

Contemporary Drug Problems

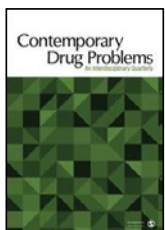


PROGRAM & ABSTRACTS

Boundaries, borders, binaries and barriers

SEVENTH *CONTEMPORARY DRUG PROBLEMS*
CONFERENCE

NANCY ROTHWELL BUILDING AND ENGINEERING BUILDING B
UNIVERSITY OF MANCHESTER, MANCHESTER, ENGLAND
27-29 AUGUST 2025



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13 Exhibition Event

Conference Sessions & Abstracts

14 Day 1: Wednesday 27 August

36 Day 2: Thursday 28 August

58 Day 3: Friday 29 August

Venue

Nancy Rothwell Building and Engineering Building B
University of Manchester, Manchester, England

For venue queries, please email
cdpconference@latrobe.edu.au

Acknowledgments

We would like to thank the institutions above, including staff from the University of Manchester, La Trobe University, Deakin University and the University of New South Wales for their assistance. We would also like to thank Elinor McDonald for design work and typesetting, and Emily Lenton and Dr Alejandra Zuluaga for their invaluable support work on the conference.

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Conference Organising Committee

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Host Institutions and Sponsors

Contemporary Drug Problems Journal

Australian Research Centre in Sex, Health, and Society,
La Trobe University (Australia)

Deakin Law School, Deakin University (Australia)

Social Policy Research Centre,
University of New South Wales (Australia)

Nursing and Midwifery, The University of Manchester (England)

Centre d'Étude des Mouvements Sociaux,
Inserm/EHESS (France)

Behaviours and Health Risks Program, Burnet Institute (Australia)

Turning Point, Monash University (Australia)

Department of Science and Technology Studies,
Rensselaer Polytechnic Institute (USA)

Department of Social Work, Stockholm University (Sweden)

D3S 'Social Science, Drugs and Society program' from the
Advanced School of Social Science-Institute of Public Health
Research (France)

Welcome

As Co-Editors of *Contemporary Drug Problems*, and on behalf of the conference organising committee, we are delighted to welcome you to the seventh *Contemporary Drug Problems* conference 'Boundaries, borders, binaries and barriers'. 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. Continuing interest in the conference has allowed us to offer a diverse and exciting program, which we hope you will find engaging and inspiring.

Conference Venue

The conference is being held across Engineering Building B and the Nancy Rothwell Building, at The University of Manchester. The buildings are adjacent to each other and located on: Booth St E, Manchester M13, United Kingdom. This conference booklet contains details of each session and the rooms for each session, with keynotes and some select sessions being held in Blended Theatre in Engineering B (2B.020); while other sessions are held in rooms 2A.011, 2A.012 and 2A.014 of the Nancy Rothwell Building (formerly known as Engineering Building A). These rooms will be signposted.

Conference Registration

The registration desk opens at 8:30 AM on Wednesday 27 August. The desk is located on the second floor of the Nancy Rothwell Building.

Session Times

This conference booklet contains details on the timing of all sessions, including the timings for morning tea, lunch and afternoon tea. The conference is fully catered for all registered attendees. Meals are served in the circulation space on the second floor.

Social Program

Welcome reception: This will be held after the conclusion of the first day of presentations, in the second floor circulation space of the Nancy Rothwell Building. Complimentary entry for all registered delegates, which includes light refreshments and drinks. The reception runs from 5:30 — 7:00 PM.

Conference dinner: A conference dinner will be held in the SITU event space, at The Alan Hotel, 18 Princess St, Manchester M1 4LG, United Kingdom. Entry is via pre-purchased dinner ticket only, which covers the meal and a glass of prosecco upon arrival. The conference dinner venue is approximately 16 minutes' walk from the conference venue.

Exhibition: Across the course of this conference, you also be able to peruse images for an exhibition being staged from a study called *Behind Closed Doors: Material Worlds and the Micro-Politics of Recreational Drug Use*, led by Dr Lisa Williams, of the De-

partment of Criminology in the School of Social Sciences, The University of Manchester. You can read more about it in this conference booklet.

Conference Publication

Following the conference, *Contemporary Drug Problems* will publish a special issue comprising peer-reviewed papers originally presented at the conference. Details of the special issue will be announced at the conference and details of how to submit completed papers will be circulated to conference attendees after the event. For further information on the journal, please visit: <http://journals.sagepub.com/home/cdx>.

Acknowledgement of Consumers and Peer Organisations

The conference organising committee acknowledges the significant contribution made by peer organisations to drug research, policy, and advocacy, and recognises the financial challenges peer organisations face in participating in international professional meetings. We acknowledge the many consumer attendees this year and welcome their participation in the conference and among other things, thank contributors to the conference solidarity fund, established for the first time this year, which is designed to support attendees.



Kate Seear and Kylie Valentine,
Co-Editors, *Contemporary Drug Problems*

Boundaries, borders, binaries and barriers

We imagine, study, live and make drugs through boundaries. Drugs move transnationally, as do the people who cultivate, consume and sell them. Drugs travel across borders of 'producing' and 'consuming' countries. Drugs move between bodies, permeating boundaries of interiority and exteriority, skin, blood and brain. Laws categorise drugs through binaries: as licit or illicit, medicinal or non-medicinal, intoxicating or therapeutically transformative. Drugs are made through distinctions between human and 'non-human' worlds, and anxieties about and practices concerning drug use are constituted through binaries of control and compulsion. In cultural contexts that celebrate control, rationality, authenticity, and order, people who use drugs and those who are understood to be experiencing 'addiction' become devalued, because they are constituted as compulsive, irrational, duplicitous and chaotic.

As those working with tools such as feminist theory, narcofeminism, queer theory, Science and Technology Studies, new materialism, Indigenous knowledges and decolonising methodologies have shown, it is important to identify and probe these boundaries, borders, binaries and barriers. What do these boundaries mean, do and make possible? Are they barriers to understanding and progress in relation to drug law reform? How might we think and do drugs otherwise if we work to dissolve borders between people and drugs, human and non-human, licit and illicit, subject and object, blood and brain? What becomes possible when we disrupt disciplinary boundaries, including through explorations of disciplinary siloing? What do we learn when drugs are the subject of new and interdisciplinary perspectives, or approaches including ancient or ancestral knowledges? How can thought and practice engage centrally with boundaries, borders, binaries and barriers of various kinds, including between drugs, bodies, subjects and objects, the reshaping, reinforcing and dismantling of state borders, and the binaries that shape drugs? Is there value in maintaining boundaries, borders, binaries and barriers?

Building on CDP's previous conferences, which have opened up questions of how drugs are problematised; how the complexity of drug use can be attended to; how drug use might be understood

as event, assemblage or phenomenon; how drugs and their effects are constituted in various forms of practice and interactions/intra-actions; how we might rethink change; and the need to embrace 'trouble' in our work, the 2025 conference sought submissions for presentations that considered the many boundaries, borders, binaries and barriers that structure how we do drugs, including work that challenges, dissolves, dismantles, questions, pushes, problematises, decolonises, disrupts, transgresses, reconsiders or restructures them.

We welcomed contributions from those working in anthropology, cultural studies, law, criminology, social epidemiology, history, human geography, public policy, gender studies, sociology, social work and related disciplines, and encourage the innovative use of methods, concepts and theoretical tools.

This year's conference is also accompanied by a satellite event, called 'Law, drugs and the moving body', funded by the Socio-Legal Studies Association in the UK. The conference is held on Monday 25 August 2025, also at The University of Manchester. Details of the satellite event can also be found in this program booklet.

DAY 1: WED 27 AUGUST

9:15 – 9:30 **WELCOME** | KYLIE VALENTINE, KATE SEEAR AND MAURICE NAGINGTON9:30 – 10:30 **KEYNOTE 1** | CHAIR: MAURICE NAGINGTON | **MARSHA ROSENGARTEN** Moral Materialism vs An Aesthetics of Drugs
ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)10:30 – 10:50 **MORNING TEA** | SECOND FLOOR CIRCULATION SPACE, NANCY ROTHWELL BUILDING

