ALBERTO OTEO, European Monitoring Centre for Drugs and Drug Addiction, Jane.Mounteney@emcdda.europa.eu

Internet and emerging drug markets, innovation, evolution and community

Emergent virtual and online drug markets are receiving increasing attention in both scientific and media circles. As most commerce in other realms is shifting from occupying physical space to virtual marketplaces, there is little doubt that drug markets will behave similarly, although the extent and likely impact on historical market mechanisms remains unclear. A recent EMCDDA study explored this emerging phenomenon and its potential implications in tandem with a group of international experts bringing IT, drug user, law enforcement, social research and media perspectives.

The study utilised semi structured information gathering and literature review methods in combination with key informant presentations and focus groups. An iterative analysis process took place in a day and a half workshop with the experts. Important themes identified included recognition of a range of drivers of change in these markets. Factors include new technology, globalisation; secure encryption and web hosting (Tor, PGP, etc.); market innovation, including use of argot, apps, and exploiting the learning from conventional sites; online activism and communities; market economics — relative competitive advantages and disadvantages; and the impact of law enforcement and regulation, e.g. the possible impacts of closing of bricks-and-mortar legal high shops. The analysis process revealed layers of meaning and explanation, enhanced by the combination of technician, user, journalist, ethnographer discourse and perspectives on a single phenomenon. Events analysis, for example the closure of the online cryptomarket Silk Road was undertaken from multiple standpoints. Together these micro views interlinked to augment understanding of global phenomena including the relation between the surface, deep and dark web drug markets, the role of intermediary grey marketplaces, and the relative importance of anonymity and community in drug cryptomarkets. A number of trends were identified in the fast-evolving online drug markets. These included criminal innovation with a new breed of entrepreneurial drug dealer (‘disorganised’ crime); a tendency towards decentralisation of market structures and activities; and a move to more covert communication and sophisticated encryption manifesting in a growth in multi-key escrow and rating systems. In addition to supporting markets, this study highlighted the way in which both the surface web and the deep web may also offer new ways for drug users to access help, and potentially to reduce barriers to help seeking.

3. ANA GALLEGOS, European Monitoring Centre for Drugs and Drug Addiction, Ana.Gallegos@emcdda.europa.eu

The emergence of synthetic cathinones in Europe: Recent developments

New drugs emerge in the European Union drugs market at the rate of two per week. Since 1997, the European Union Early Warning System (EWS) has played a central role in Europe’s response to new psychoactive substances. Since the mid-2000s, unregulated ring-substituted cathinone derivatives have appeared in the European recreational drugs market. They are sold as legal replacements for stimulants such as amphetamine, MDMA and cocaine, and also as ‘legal highs’, under the guise of ‘bath salts’, plant fertilisers, etc. Nowadays synthetic cathinones are one of the main groups monitored by the EWS, with 77 new cathinones identified through the system between 2005 and 2014. Cathinone derivatives are related to the parent compound cathinone, which is one of the psychoactive principals in the plant khat. The group includes substances that have been used as active pharmaceutical ingredients (API) of medicinal products (amfepramone and pyrovalerone). Apart from cathinone, methcathinone and the two APIs mentioned, cathinone derivatives are not under international control. Two cathinones have been risk-assessed by the EMCDDA so far: mephedrone (4-methylmethcathinone), a substance sought-after on the illicit stimulant market, was risk-assessed in 2010 and MDPV (3,4-methylenedioxypyrovalerone), chemically related to pyrovalerone, in 2014. Both have been subsequently subjected to control measures across the European Union. In 2013, almost 11 000 seizures of synthetic cathinones weighing more than 1.1 tons were made in Europe. The large number of seizures of synthetic cathinones reflects the demand for stimulants. The growth in the market is also responsible for the increase in serious harms reported to the EMCDDA in recent years. Most of these concern non-fatal intoxications and deaths but reported harms also include those caused by high-risk drug users switching from injecting heroin to synthetic cathinones.
Chilling out: Painkillers and recreational drug use

Recreational pleasure is a key motivation for drug use, whether it be with licit products like alcohol and tobacco, or illicit substances such as cocaine and ecstasy. Drawing on semi-structured qualitative interviews this paper explores how young people incorporate painkillers into forms of recreational consumption for pleasurable ‘release’. The paper analyses two brought ways of using pain medications: the first is the use of painkillers as a substitute for illicit drugs; the second is the use of painkillers in combination with illicit drugs. The way painkillers are used during recreational consumption can be seen as an extension of the normalisation of recreational drug use among young people. Analgesics are an everyday resource which young people can relatively easily incorporate into their drug taking practice in order to enhance it, as well as make it safer. This is often done to avoid the moralising gaze of medical practitioners and the punitive approach of police officers. In this way, the use of painkillers represents a creative appropriation of the discourses that individualise and responsibilise health practice in drug consumption.