10:50 – 12:50

CONCURRENT SESSIONS

SESSION 1A	SESSION 1B	SESSION 1C	SESSION 1D
DRUG EFFECTS CHAIR: KARI LANCASTER ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)	PARTICIPATORY APPROACHES & CO-DESIGN CHAIR: MAURICE NAGINGTON ROOM: 2A.011	HOUSING CHAIR: MATTHEW BATES ROOM: 2A.012	CRIMINAL JUSTICE AND POLICING CHAIR: HELEN KEANE ROOM: 2A.014
JULIA B. KÖHNE Hallucination Overdose. Narcohypnosis Against 'Male Hysteria' in US and UK Military Educational Films, 1943-46	TUUKKA TAMMI AND RAFAELA RIGONI Co-Designing Civil Society-led Monitoring of Harm Reduction in Europe: Advancing inclusive and participatory systems	SIF INGIBERGSDOTTIR MOGENSEN AND ESBEN HOUBORG The Emotional and Affective Dynamics of Women's Experiences with Drug Use, Unstable Housing, and Harm Reduction	SHELLEY WALKER ET AL. Policing methamphetamine use: Lived experiences of criminalisation and marginalization
LISA LEHNER Engaging through Benzo-Infrastructures: Prevalence, (De-) Prescription and Chemo-Moralities in Austria	GIULIA ZAMPINI AND ALEX FRANKOVICH Participatory Action Research Dilemmas: Moving Beyond the Binaries?	MAUD ROOS ET AL. Women with Problem Drug Use- and Their Daily Life Challenges in Gender-Specific and Gender-Mixed Supportive Housing Facilities	GEORGE (KEV) DERTADIAN AND VICKI SENTAS. "No penalties. No arrests. No jails": Perspectives on drug decriminalization among people who inject drugs in Sydney
GEOFF BARDWELL 'Overdose' as wild self-care: Rethinking the harm versus pleasure binary via chaosmosis	KATHERINE RUDZINSKI ET AL. Reclaiming our bodies, rewriting our stories on safer supply: A narcofeminist photovoice investigation of how women and non-binary people who use drugs challenge medical/criminal binaries in Toronto, Canada	KANNA HAYASHI ET AL. "Street Sweeps": the municipal government-enforced confiscation of personal belongings among unstably housed people who use drugs in Vancouver, Canada	KATE SEEAR On dogs and frogs: Drug law as a multispecies concern
TREVOR GOODYEAR ET AL. Homes of substance: Drugs and the making of home/lessness for 2S/LGBTQ+ youth	INGER EIDE ROBERTSON ET AL. Gender dynamics in drug-using contexts: Implication for treatment and support	SIRI MØRCH PEDERSEN AND ESBEN HOUBORG The shelter drug environment: Boundary practices at a shelter for structurally vulnerable people who use drugs, and the implications for harm reduction	ALLISON SCHLOSSER ET AL. "I can't see you": Spatio-temporal Governance and the Invisibilization of Drug Use and Houselessness in San Francisco, California

12:50 – 1:30 **LUNCH** | SECOND FLOOR CIRCULATION SPACE, NANCY ROTHWELL BUILDING

1:30 – 3:00

CONCURRENT SESSIONS

SESSION 2A	SESSION 2B	SESSION 2C	SESSION 2D
NARCOFEMINISM CHAIR: KIRAN PIENAAR ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)	YOUNG PEOPLE 1 CHAIR: SHELLEY WALKER ROOM: 2A.011	CHEMSEX EXPERIENCES CHAIR: SEAN MULCAHY ROOM: 2A.012	EXPLORING AND ENACTING CARE CHAIR: EVA SAMUELSSON ROOM: 2A.014
CATY SIMON ET AL. Disrupting Discourse: Lessons Learned from Taking Narcofeminism Storyshare on the Road	SHAWNEE HARKNESS Safe Sesh: Festive Drug Use, Harm Reduction, and the Shifting Boundaries of Safety and Agency	JAKE SMIT Fucking Around and Finding Out: Meaning-making in the MSM Chemsex Scene	ALEX MCLEAN Cartographies of Care in Harm Reduction Outreach: An Ethnographic Exploration of Community-driven Responses to the Overdose Crisis in St. John's, Newfoundland & Labrador
NYSSA FERGUSON ET AL. Working the boundaries of care: A narcofeminist analysis of alcohol consumption practices among nurses and midwives in Australia	AJ MARTIN ET AL. Using the Freedom of Information Act to investigate local drug education and support in England and Wales	MARCUS GRIFFIN Boundaries, stigma, and liminality in chemsex: A critical examination	HOLLY MATHIAS ET AL. Towards Caring Communities: Supporting Unpaid Family Caregivers of People Who Use Drugs

DAY 1: WED 27 AUGUST

APEI SONG AND JIAOJIAO HE Be mom, for mom: Anti-authority Recovery Narratives of Female who Use Drugs in China	ISABELLE VOLPE Reconstituting youth participation in drug policy through a novel mapping method	MAURICE NAGINGTON The ethics of the Manchester Dancefloor: or, 'I've always thought of drugs as being held in common on the dancefloor'	SOPHIA E SCHROEDER ET AL. Absence, presence, and engagement in the endgame of hepatitis C (HCV) elimination: Mobilising care for people who inject drugs through a peer- and nurse-driven van
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3:00 – 3:20

AFTERNOON TEA | SECOND FLOOR CIRCULATION SPACE, NANCY ROTHWELL BUILDING

3:20 – 5:20

CONCURRENT SESSIONS

SESSION 3A	SESSION 3B	SESSION 3C	SESSION 3D
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ADDICTION, DEPENDENCE AND HABIT CHAIR: DANIELLE RUSSELL ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)	CHEMSEX: LAW/POLICY/ MEDIA CHAIR: MAURICE NAGINGTON ROOM: 2A.011	FAMILIES, IDENTITIES, METHODS CHAIR: RIA TSINAS ROOM: 2A.012	TRAUMA CHAIR: RENAE FOMIATTI ROOM: 2A.014
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ELI ODA SHEINER Death Drive Redux, For an Ambivalent Theory of Addiction's Otherwise	SEAN MULCAHY Chemsex and the law – Exploring the legal borderlands and narco-frontiers in the justice system's response to drug-related sexual offences	CHARLOTTE SMITH Constructing Risk at the CAS- Medico-Legal Borderland	MICHAEL SAVIC Porousness, retraumatisation and social justice: Rethinking safety in trauma-informed care
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JESSE PROUDFOOT Life on life's terms: Powerlessness and precarious agency in addictions recovery	JORGE FLORES-ARANDA Chemsex and drug policy: Overcoming borders and barriers to HIV prevention in diverse communities	KYLIE VALENTINE ET AL. Epigenetics, devices and visualising data: on new and old borders in antenatal care	EMILY LENTON Towards structural reform and social justice: Analysing trauma- informed care in Australian alcohol and other drug and mental health strategies
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KARI LANCASTER Long-acting injectable buprenorphine, biomedicine's incongruities and the reimagining of treatment	MATTHEW BATES Writing chemsex: Narrative form and aesthetics in chemsex literatures	POLLY RADCLIFFE ET AL. "I think they don't realise being a parent is already difficult": Using Photovoice to understand the Postpartum experience of women engaged with drug treatment during pregnancy	GEMMA NOURSE Trauma as genealogy: Reframing addiction through trauma-informed care
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GUI TARDIF ET AL. No binaries: A study of chemsex practices in the 55+ population	MARIE JAUFFRET-ROUSTIDE AND JEAN-MAXENCE GRANIER Exploring the effect of plural/mixed identities in the knowledge production process in drug policy research based on participatory methods
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DAY 1: WED 27 AUGUST

5:30 – 7:00 **WELCOME RECEPTION | NANCY ROTHWELL BUILDING**

DAY 2: THURS 28 AUGUST

9:00 – 11:00

CONCURRENT SESSIONS

SESSION 4A	SESSION 4B	SESSION 4C	SESSION 4D
<p>THE POLITICS OF KNOWLEDGE PRODUCTION 1 CHAIR: ADRIAN FARRUGIA ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)</p>	<p>POLICY 1 CHAIR: ROB RALPHS ROOM: 2A.011</p>	<p>COUNTERPUBLICS CHAIR: DEAN MURPHY ROOM: 2A.012</p>	<p>LAW, REGULATION AND HUMAN RIGHTS CHAIR: KATE SEEAR ROOM: 2A.014</p>
<p>JOHN FITZGERALD The piling up of rationalities in drug monitoring and checking</p>	<p>STEVEN HAYLE Comparative Drug Policy Analysis and the Social Construction of Problems: Exploring Drug Consumption Room Policymaking in the United Kingdom and Ireland</p>	<p>LYU AZBEL AND JAMIE HAKIM Trans-chemsex towards a queer future: What can a darkroom do to dislodge affective gender inequalities?</p>	<p>ALEJANDRA ZULUAGA Epistemic barriers in drug policy: A decolonial perspective on the interpretation and application of human rights</p>
<p>ESBEN HOUBORG Navigating the Fine Line Between Science and Politics: A Personal Account from the Frontlines of Drug Policy Research</p>	<p>ASMIN FRANSISKA AND EKO ADI PRASETYANTO Advancing Indonesian Drug policy: Abolishing Prison Through a Decriminalization Approach with Drug Thresholds for a Fairer System.</p>	<p>ABIDEEN DAVID AMODU Drugs, sex and care: Erotics, (counter) publics, sociality, and party and play practices among queer Nigerians</p>	<p>ALEXANDRA DMITRIEVA AND VLADIMIR STEPANOV The undeclared war on drugs in the post-Soviet limbo</p>
<p>FILIP DJORDJEVIC ET AL. Community Engagement in Alcohol Licensing: Findings From Two UK Case Studies</p>	<p>FIONA MEASHAM Poppers, impermissible pleasures and the politics of exemption</p>	<p>RUBY GRANT ET AL. Queering vaping: Exploring lesbian, bisexual, and queer women's nicotine use as a contested practice of sociability, identity, and resistance</p>	<p>LIAM MICHAUD "She can't do any of those things anymore": Overdose-related brain injury, debilitation, and legal violence</p>
<p>JAMES NICHOLLS AND GEOFFREY HUNT Are we the fun police?: The boundaries of pleasure in alcohol research</p>	<p>FAY DENNIS Ripping up the rulebook? (De)territorialising drug treatment after Covid-19</p>		<p>REY TIQUIA Regulating Chinese Materia Medica in Australia— The Yin and Yang of Yao, Du, Poisons and /drugs</p>

11:00 – 11:20 **MORNING TEA | SECOND FLOOR CIRCULATION SPACE, NANCY ROTHWELL BUILDING**

11:20 – 11:20

CONCURRENT SESSIONS

SESSION 5A	SESSION 5B	SESSION 5C	SESSION 5D
<p>THE POLITICS OF KNOWLEDGE PRODUCTION 2 CHAIR: MARSHA ROSENGARTEN ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)</p>	<p>POLICY 2 CHAIR: FAY DENNIS ROOM: 2A.011</p>	<p>BEYOND PUNISHMENT AND PATHOLOGY CHAIR: VINCENT GAILLARD ROOM: 2A.012</p>	<p>DIGITAL METHODS, DATA AND ANALYSIS CHAIR: MARCUS GRIFFIN ROOM: 2A.014</p>
<p>MATS EKENDAHL ET AL. The creation of boundaries between 'safe' and 'risky' alcohol use: the case of low-risk drinking guidelines (LRDGs)</p>	<p>ILKKA ARMINEN AND MIKA SIMONEN Addiction policies on thin ice</p>	<p>JOSEFIN MANSSON ET AL. Temporal inequalities: everyday experiences and reprehensible work among people who inject drugs in Sweden</p>	<p>AMREETHA JAYATHILAKE ET AL. Asynchronously Monitored OAT Dosing: Pleasurable and/or carceral surveillance?</p>
<p>CHELSEA COX ET AL. Reconciling perspectives on drugs across law professionals, health professionals, and Canadians who use drugs</p>	<p>REBECCA ASKEW ET AL. Capturing the everyday experiences of drug policy: A photo-ethnography of Mancunian working lives applying the policy ecology concept.</p>	<p>KELSEY SPEED "Sometimes you don't even see it coming when you pass out": gendered harms of opioids adulterated with emerging novel psychoactive substances in British Columbia, Canada</p>	<p>APRIL HENNING AND JESPER ANDREASSON The digital doping ecosystem: Doping as digital materiality</p>
<p>RENAE FOMIATTI Marketing epistemic consumption and confusion: Scientific knowledge, education and affect in cosmeceutical advertising</p>	<p>ROB RALPHS The Mancunian Way: The development of an evidence-based local policy and practice response to Novel Psychoactive Substances and Other Emergent Drug Trends</p>	<p>LISA WILLIAMS Researching Differently: Ontopolitically-oriented research, material methods and drugs research</p>	<p>DAVID MOORE ET AL. Assessing drinking risk: Expanding the boundaries of regulation</p>

DAY 1: WED 27 AUGUST

	AYSEL SULTAN Affirmative ethics as an engaged methodology: Mapping a cartography of critical drug studies	LIZ BARRETT AND LAURA MCLAUCHLAN An exploration of multispecies lives, affect and creative practice in cannabis policy	AIRELLE AMÉDRO ‘This staying clean shit isn’t easy’: Challenging harm regulation narratives through queer ethics of care in Virginie Despentes’s Dear Dickhead	FIONA MARTIN Confronting the techno-solutionist hype: A typology of emerging machine applications for the prevention, treatment and management of addiction
1:20 – 2:00	LUNCH SECOND FLOOR CIRCULATION SPACE, NANCY ROTHWELL BUILDING			
2:00 – 3:30	CONCURRENT SESSIONS			
	SESSION 6A	SESSION 6B	SESSION 6C	SESSION 6D
	RACE, PROHIBITION AND HARM REDUCTION CHAIR: LISA WILLIAMS ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)	YOUNG PEOPLE 2 CHAIR: GEMMA NOURSE ROOM: 2A.011	HARM REDUCTION 1 CHAIR: NYSSA FERGUSON ROOM: 2A.012	STIGMA 1 CHAIR: ELENA CAMA ROOM: 2A.014
	KATHERINE MCLEAN AND PENELOPE MORRISON “Sometimes it’s the client that someone has a PFA on”: Race, and racialized boundaries, in the care of women with co-occurring opioid use and intimate partner violence	JONAS STRANDHOLDT BACH ET AL. A murky terrain: The role of Danish alcohol policy in negotiating boundaries and barriers of intoxicated youth	EVA SAMUELSSON AND JESSICA STORBJÖRK Boundaries in harm reduction interventions in a control-oriented drug policy context	LOREN BRENER ET AL. Stigma by association and lived/living experience among alcohol and other drug workers
	ROB MEZYK Prohibition and prescription: medicalisation of cannabis and social justice	KRISTIAN HAULUND JENSEN ET AL. The mediated and gendered time-out: Social, material and emotional boundaries of drunk texting among Danish adolescents	LUCAS TUCKER ET AL. Necropolitics and the establishment and closure of North-Eastern Ontario’s only supervised consumption site: A community-based rapid ethnography	TIMOTHY BROADY ET AL. Strategies to avoid stigma in health care among people who inject drugs: Identifying leverage points for inclusive care
	ZELLIE THOMAS AND BRE AZAÑEDO Justice-Driven Harm Reduction: A Focus on Black Communities in the Fight Against Overdose	WILLY PEDERSEN Does the NoLo (no or low alcohol) trend result in more lonely adolescents?	REBECCA LANG Harm Reduction on the potential interactions between commonly prescribed mental health medications and licit and illicit drugs	ZOE GLEESON ET AL. Experiences of stigma among people who smoke methamphetamine: A qualitative study
3:30 – 3:50	AFTERNOON TEA SECOND FLOOR CIRCULATION SPACE, NANCY ROTHWELL BUILDING			
3:50 – 4:50	KEYNOTE 2 CHAIR: KYLIE VALENTINE DANIELLE M. RUSSELL The Borders and Boundaries of Care: The Absence of Care in Healthcare for People Who Use Drugs ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)			
5:45pm –	CONFERENCE DINNER (SEPARATE TICKET REQUIRED) THE SITU EVENT SPACE, THE ALAN HOTEL, 18 PRINCESS STREET, MANCHESTER, M1 4LG (APPROXIMATELY 16 MINS WALK FROM THE VENUE)			

DAY 3: FRI 29 AUGUST

9:30 – 11:00

CONCURRENT SESSIONS

SESSION 7A	SESSION 7B	SESSION 7C
INTOXICATION, PLEASURE, SAFETY CHAIR: SEAN MULCAHY ROOM: 2A.011	PSYCHEDELICS CHAIR: GIULIA ZAMPINI ROOM: 2A.012	TREATMENT ASSEMBLAGES CHAIR: MAURICE NAGINGTON ROOM: 2A.014
JACOB CHAGNON “Make Toilets Toilets Again!” An infrastructural model for safer (consumption) spaces in nightlife	SIRI WILLIAMS From prescriptive to preventative: Envisioning a future for psychedelic treatment in Australia	CHASE LEDIN Assembling DoxyPEP, AMR, and queer stewardship
KIRAN PIENAAR, GEMMA NOURSE, & RENAE FOMIATTI Intoxicated sex/sex as intoxication: Consent in the making of sex, gender, and alcohol and other drugs	MARGIT ANNE PETERSEN Intelligent Intoxication: Exploring the boundaries of psychedelic self-improvement	DEAN MURPHY Exploring attitudes to long-acting injectable HIV pre-exposure prophylaxis (PrEP) among potential end users: Embodied experiences of sex, HIV risk, and antiretroviral consumption
GABRIEL CALUZZI ET AL. Expanding the narrative: Understanding alcohol’s role in drink spiking and facilitating sexual violence	SHANA HARRIS “We Need Every Little Ounce of Hope We Can Get”: The Hype and Hope of Psychedelic-Based Drug Treatment in Mexico	TRISTAN DUNCAN ET AL. Point-of-care technologies, mobile services, and the time and place of hepatitis C Care in the Era of Elimination

11:00 – 11:30

MORNING TEA | SECOND FLOOR CIRCULATION SPACE, NANCY ROTHWELL BUILDING

11:30 - 1:00

CONCURRENT SESSIONS

SESSION 8A	SESSION 8B	SESSION 8C
STIGMA 2 CHAIR: LOREN BRENER ROOM: 2A.011	CARE AND SELF-CARE CHAIR: CHASE LEDIN ROOM: 2A.012	MAKING TREATMENT CHAIR: JORGE FLORES-ARANDA ROOM: 2A.014
ELENA CAMA ET AL. The impact of attitudes towards people who inject drugs on the clinical recommendations of health workers	RICHARD ALEXANDER Psychedelic Soldiers: Beyond Psychotherapy	ALEX BETSOS Making Methadone Internationally: Retracing Methadone Treatments Constitution in the 20th Century
EUAN LAWSON The lived experience of primary care services for people who use drugs: a meta-ethnography	DANIEL STORER ET AL. The “Informed Matter” of gay and bisexual men’s (potential) use of HIV antiretrovirals to prevent and treat COVID-19	ANN DE SHALIT ET AL. Evidence construction in prescriber practices: Comparing Safer Opioid Supply (SOS) and Opioid Agonist Treatment (OAT) approaches
AMANDA ROXBURGH ET AL. Outrage and algorithms: shifting drug-related stigma in a digital world	ADRIAN GUTA ET AL. “I can’t fix capitalism and its crushing poverty”: Findings from a qualitative study of client and providers perspectives about medication diversion in the context of opioid agonist treatment and safer supply	AASA KVIA ET AL. What barriers and facilitators can be observed/documentated when introducing the translated version of the intervention ‘Recovery is up to you’ in a Norwegian setting?