Medicated youth? Young people’s non-medical use of prescription drugs in relation to performance enhancement, wellbeing and the construction of self

Children and young people are increasingly being diagnosed and treated with prescription drugs (PD) for conditions such as ADHD, depression and anxiety. Researchers are increasingly discussing notions of ‘medicated selfhood’ and discuss whether or not personal issues are increasingly pathologised and viewed as mental disorders and illnesses. The increase in diagnosing has caused an increased availability of drugs, and research suggests that young people are also using PD in non-medical ways. This emerging field of research indicates that PD are used to achieve states of intoxication, relief and performance enhancement. The available research also suggests significant gender differences both in patterns and practices as well as the meaning associated with using. Using data from an ongoing exploratory study consisting of in-depth qualitative interviews with 60 young people (18-25 years) in three different educational settings in Denmark, the paper will explore the social settings in which PD are used as well as the social and gender characteristics of the users. We will examine their motives and experiences and the possible risks they associate with their use. Our analysis will focus specifically on the ways in which gender is differently enacted though the use of different drugs in different settings and contexts. Using young people’s construction of self and selfhood, we will explore the complex ways PD are used to enact individual well-being against the backdrop of societal and political demands and expectations for young people. In this way, the paper analyses to what extent young people’s non-medical use of PD plays a role in their efforts to improve the management of their daily lives including pleasure seeking, relaxation, increased concentration, and greater endurance.
Nocebo or quest for a better life? Trajectories of side effects in the pharmaceutical treatment of addiction in Norway

In social sciences, little attention is paid to the side effects of pharmaceuticals. Since Nina Etkins’ article (1992) on cultural construction and reinterpretations of western pharmaceuticals, just a few works have dealt explicitly with the phenomenon. In the field of addiction in general, the appearance of side effects (or unintended effects) is insufficiently explored, and, in fact, often taken for granted. In this paper, which is based on ethnographic fieldwork amongst patients and professionals involved in Medicine Assisted Rehabilitation (MAR) in Norway, I shed a light on the economies of side effects, seen as an assemblage of biological, social and political forces. The national guidelines for MAR recommend three alternative medications methadone, buprenorphine and buprenorphine-naloxone combination), open for use of other available opioids or opiates and emphasise patients’ preference in choice of medications. Nevertheless, many patients do not experience this freedom of choice and/or are subjected to involuntary change of medication. I present here the various ways, in which patients negotiate their drug of choice with the prescribers and the various strategies they apply — e.g. pharmaceutical, social or legal — in order to deal with the experienced side effects of medications. The side effect narratives among patients are often neglected by the local professionals. They are interpreted as a rhetorical strategy symptomatic of drug-seeking behaviour or of diversion. Often, the effects are dismissed as nocebo or misinterpretation of the intended effects. These interpretations open for the discussion on the epistemic and moral premises for patient-prescriber relation. Patients’ experiences and interpretations call for the discussion on the social context of the consumption of the particular medication, e.g. involuntary change, or the idea and possibility of choice. In dialogue with ethnographic works on placebo I argue for the importance of a broader understanding of pharmacotherapies and effects of pharmaceuticals, which includes the experiential, communicative, epistemic and political trajectories of the addicted body.

The mediation of drug culture: Emergent digital networks of drugs ‘expertise’ and user-generated drugs knowledge as a form of ‘practical wisdom’

As part of a major ESRC-funded, multi-institutional and transdisciplinary research project, ‘Shared Space and Space for Sharing’ — which looks at online knowledge, information and experience sharing by people experiencing a variety of precarious life situations — we are exploring the emergence and function of networks of communicative exchange amongst individuals engaged in risky drug use practices, and in particular examining the roles of trust and empathy in these communicative activities. (http://goo.gl/7HOauX). Online drug culture diversely spans substance supply outlets to drug user support groups whilst permitting easy access to both official and unofficial advice concerning such things as risks, dangers and dosages. The internet has given rise to a new interpelation of drug culture in which many drug users and those affected by drug use, draw on and contribute to a dynamically developing drugs and drug use knowledge base which both reflects and evolves in relation to the everyday practices and concerns of the diverse range of its contributors. On the basis of a qualitative investigation of a variety of online drugs fora threads, wikis, blogs and social media platforms hosting material relating to various kinds of drug use and all facilitating the sharing of knowledge, experience and advice, our research is aimed at gaining a better understanding the relational constitution of ‘the drugs infosphere’ and how elements of its content are variously valued, validated and used within specific communities of interest and practice. The paper will consider to what extent digitally-mediated drug culture increases the chances for the emergence of forms of ‘practical wisdom’ (phronesis) with respect to drugs and drug practices, and the role of communicative sharing of the kind described in relation to this prospect.
Analysis of darkweb marketplaces in the context of law enforcement operations

Background: The seizure of the Silk Road by the Federal Bureau of Investigation (FBI) in October 2013 changed the landscape of dark web marketplaces. In November 2014, another law enforcement operation (‘Operation Onymous’) saw the seizure of Silk Road 2.0, along with a number of other marketplaces. This paper aims to document the change in marketplaces within the context of law enforcement operations, and the movement of retailers over time.

Methods: Data was collected weekly to document the number of unique retailers operating on the Silk Road, Silk Road 2.0 and a number of other marketplaces (including Evolution, Agora, Pandora, Cloud 9, and Nucleus), to determine the relative size of these markets, what retailers are selling on these markets, origin (international or Australian) of retailers, and whether retailers have moved on to multiple markets over time. Data will be presented from late 2013 to mid June 2015 to statistically assess changes in these marketplaces over time.

Results: Following the seizure of the Silk Road, a large number of alternative markets appeared and steadily grew throughout 2014. Agora and Evolution rapidly became the largest marketplaces with 836 and 1,134 unique retailers respectively operating on these markets by December 2014. In March 2014 24% of retailers were operating across 2 or more marketplaces and in November 2014, this figure was 33%. Substantial minorities (14%) were operating across 3 or more markets in November 2014, with figures dropping to 5% in December 2014, post Operation Onymous.

Conclusions: The seizure of the original Silk Road led to a proliferation of alternative darkweb marketplaces, which grew rapidly during 2014. There was an increase in diversification among retailers across multiple marketplaces, potentially to spread their risk. Prior to Operation Onymous, these marketplaces were evolving in an attempt to mitigate the impact of law enforcement on marketplace operations. Darkweb marketplaces continue to be at risk of external threats from law enforcement as well as internal threats of moderators withdrawing funds without notice. Technology continues to evolve within this context and ongoing monitoring will provide further clarity of the impact of these threats to marketplace operations.

Datum: The case of Hello Sunday Morning

This paper examines epistemological and ontological eclecticism in the collection and analysis of data about alcohol consumption generated via the web. Hello Sunday Morning (HSM) is an online health promotion organisation founded in 2009. Initially HSM asked participants to stop consuming alcohol for a period of time, set a goal, and reflect on their progress on a personal blog. Over time, HSM’s reliance on open-ended forms of participation, including questions about alcohol consumption, has become an increasingly important form of interaction. Most recently, they have developed a mobile app as a way of assisting participants to moderate, rather than cease, their alcohol consumption. In this presentation we theorise the fourfold, and evolving, function of datum for HSM: 1. as a means for HSM to (im)prove the value of their product; 2. as a site of interaction and part of the user experience; 3. as a mechanism with therapeutic benefit; and 4. as a means to personalise user experience. We discuss the opportunities and tensions of this eclectic view of datum for the development of novel evaluation methods that support the dynamic nature of online interventions and the goal of being responsive to the needs and characteristics of the user. We also theorise datum as a facilitator of multiple therapeutic relationships: between algorithms and a quantified self; in the construction of fugitive belonging among a dispersed group of participants seeking to reconstruct their relationship with alcohol; and in terms of the evolution of a social movement comprising persons who are both ego (individual) and ethnos (culture).
ILLEGAL: In support of illicit drug consumption

In September 2013 a new magazine entered the streets of Copenhagen, Denmark. The magazine, entitled Illegal—a cultural magazine about drugs, is sold by active users of illicit drugs in order to aid them financially and thus sustain their drug use. This is stated in the first issue’s editorial. In this paper, I analyse the magazine’s representation of drug addiction as a social construction. In order to do so, I first construct a theoretical perspective on ‘addiction’ by contrasting Lindesmith’s (1938 and 1947) sociological theory of drug addiction with Jellinek’s (1960) disease concept of alcoholism and Weinberg’s (2002) embodiment of addiction. In this perspective, I then discuss how Illegal relates ‘addiction’ to three ongoing themes present in the magazine, namely, a) the consumption of drugs, b) the illegal distribution of drugs, and c) the social consequences of existing drug policies. The analysis shows that Illegal complies with Lindesmith’s and Weinberg’s approaches to addiction, while rejecting drug addiction as a disease. However, the analysis further argues that Illegal also tends towards disrupting addiction merely as a social construction caused by drug consumers’ transgressions of certain normative ideals of the body as well as the law. According to Illegal, drugs matter. They are real, just like the drug users selling the magazines are real. The magazine thus argues that addiction, whether we like it or not, is socially challenging to people who use drugs. I therefore conclude that Illegal not so much opposes the social construction of addiction but rather embodies addiction as central to a widespread and potentially dangerous drug culture, which buyers actively support when buying the magazine.