1:20 – 2:00

LUNCH | SECOND FLOOR CIRCULATION SPACE, NANCY ROTHWELL BUILDING

2:00 – 3:00

CONCURRENT SESSIONS

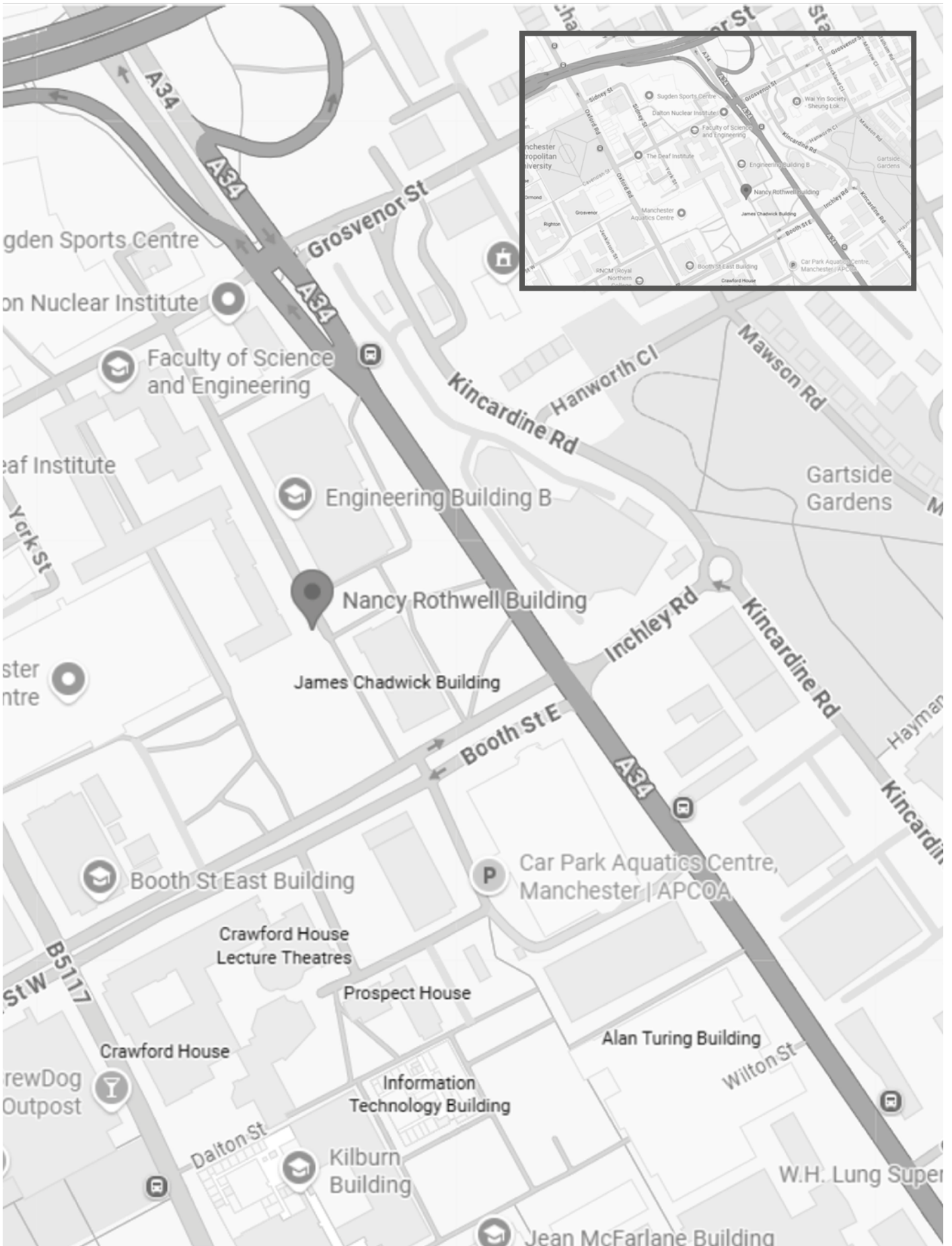
SESSION 9A	SESSION 9B	SESSION 9C
DRUGS IN CULTURE CHAIR: AIRELLE AMEDRO ROOM: 2A.011	DRUG TAKING PRACTICES CHAIR: ALEJANDRA ZULUAGA ROOM: 2A.012	DRUG CHECKING CHAIR: AMANDA ROXBURGH ROOM: 2A.014
VINCENT GAILLARD Guillaume Dustan on French television at the turn of the new millennium: reflections on drugs, gender & sexuality, and queer theory	AHMED BAYOUMI ET AL. Dualism between treatment and harm reduction: implications for care and advocacy	ANNA OLSEN Drug checking: A boundary conquered or a boundary maintained?
VLADIMIR STEPANOV AND ALEXANDRA DMITRIEVA What are the lattices silent about? Managing the uncertainty of people who use drugs in (post)Soviet urban infrastructure in Ukraine	DANIELLE GERMAN ET AL. Exploring the role of time in polysubstance use and the challenges of navigating an unpredictable drug supply	CHELSEA L. SHOVER AND MORGAN GODVIN Triangulating quantitative drug checking and online content analysis to examine the mystery of UV stabilizer BTMPS in illicitly manufactured fentanyl

3:00 – 4:00

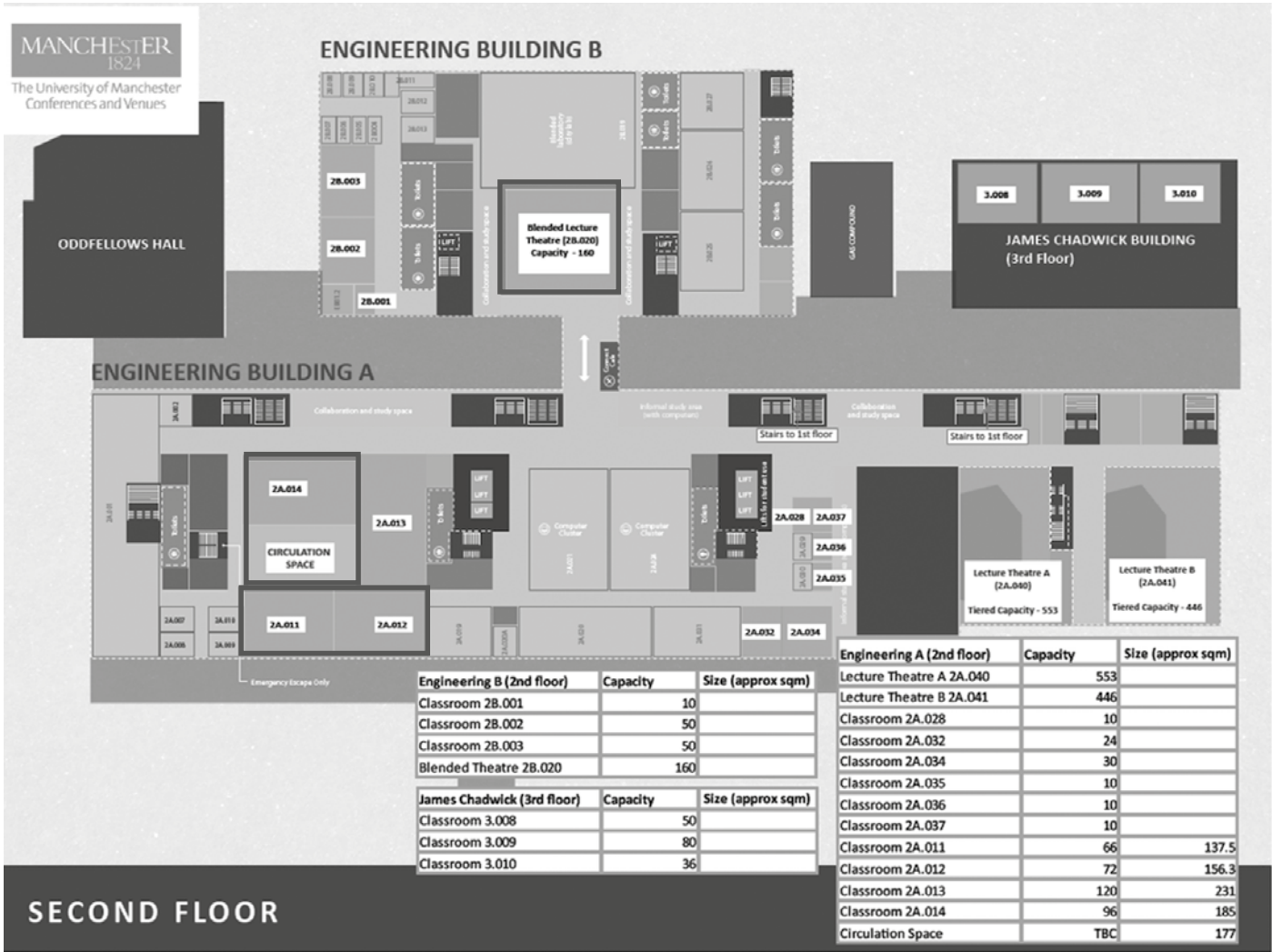
KEYNOTE 3 | CHAIR: KATE SEEAR | HELEN KEANE AND ADRIAN FARRUGIA What’s in a name? Reflecting on critical drug studies
ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)

4:00pm

CLOSING AND THANKS | KATE SEEAR, KYLIE VALENTINE AND MAURICE NAGINGTON
ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)



Location of Engineering Building B and the Nancy Rothwell Building — courtesy of Google Maps



Venue map for: Engineering Building B and the Nancy Rothwell Building (formerly known as Engineering Building A) — courtesy of The UoM

Law, Drugs, and the Moving Body

MONDAY 25 AUGUST | 10:30AM-5PM

JEAN MCFARLANE BUILDING, UNIVERSITY OF MANCHESTER

Register for Law, Drugs, and the Moving Body (<https://events.humanitix.com/law-drugs-and-the-moving-body>).

'Law, Drugs, and the Moving Body' is a seminar held as a satellite event on Monday 25 August 2025 alongside the Contemporary Drug Problems conference at the University of Manchester, coinciding with Manchester Pride. The seminar brings together three bodies of research — socio-legal studies, critical drugs studies, and movement studies — to explore what insights these different fields can offer one another, in terms of both research and practice. It offers new ways of doing socio-legal research with attention to law's relation to drugs and movement.

Bringing socio-legal and interdisciplinary approaches to the study of drug issues is vital, particularly given the legal and social justice dimensions of drug-related problems. The United Nations Office on Drugs and Crime has recently established a dedicated branch to manage the movement of drugs across international borders, sports anti-doping agencies increasingly find themselves caught into geo-political conflicts, and laws have increasingly expanded to regulate the use of drugs during and prior to sexual encounters.

This seminar is particularly timely given the ways in which law regulates drugs and movement, often at the same time. This plays out in laws regulating bodies with drugs moving across international and sometimes sub-national borders; laws restricting the ways that bodies affected by drugs can move in diverse areas such as driving, sports, and sex; and laws controlling the movement of bodies with a history of drug use through things such as interlock devices, ankle bracelets, and custody cells.

Law often seeks to regulate the movement of bodies that are deemed unruly due to the use of drugs, and this can carry consequences for those who use them. It is notable that the legal regulation of drugs that escalated during the temperance movement also led to a prohibition of sound and dance forms, suggestive of connections between forms of music, drugs, and dance, such as alcohol and jazz, reggae and cannabis, raves and ecstasy, and so on. In contrast to movement, fixation is a common thematic in the legal regulation of dance, copyright, and choreography, as well as in drug regulation, taxonomy, and classification, suggesting confluences between fixation and legitimation as compared to unfixity and deviance.

The seminar will explore these socio-legal issues as well as methods of conducting legal research into drugs issues, including arts-based methods such as movement and dance. Arts-based methods of socio-legal research offer new ways of exploring the intersections of law, drugs, and moving bodies through lifting law from the page to the stage. This seminar will explore current legal and policy debates about the regulation of drugs and movement and offer findings generated through innovative research methods that will be of interest to both scholars and policymakers.

SCHEDULE

10:30-11:00	WELCOME
11:00-12:30	SESSION 1
	PRESENTATION 1: Alejandra Zuluaga, 'Epistemic barriers in drug policy: A decolonial perspective on the interpretation and application of human rights'
	PRESENTATION 2: Esmé-Renée Audéoud, Justine Browne, Christie Chuprum, Angéline Martel, Monika Barbe-Welzel, Jorge Flores-Aranda, and Rossio Motta-Ochoa, 'Indigenous unruly bodies: Managed Alcohol Programs, cultural adaptation and movement'
	PRESENTATION 3: Veera Kankainen, Anu Katainen, Katariina Warpenius, and Lotta Hautamäki, 'Subject of rights in involuntary drug treatment: A critical policy analysis of Finnish law-reform discourses over the past 15 years'
12:30-14:00	LUNCH
14:00-15:30	SESSION 2
	PRESENTATION 4: Liam Michaud, 'Police discretion and the relational economies of drug distribution: Rethinking "punitiveness" and "leniency" in street-level enforcement'
	PRESENTATION 5: Kate Seear, 'An abecedarium of multispecies matterings'
	PRESENTATION 6: Vincent Gaillard, 'The law's movements on the queer male body: Intoxicated consent in chemsex'
15:30-16:00	AFTERNOON TEA
16:00-17:00	SESSION 3
	PRESENTATION 7: Maria Federica Moscati, 'Hormones, bodies, and movement'
	PRESENTATION 8: Sean Mulcahy, 'Chemsex and the law — Exploring the legal borderlands and narco-frontiers in the justice system's response to drug related sexual offences'

NOTES FOR ATTENDEES: Whilst the satellite event/seminar will be held alongside the Contemporary Drug Problems conference, the seminar is also open to non-conference attendees.

For questions, email: Dr Sean Mulcahy at s.mulcahy@latrobe.edu.au

ACKNOWLEDGMENTS: This seminar is funded by the Socio-Legal Studies Association.

Behind Closed Doors: Material Worlds and the Micro-Politics of Recreational Drug Use

DR LISA WILLIAMS, DEPARTMENT OF CRIMINOLOGY, SCHOOL OF SOCIAL SCIENCES, UNIVERSITY OF MANCHESTER

The possession of illegal drugs in England and Wales carries severe penalties, including custodial sentences of up to seven years for Class A substances. Yet, official statistics show that over a third of the population have taken this risk, having tried illegal drugs, and at least one in ten use them regularly. Inspired by the material turn in the social sciences, this exhibition explores how recreational drug users respond to prohibitionist drug policies through the strategies they use to store and conceal drugs in the home.

The data were collected for an exploratory study on recreational drug use in domestic settings. Material methods — object-centred interviews and visual ethnography — were used with ten participants, most living in Greater Manchester. Aged between 28 and 58, many worked in professional occupations, and over half were parents. The images presented show the substances and paraphernalia kept at home, with some images paired together showing how they are stored, often hidden from others to conceal not only the possession of illegal drugs, but also the identities that might be revealed if discovered. Parents, for example, described keeping drugs out of reach or sight of their children. Few participants concealed drugs to avoid detection by authorities, instead highlighting how social privilege acted as a protective factor.

The material properties of storage containers played a key role in concealment. Participants often repurposed everyday items, such as food jars or tins, chosen for their practical qualities. This was especially common with herbal cannabis, where airtight containers masked odour and preserved freshness. Others purchased containers specifically for drug storage, selecting them for their aesthetic appeal or ability to avoid attracting attention. Some containers were kept in plain sight on shelves, tables, or worktops while others were hidden in wardrobes, cupboards, or drawers. These practices illustrate material relationality: how objects and spaces interact.

The storage and concealment of recreational drugs in domestic settings reflect the micro-politics of normalisation, reducing potential legal consequences and social stigma to the self, and health risks to others who might find and take drugs unknowingly. Despite growing acceptance of recreational drug use, people who use drugs must still navigate and manage drug-related stigma in everyday life.



8.30 – 9.15 | REGISTRATION

The registration desk opens at 8:30 AM on Wednesday 27 August. The desk is located on the second floor circulation space, within the Nancy Rothwell Building.

9.15 – 9.30 | WELCOME

KATE SEEAR, KYLIE VALENTINE

AND MAURICE NAGINGTON

ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)

9.30 – 10.30 | KEYNOTE 1: PROFESSOR MARSHA ROSENGARTEN (CHAIR: MAURICE NAGINGTON)

ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)

Moral Materialism vs An Aesthetics of Drugs

In this paper, I will draw on panpsychist thought to propose a speculative alternative to the moralism that arises from the separation of facts and values. If, as the premise of this talk suggests, we consume drugs to induce change, then surely feeling is what matters. By feeling, I refer to the sensory experience achieved by the connection between us and a drug (or multiple drugs), which, as I will argue using panpsychism, serves as an inherent source of value creation. Refuting the mind/body dualism that positions consciousness solely in the mind apart from the body, panpsychism posits a single ontology. All entities feel. Feelings, as the speculative philosopher and panpsychist Alfred North Whitehead states, are ‘vectors’; they feel what is there and transform it into what is here. As the Whiteheadian philosopher Jonathan Delafield-Butt posits, ‘they [feelings] are inextricably, unequivocally, undeniably a feature of our natural world. We know they are because we are them; they are our experience of the world.’ Although the title of this paper suggests a contest between moralism, which adopts a materialist view of existence and allows for judgments about drug use as ‘good’ or ‘bad,’ and aesthetics (feeling), it is not intended to provide guidance on policy or, indeed, practice. Rather, my aim is to provoke thought on what might become possible by privileging what users of drugs suggest is the essential role of feeling.