Lighting a controversy: Social processes surrounding the medical use of cannabis in Brazil — an analysis of the documentary ‘Illegal: Life does not wait’

This paper reviews the documentary ‘Illegal: Life does not wait’, produced in Brazil and released in 2014. The film is about the medical use of cannabis in Brazil, a country that prohibits the use of any derivative of this substance, according to the rules established by ANVISA (National Agency of Sanitary Surveillance). The narrative accompanies especially the drama of two children, who have a rare type of epilepsy, and women who make use of cannabidiol to control chronic pain and problems related to cancer; the struggle to import the product (within or outside the limits of legality), prejudice and stigmatisation, the passage for activism. We take this documentary to discuss a number of issues: 1) the politicisation of the issue through the drama of children and women, pointing to gender and age group in the political game for legalisation; 2) the ratio of the penalty and pathological processes in a double movement which makes the drug a medicine (in Portuguese, the word drug usually refers to illegal substances), as well as its user becomes a patient; 3) the moral discourse that questions the boundaries between recreational use and medical use, between dealer/user and a sick person or her mother , involving politicians, policies and different forms of politicisation of the issue. Thinking this ‘film as fieldwork’ (Hikiji, 1998), in anthropological terms, we dialogue on this text with a bibliography that has been considering both the drug’s and the medicine’s status as a category something floating, moving, a status that can be given, hunted, put on hold, revised by the provisions of the sanitary agency and the strength of organised groups pushing for legislative changes.
Drug journeys across the life course: Structural turning points and changing risk perceptions

Recreational drug taking provides a fascinating case study for understanding the meaning of risk and how it is assessed in contemporary life. This paper aims to supplement the decontextualised accounts offered by sociological approaches (see Beck, 1992; Giddens, 1991) to understand how risk is perceived and assessed in relation to everyday life. In doing so, a life course criminology perspective (see Laub and Sampson, 2003) is applied which highlights how transitions to adulthood shape decisions about drugs. Biographical qualitative longitudinal data on drug taking and the decision making process which underpins it, collected over a fifteen year period from adolescence into early adulthood, as part of the Illegal Leisure study (Aldridge et al., 2011; Parker et al., 1998), will be presented. It will be argued that events experienced on the journey to adulthood, such as, gaining employment or parenthood, can become structural turning points and lead to changes in drug taking behaviour. Life course events form the context against which risk, or in this case risk associated with drug taking, is assessed. Following Giordano et al (2002) the ways in which life course events act as ‘hooks for changes’ and how desistance is not always certain, will also be illustrated. The paper will highlight how life journeys intersect with drug journeys and influence risk assessment and decisions about drugs.

2. KATHERINE MCLEAN, Administration of Justice, Penn State Greater Allegheny, kjm47@psu.edu

‘There’s nothing here’: Deindustrialisation as risk environment for overdose

Applying a ‘risk environment’ approach proposed by Rhodes (2002, 2009), this study considers the socioeconomic factors contributing to drug overdose in a deindustrialised region of the US suffering heavy (sub)urban decay. The Monongahela Valley of Pennsylvania, once among the major steel production centres globally, built not only the city of Pittsburgh, but supported dozens of vital factory towns until crisis erupted in the 1960s. Culminating with the layoff of over 150,000 workers and the shuttering of every local mill in the 1980s, small cities across the Mon-Valley have lost ‘90 per cent of everything’ — population, jobs, and businesses — over the past three decades (Heinz Endowments, 2012). The past five years have further seen a dramatic uptick in accidental drug poisoning deaths; while Pennsylvania boasts the third highest rate of heroin use, and the seventh highest incidence of fatal drug overdose nationwide, geographic mortality data reveals the Mon-Valley as one of the state’s ‘hottest’ spots (OverdoseFreePA, 2014). Where media attention to the overdose epidemic has focused on the city of Pittsburgh, its tony suburbs, and rural hinterlands, this study concentrates instead on the deteriorating city of McKeesport — once the economic heart of the Mon-Valley. Twenty clients of the Valley’s sole drug treatment facility participated in in-depth interviews concerning their direct experience with accidental overdose. Specifically, subjects were asked to describe both their own most recent overdose event as well as the last overdose they had personally witnessed; they were also asked to characterise their personal history in and perception of the region, and speculate upon the roots of the local overdose surge, while venturing possible remedies. Interestingly, in considering their own incidents of overdose and their hypothetical aversion, most subjects implicitly rejected the agential language of harm reduction, claiming that no educational intervention could have altered their using behaviours; indeed, the majority appeared unfamiliar with naloxone and the ‘nearest’ needle exchange (16 miles away) that distributed it. Simultaneously, all individuals emphatically referenced the hopelessness of the region and its lack of opportunity in driving the popularity of heroin, with many explicitly suggesting the need for jobs and community reinvestment to reduce fatalities.
3. KATI KATAJA,  
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Risk taking, control and user identities:  
Key storylines of polydrug use