ABOUT MARSHA ROSENGARTEN

Marsha Rosengarten is a Visiting Professor in the Department of Global Health and Social Medicine, King’s College London, and Emeritus Professor in Sociology, Goldsmiths, University of London. She is the author of *HIV Interventions: Biomedicine and the Traffic in Information and Flesh*, co-author with Mike Michael of *Innovation and Biomedicine: Ethics, Evidence and Expectation in HIV* and co-editor with Alex Wilkie and Martin Savransky of *Speculative Research: The Lure of Possible Futures* and, also, co-editor with Fay Dennis and Kiran Pienaar, *Narcofeminisms: Revisioning drug use*. Her work explores the contributions that speculative modes of thought can make to transforming scientific conceptions of nature when making epiphenomenal the role of the sensory.

10.30 – 10.50 | MORNING TEA

ROOM: SECOND FLOOR CIRCULATION SPACE, NANCY ROTHWELL BUILDING

10.50 – 12.50 | CONCURRENT SESSIONS**SESSION 1A: DRUG EFFECTS**

CHAIR: KARI LANCASTER

ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)

JULIA B. KÖHNE

Humboldt-University Berlin, Germany

Hallucination Overdose. Narcohypnosis Against ‘Male Hysteria’ in US and UK Military Educational Films, 1943-46

In course of the Second World War, military headquarters of the Royal Army and the US-Army struggled with an ever-growing number of patients (soldiers and officers) showing symptoms of “male war hysteria” or “psychoneurosis,” including re-experiencing of traumatizing brutal war scenes through intrusive imagery. These scenes repeatedly occurred in the shape of daydreams or nightmares causing insomnia, as they had been caused by a dissociation from ‘normal’ scenic perception and by death-fear-experiences. In order to take care of this urgent problem and overcome this barrier preventing military success, between 1943 and 1945, military leaders of both nations commissioned the filming of symptoms of ‘combat exhaustion’ and its treatment, the application of narco-hypnosis (e.g., ‘truth serum’) for psychoneurosis patients, in order to communicate detailed knowledge to hundreds of British and US military doctors. From a transnational and interdisciplinary perspective, this talk focuses on select military-medical instructional films about this form of treatment that was supposed to help re-masculinize and remilitarize “war hysterics.” Relying on classical binary logics, soldiers and officers, who had had their mental ‘breaking point,’ were seen as symbolically weak and effeminate. Using special aesthetic means, narco-hypnosis films managed to suggest that the war participants under treatment could be cured. The documentary-like, semi-fictitious images tried to narrate the therapy, re-experiencing and rehabilitation episodes in a dramaturgically stirring way. Trance-like half-sleep initiated by medication with barbiturates was intended to invite loops of repetition and reliving in the suffering medical object’s autobiographical conscious — without boundaries that could have protected an overdose of re-traumatizing hallucinations. The goal was to initiate a cathartic journey of memory which was closely supervised by male authoritarian military doctors, who tried to install an intrapsychic ‘safety anchor’ for the patient.

LISA LEHNER

Department of Social and Cultural Anthropology, University of Vienna

Engaging through Benzo-Infrastructures: Prevalence, (De-) Prescription and Chemo-Moralities in Austria

In Austria, benzodiazepines are indicated for prescription in cases of severe insomnia and anxiety—especially in the context of psychiatric care to accompany anti-depressive treatments or in replacement therapies for opioid addiction. As such, benzodiazepines are prevalent substances in that their prescriptions are widely practiced, but also because their prescriptions are dominant and powerful forgone conclusions in diagnostic processes. At the same time, they are problematized and constitute increasingly “risky” pharmaceutical agents. Reasons for this range from their effects on long-term memory function to their potential to engender addiction. It is within such ambivalence that primary care physicians in Austria prescribe, and users consume benzodiazepines: as effective but dangerous. This ambivalence is further fueled by increasing efforts to “deprescribe” benzodiazepines. Leveraging two years of ethnographic research in Austria, I build on Chandler’s (2019) work to analyse benzodiazepines as “infrastructures”: in other words, as “part of the health infrastructure such that they shape possibilities and constraints in pathways to health.” More so, the problematization of benzodiazepines as “effective but dangerous” creates what Bowker and Star (1999) termed an “infrastructural inversion”: what was taken for granted becomes visible once more. By closely analyzing what this inversion lays bare for benzodiazepines in Austria, I argue that we can better understand the material, affective, and political aspects that make benzodiazepine prescriptions take place in the first place and thereby shape users’ lived experiences. Specifically, I consider how the “gathering-together” (Latour, 2004) of diagnoses is thwarted by the increasing ambivalence around benzodiazepine prescriptions and by the chemo-moral realities, often the contempt, for potential addiction. Any efforts by public health and health governance to schedule or de-prescribe benzodiazepines must therefore grapple with such material, affective, and political realities and do so with an eye towards more health justice in the healthcare system generally.

GEOFF BARDWELL

School of Public Health Sciences, University of Waterloo

‘Overdose’ as wild self-care: Rethinking the harm versus pleasure binary via chaosmosis

For the last two decades, drug policy literature on opioid use has been largely framed by the risk/harm paradigm, suggesting that it is a static category. While there has been some literature on drug pleasures, in recent years, less attention has been paid to the pleasures from opioids, including those experienced while “overdosing.” At the same time, while it is important to identify euphoric experiences, it is equally important to resist falling into binary thinking (i.e., pleasure versus harm). The intention of this paper is to suggest that opioid use and overdose are unstable and contested concepts. As such, we need to move beyond binary thinking and consider the turbulences of opioid use and its effects. I draw on an interpretive phenomenology on the experiences of euphoria and pleasure among people who use opioids in two small urban Canadian settings. Participants in this study described a variety of pleasurable effects from using opioids. Participants detailed seeking out the strongest possible opioids and achieving their ideal highs, including experiences of “overdose” (e.g., nodding off, losing consciousness): daily practices that were deemed essential to their wellbeing and self-care. Given the unpredictable drug supply, participants routinely navigated the turbulent balance between getting high and not dying. Furthermore, overdose response was at times disorderly — when occurring in public, leaving individuals vulnerable to the negative effects of naloxone and theft. At other times it was orderly — in a safe space, ‘coming to’ while receiving breaths or oxygen from their peers. These experiences complicate dominant discourses on opioid overdose and illustrate a continuum of both chaos and cosmos (i.e., disorder and order). Drawing on parallels to critical chemsex studies, as well as Deleuze and Guattari’s chaosmosis, I invite us to resist the pleasure/harm binary and call into question presumed stable categories of opioid use and overdose.

TREVOR GOODYEAR ET AL

Trevor Goodyear^{1,2}, Emily Jenkins^{1,2}, Danya Fast^{3,4}, John L. Oliffe^{1,5}, Hannah Kia⁶, Iliyah Katriona³, and Rod Knight^{3,7,8}

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5. Department of Nursing, University of Melbourne, Parkville, Victoria, Australia
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7. École de Santé Publique, Université de Montréal, Montréal, Canada
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Homes of substance: Drugs and the making of home/lessness for 2S/LGBTQ+ youth

Two-Spirit, lesbian, gay, bisexual, transgender, queer, and other sexual minority (2S/LGBTQ+) youth between the ages of 14 and 29 experience inequities in homelessness and substance use. Research in this area has explored substance use as a determinant of homelessness and/or as a coping mechanism, yet far less attention has been directed to the potentially generative role of drugs in this marginalizing context. This presentation draws on a community-based photovoice study with 32 2S/LGBTQ+ youth experiencing homelessness and unstable housing in Vancouver, Canada, to examine how drugs shape their practices and contexts of homemaking. Analysis followed a reflexive thematic approach and was informed theoretically by perspectives on home- and place-making, a momentum-stagnation analytical frame, and a narcofeminist ethics of care. This framing centred attention on the possibilities of what drugs can do for 2S/LGBTQ+ youth in terms of shaping selves, homes, and worlds while homeless. We inductively derived three themes: (i) chasing comforts, (ii) striking down stagnation, and (iii) producing precarity. 2S/LGBTQ+ youth consumed substances in chasing comforts including warmth, relief, and a sense of clarity and being more at ease within the context of homelessness and social and material inequity. Their substance use was also a means for striking down stagnation and engendering momentum as they worked to carve out better homes and futures for themselves. Youth frequently drew attention to the temporality and limits of these benefits, however, cautioning that drugs could turn to producing new forms of precarity that limited what they expected and experienced as possible with respect to their homemaking projects. Findings highlight the generative potential of drugs in the making of home/lessness and provide critical direction for policy and service delivery, including for supports to further consider and attend to the social contexts, meanings, and effects of 2S/LGBTQ+ youths' substance use in connection with homelessness.

SESSION 1B — PARTICIPATORY APPROACHES & CO-DESIGN

CHAIR: MAURICE NAGINGTON

ROOM: 2A.011

TUUKKA TAMMI

Finnish Institute for Health and Welfare

RAFAELA RIGONI

European Harm Reduction Network

Co-Designing Civil Society-led Monitoring of Harm Reduction in Europe: Advancing inclusive and participatory systems

Civil society-led monitoring (CLM) addresses gaps in harm reduction systems, which often overlook city-specific drug use trends. As cities play a central role in harm reduction challenges, locally tailored monitoring is essential. Co-design, involving frontline stakeholders, ensures more inclusive and responsive systems by engaging grassroots organizations as Focal Points (FPs). CLM builds on Participatory Design Theory (Schuler & Namioka, 1993), which emphasizes end-user involvement in shaping research tools. It also incorporates epistemic justice (Fricker, 2007) by challenging knowledge hierarchies in harm reduction policymaking, ensuring lived and living experiences contribute meaningfully to data collection and advocacy. The Correlation — European Harm Reduction Network (C-EHRN) CLM uses co-design principles to create city-level harm reduction monitoring systems. By involving grassroots organizations throughout, the initiative generates actionable data for advocacy and strengthens civil society's capacity to influence harm reduction policies. Focal Points (FPs)—primarily grassroots harm reduction organizations in 42 European cities—play a central role in defining indicators, survey questions, and data applications through co-design workshops and evaluations. A new open-source dashboard gives FPs control over their data, enabling them to create tailored visualizations for advocacy. The co-design process has expanded the network from 28 to 42 FPs since 2008, fostering local ownership. The dashboard enhances autonomy, supporting advocacy at European, national, and regional levels and informing EUDA and ECDC guidance documents. CLM demonstrates the value of co-design in harm reduction monitoring. Addressing challenges such as digital literacy and resource limitations is essential to sustaining its impact and ensuring inclusive, participatory systems.

GIULIA ZAMPINI

School of Law and Criminology, University of Greenwich, London, UK

ALEX FRANKOVICH

LSE 100, London School of Economics, London, UK

Participatory Action Research Dilemmas: Moving Beyond the Binaries?

This paper interrogates two researchers' experiences of 'participatory action' research projects about clubbing and drug use. Participatory action research (PAR) projects are generally defined as aiming to blur boundaries between 'researchers' and 'participants' to produce more collaborative knowledge. In this paper, we focus on our involvement in two, ongoing projects. The first ('People and Dancefloors: Narratives of Drug Taking') is a multimedia PAR project spanning the UK, Malta, and Brazil that engages with the intersections between dancefloors, drug-taking, identities and cultural politics. The second ('Queer Enactments of Sexual Safety') is an ethnographic study of the development of 'welfare officer' roles and 'safer space' policies at two queer club nights in East London. Drawing on examples from, and lived experience of, these projects, we consider our involvement beyond research, as clubbers, activists, radio show hosts, welfare officers, and people who use drugs. Our academic status, politics and values generate complex identities and multiple paradoxes. By reflexively exploring our power and positionality within our projects, we scan the possibilities that exist beyond the researcher/participant and academic/lay binaries. In the paper, we particularly discuss the following questions: 1) How do we negotiate the boundary between participatory and extractive in our research and relationship with participants? 2) How do we move between academic and lay knowledge, and language, in the different political and communicative forms our projects take? By tackling these questions, we hope to generate fruitful discussion about how to think productively beyond binaries and the limitations therein.

KATHERINE RUDZINSKI ET AL.

Katherine Rudzinski^{1,2}, Adrian Guta¹, Charlotte Smith¹, Vicky Bungay³, Emily van der Meulen⁴, Carol Strike²

1. School of Social Work, University of Windsor

2. Dalla Lana School of Public Health, University of Toronto

3. School of Nursing, University of British Columbia

4. Department of Criminology, Toronto Metropolitan University

Reclaiming our bodies, rewriting our stories on safer supply: A narcofeminist photovoice investigation of how women and non-binary people who use drugs challenge medical/criminal binaries in Toronto, Canada

Canada's ongoing drug poisoning crisis reflects the systemic violence of state control over drug-using bodies. While safer supply programs (SSPs) emerged through community activism, led by drug user advocacy groups and their allies, to provide pharmaceutical-grade alternatives to unregulated opioids, limited research examines how marginalized communities resist medical authority through these programs. This community-based study, grounded in narcofeminist resistance, examines how women and non-binary SSP clients at two Toronto health centres challenge oppressive medical/criminal binaries through visual storytelling. From October 2023 to November 2024, we conducted a two-phase photovoice project with SSP clients, guided by feminist participatory principles and community advisory groups, composed of program participants, who directed the research process. Participants used digital cameras to document SSPs' impact on their lives. We then engaged participants in semi-structured interviews to discuss photos, co-create captions, and select images to share. Collective meaning-making occurred through focus groups where participants shared photos, discussed themes, and planned community exhibitions. We co-created knowledge with 15 participants, who shared how access to a safe and consistent supply of drugs disrupted traditional medical hierarchies. Participant photographs and narratives challenged dominant addiction/recovery binaries while documenting collective resistance strategies and material improvements in wellbeing. Participants discussed reclaiming bodily sovereignty, rebuilding autonomy through strategic engagement with care systems, resisting criminalization-enforced isolation, and achieving material safety through secure shelter access and freedom from the toxic supply. A highly attended community-curated exhibition (>50 attendees) evolved into a permanent outdoor photo installation, serving as an ongoing site of resistance to medicalized drug narratives. Our findings demonstrate how SSPs can destabilize oppressive medical/criminal binaries while advancing collective liberation. This study contributes to narcofeminist scholarship by documenting how marginalized communities resisted institutional violence through visual storytelling and reclaimed bodily autonomy, which is particularly significant given recent program closures threatening community-led harm reduction initiatives.

INGER EIDE ROBERTSON ET AL.

Anne Schanche Selbekk^{1,2}, Inger Eide Robertson³,
Espen Enoksen¹, Silje Gundersen⁴, Nina Grashel⁵,
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Stavanger University Hospital

Gender dynamics in drug-using contexts: Implication for treatment and support

This debate article addresses gender dynamics in drug-using contexts and their implications for treatment and support. Based on findings from a dialogue conference organized by the Stavanger Group for Alcohol and Drug Research (STARUS) in April 2023, the article raises critical questions about how gender influences experiences and challenges related to substance use and addiction. The conference brought together participants with user experience, clinicians, managers, and researchers, utilizing dialogue-based methods to explore the topic. Discussions revealed that women often face unique challenges, such as higher rates of neglect, sexual abuse, and destructive relationships compared to men. Conversely, men are more likely to perpetrate violence. The article also highlights the brutal and male-dominated nature of illegal drug economies, where women often find themselves at the bottom of the hierarchy, seeking protection from male drug dealers. This dynamic leads to complex relationships characterized by both love and exploitation. Additionally, the article discusses the skepticism women have towards gender-specific treatment, such as female group therapy, due to fears of “female drama” and unfamiliar social dynamics. The results from the conference underscore the need for gender-specific approaches in treatment and support services. Understanding the distinct needs and experiences of both men and women in substance use contexts is crucial. The article calls for further research into gender dynamics and the development of tailored treatment programs that address these unique challenges.

SESSION 1C — HOUSING**CHAIR: MATTHEW BATES**

ROOM: 2A.012

SIF INGIBERGSDDOTTIR MOGENSEN AND ESBEN HOUBOR

Centre for Alcohol and Drug Research, Aarhus University, Denmark

The Emotional and Affective Dynamics of Women’s Experiences with Drug Use, Unstable Housing, and Harm Reduction

Research on drug use and housing instability among women has highlighted experiences of violence, stigma, anxiety, emotional displacement, and ontological insecurity. However, there is still limited research examining the emotional and affective dynamics that influence women’s experiences with drug use and housing instability. Using the concept of embodied homelessness this presentation focuses on hope, fear, shame, and alienation as core dynamics influencing the women’s experiences with housing instability and harm reduction services. It shows how experiences of social exclusion, lack of belonging, and displacement both accompany experiences of homelessness and are linked to hopes associated with housing. However, the presentation also shows that due to structural vulnerabilities and inequalities, such hopes are not always realized. As a result, many participants face eviction, leave their housing permanently, or experience periods of sleeping rough, even when they have legal housing. Consequently, many participants turn to harm reduction services located at the drug scene to seek support and get essential resources they cannot afford. These findings are discussed by focusing on the emotional and affective dimensions of homelessness and how these dimensions need to be acknowledged as part of a housing-first approach along with providing the material and social resources that make housing possible in practice. The presentation draws on PhD research on the dynamics that influence (self-identified) women who use illegal drugs’ decisions to enter, remain in, or leave harm reduction services. The data consists of 170 hours of participatory observations at a drug consumption room and a women-only emergency shelter in Copenhagen, Denmark, along with 29 semi-structured interviews with women who use these services.

MAUD ROOS, HILDE BONDEVIK, LISBETH THORESEN

University of Oslo, Faculty of Medicine, Department for Interdisciplinary Health Sciences, Institute of Health and Society

Women with Problem Drug Use and Their Daily Life Challenges in Gender-Specific and Gender-Mixed Supportive Housing Facilities

Studies show that women often benefit from gender-specific substance use treatment, but less is known about how women with problem drug use experience supportive housing facilities. To address this gap, we conducted an exploratory ethnographic study with a phenomenological feminist framing in four supportive housing facilities in Oslo, Norway. The purpose of this research approach was to gain deeper insights into women's everyday experiences and challenges, while being attentive to their vulnerable position as research participants and convey the female user perspective. Twenty women with problem drug use, and health care personnel who interacted with the women, participated in the study. The data consist of recorded interviews and field notes from participatory observations, analysed using thematic analysis. Although health care personnel tended to believe that the women needed gender-specific housing to protect them from harmful relationships and the male dominance in the drug milieu, this view was not always shared by the women residents themselves. Many women had a few close female friendships but tended to speak negatively about other women in the milieu. We also found that across the housing facilities, women often faced similar challenges regardless of housing model. However, the absence of men was especially important for some women who needed protection and a sense of safety. Despite women often being seen as a uniform group, we found that women often have diverse needs and challenges. Especially when considering their health and need of health care and follow-up. All the participants had recently experienced violence and strived with mental health issues and/or physical health problems. Our study suggests that there are concerns that favour provision of gender-specific supportive housing facilities for women with problem drug use, but that there is also a need for more tailored housing and health care services that address women's various needs.