Polydrug use ranging from recreational use to addiction has become more common over the last decades, which has drawn attention both in the Finnish and international arenas. In Finland, earlier research perceives polydrug use as a relatively homogeneous subculture of problematic drug use. This study aims to go further in understanding the Finnish polydrug use by striving to recognise different patterns of it. The data of the study consist of interviews with users focusing on experiences of using multiple drugs. The interviewees were asked to describe different polydrug use episodes based on different motives of mixing substances. Altogether 56 interviews were gathered in different cities around Finland. A narrative approach was utilised as a theoretical frame and methodological tool. The analysis was conducted by reconstructing polydrug use episodes into chronological narratives focusing especially on conscious risk taking, control and identity formation of the polydrug user. In our analysis, we recognised four different storylines of polydrug use episodes and user identities with different risk evaluation and management: social recreation, self-discovery, continuous tweaking and addiction. The focal divider of different storylines was the social context of the polydrug use episodes. Also, the definitions of the beginning and ending stage of the polydrug use episode varied in the storylines. We interpret these storylines as reflections of wider cultural resources of social meanings of polydrug use.

2.30 — 2.45 | TRANSITION BREAK

2.45 — 3.45 | KEYNOTE 3

NICOLE VITELLONE (CHAIR: SUZANNE FRASER)  
ROOM: CONFERENCE CENTRE

Material intimacies: Researching the encounter between syringe, gender and harm reduction

This presentation investigates the materiality of gender in intimate syringe sharing practices. My aim is to consider how gender and the syringe might be more productively integrated into qualitative social research and make interventions in public health policy. Addressing the empirical problem of risk in intimate heterosexual injecting relationships (Seear et al 2012) I review the ways the category of gender and the object of the syringe have been used to account for the causes and effects of harm. Drawing on my qualitative findings on the ‘biographies of the syringe’ I suggest that what might be known in ethnographic and social studies of syringe sharing need not be defined or determined by fixed analyses of the injecting subject or injecting object. Instead, by engendering a critical intimacy with the syringe my material method of inquiring reveals the reality of gender to concern an entanglement with the syringe. In shifting the methodological and theoretical focus on syringe sharing from the social problem of drug using behaviour to how drug users adapt the syringe to their environment this paper presents drugs researchers with a paradigm shift. At stake in the question of harm reduction and the practice of syringe sharing is a wider set of questions concerning the material object and its social function.

DR NICOLE VITELLONE (Department of Sociology, Social Policy and Criminology, University of Liverpool) has been writing on themes of materiality, non-human agency, affect and the status of the technological object for over a decade, focusing on drug use and sexual practices. Nicole’s work engages injecting drugs research, drugs policy and addiction theory, always in new and challenging ways. Her research addresses the historicity of the syringe as an object of social and political inquiry, taking seriously the matter of the syringe, the materiality of the object and the material practices of injecting. In doing so her work investigates the materialising effects of this public health intervention not just for drug users, but policy makers, social scientists, social theorists and the broader sensory public. In building a social science of the syringe Nicole creates a different kind of reality that neither dismisses nor supports social policies of syringe distribution, but instead empirically engages with what she calls the ‘object at hand’. Nicole’s work has appeared in a range of journals including Body and Society, The Sociological Review, International Journal of Drug Policy, and Environment and Planning D. Her recent publication, ‘Syringe sociology’, appears in the latest issue of the British Journal of Sociology. Her presentation is taken from her forthcoming book Science of the Syringe. Email: N.Vitellone@liverpool.ac.uk
3.45 — 4.00 | CONFERENCE CLOSE
JANE MOUNTENY & DAVID MOORE
ROOM: CONFERENCE CENTRE