KANNA HAYASHI ET AL.

Irem Mia Eren¹, Eric C. Sayre², Caitlin Shane³, P.O.W.E.R.⁴, Tyson Singh Kelsall^{1,5}, Molly Beatrice^{1,6}, Ryan Sudds⁶, Kora DeBeck^{2,7}, M-J Milloy^{2,8}, Thomas Kerr^{2,8}, Kanna Hayash^{1,2}

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4. Police Oversight with Evidence and Research (P.O.W.E.R), Vancouver Area Network of Drug Users, Vancouver, BC, Canada
5. Care Not Cops, Vancouver, BC, Canada
6. Stop the Sweeps, Vancouver, BC, Canada
7. School of Public Policy, Simon Fraser University, Vancouver, BC, Canada
8. Division of Social Medicine, Department of Medicine, University of British Columbia, Vancouver, BC, Canada

“Street Sweeps”: the municipal government-enforced confiscation of personal belongings among unstably housed people who use drugs in Vancouver, Canada

Street sweeps, which involves the state-enforced removal of makeshift residences and confiscation of personal belongings from people in public spaces, are one tool increasingly used by urban governments to address their public safety concerns in recent years. Amidst the ongoing housing and toxic drug poisoning crises in Vancouver, Canada, we sought to characterize experiences of municipal government-enforced confiscation of personal belongings (confiscation of belongings) among unstably housed people who use drugs (PWUD). Data were derived from three cohort studies of PWUD in 2021–2023. We used multivariable generalized estimating equations models to identify factors associated with confiscation of belongings among those unstably housed (e.g., homeless, living in single room occupancy hotels, etc.). In total, 13.6% of 691 eligible participants (and 23.6% of 233 reporting homelessness) reported confiscation of belongings in the past six months at least once during the study period. In multivariable analyses, violent victimization (adjusted odds ratio [AOR]= 2.14; 95% confidence interval [CI]: 1.27, 3.60) and inability to access health/social services (AOR=2.19, 95% CI: 1.32, 3.65) were significantly associated with confiscation of belongings, and so was non-fatal overdose (AOR=1.94, 95% CI: 1.01, 3.74) among those reporting homelessness. Confiscation of belongings was relatively widespread in our study population and linked to experiencing non-fatal overdose (if homeless), violence and barriers to essential services. The findings highlight an inextricable link between housing and drug policies to protect and enhance the health and human rights of unstably housed PWUD and echo the calls for ending street sweeps.

SIRI MØRCH PEDERSEN AND ESBEN HOUBORG

Centre for Alcohol and Drug Research, Aarhus University, Denmark

The shelter drug environment: Boundary practices at a shelter for structurally vulnerable people who use drugs, and the implications for harm reduction

People who use drugs and experience homelessness face heightened health and social harms and are often embedded in street-based drug markets. In welfare states, social housing is one strategy to address their needs by providing shelter and support. These services, however, typically prohibit drug use and market activities, creating barriers for some potential clients. Occasionally, homeless shelters allow certain drug-related practices, generating new types of drug environments. Sheltering people who use drugs thus blurs the boundary between institutional space and the street, enabling elements of street-based drug markets to enter. This article draws on ethnographic fieldwork in a shelter area in a Danish city, and on interviews with shelter users and professionals, to examine how the onsite drug market is regulated by residents and staff. The shelter's drug environment takes shape through everyday practices, particularly how residents and staff negotiate what is acceptable within the space and what belongs outside. Using the concept of boundary practice the article analyses how these negotiations continuously shape — and are shaped by — the shelter drug environment. These boundary practices reveal how institutional and material factors, social relationships, and practical concerns intersect in the regulation of drug-related activities. The article argues that the presence of a partly accepted drug market entails risks but also creates opportunities for safety and support that differ from the street, and in some ways align with harm reduction. The article contributes with insights into how the supply side integral to drug environments may be pragmatically responded to in welfare institutions serving marginalised people who use drugs.

SESSION 1D — CRIMINAL JUSTICE AND POLICING

CHAIR: HELEN KEANE

ROOM: 2A.014

SHELLEY WALKER ET AL.

Shelley J Walker^{1,2,3}, Paul Dietze^{1,2,4}, Peter Higgs^{2,5}, Bernadette Ward^{2,6}, Zoe Gleeson², Michael Curtis^{1,2}, Michael Livingston^{1,2}, Lisa Maher^{2,7}

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5. Department of Public Health, La Trobe University, Bundoora, Australia
6. School of Rural Health, Monash University, Bendigo, Australia
7. The Kirby Institute, University of New South Wales, Sydney, Australia

Policing methamphetamine use: Lived experiences of criminalisation and marginalisation

Although drug surveillance suggests methamphetamine use in Australia has remained relatively stable over the past two decades, higher rates of use are reported in rural and regional areas than in metropolitan regions. Furthermore, people living in rural and regional areas who use methamphetamine are more likely to have experiences of socioeconomic disadvantage, homelessness and prior incarceration. While research has examined links between methamphetamine use and crime, most studies are quantitative and to our knowledge, none have explored the lived experiences of people who smoke methamphetamine in rural and regional areas regarding their criminal legal involvement. We address this gap using data from a qualitative study (March–June 2024) involving 23 participants (8 women, 15 men) recruited from a longitudinal cohort study of people who use methamphetamine in Victoria, Australia. All participants were from rural and regional towns, and self-reported prior interactions with the criminal legal system. Accounts reveal how methamphetamine use shaped how participants were perceived and treated by police, including descriptions of negative encounters, often marked by mistreatment attributed to their known “drug user” status. These experiences reflect broader patterns of discrimination, surveillance, and marginalisation, positioning people who use drugs as disorderly, untrustworthy, and undeserving of care. Our research contributes to discussions on the structural violence of drug prohibition and policing, highlighting how drug use is problematised to justify punitive responses by government. We critically examine the rigid distinctions in drug law enforcement, such as legal versus illegal and protection versus punishment, approaches that often reinforce stigma and vulnerability rather than offering support, making it harder for people to seek help or be treated fairly. By centring the voices of those directly impacted, our study calls for a rethinking of drug policy and enforcement. We advocate for approaches that move beyond criminalisation toward harm reduction, care, and social justice.

GEORGE (KEV) DERTADIAN AND VICKI SENTAS
Centre for Criminology, Law and Justice, UNSW

“No penalties. No arrests. No jails”: Perspectives on drug decriminalisation among people who inject drugs in Sydney

The decriminalisation of drug possession in varied forms is gaining some traction around the world. Yet prospects for people with lived and living experience of drug use to influence the direction of drug law and policy reform remains bound by stigma and exclusion. This study considers the aspirations for decriminalisation of people who inject drugs through 20 semi-structured qualitative interviews with the clients of the Sydney injecting centre. What does decriminalisation mean for those most criminalised by drug law and policy? The study found that participants' views of what is possible for decriminalisation are mediated by the same structures and experiences of criminalisation, incarceration and exclusion that has disrupted their lives. Participants anticipate the need to mobilise incremental and partial changes associated with de facto models, including fines, increased police discretion (and therefore power) and treatment orders. At the same time, participants collective imaginary also exceeds the limits of a police-controlled depenalisation. We document people's claims on a future drug policy that speaks to a world without criminal drug offences, punitive controls and the exclusion of people who use drugs from the policy table.

KATE SEEAR
Deakin Law School, Deakin University

On dogs and frogs: Drug law as a multispecies concern

The Single Convention on Narcotic Drugs famously describes the global drug problem as one threatening 'the health and welfare of mankind'. Critics have scrutinised the Convention's logics, including the ways it constitutes 'drugs', 'drug harms' and 'drug effects', and re/produces problematic binaries. Prohibition's binary logics hold that drugs produce irrational, duplicitous, weak, emotional, chaotic and compulsive subjects, rather than the rational, honest, strong, reasoned, ordered and volitional ones routinely valorised in contemporary societies. Identifying these binary logics is vital for ongoing efforts to dismantle prohibition, and its devastating implications for people who use drugs. But important questions remain. What do we make of the Convention's emphasis on the threats drugs apparently pose to 'mankind'? What might this notable emphasis on mankind accomplish? What of the relations between drug law and policy and the multispecies world? Multispecies entities are not outside prohibition, after all; plants and fungi such as cannabis, opium poppies and mushrooms are often its central objects. And various critters are routinely enrolled in prohibitionist projects, supplying labour from laboratory experiments to law enforcement. Do we imagine these critters as having interests or rights of their own, or of mankind as posing a threat to them? Can we rethink prohibition with these oddkin (after Haraway 2016), but without reproducing its anthropocentric relationalities and hierarchical binaries? This presentation considers these questions, based on a new book I am writing on drugs and multispecies justice. Drawing on Haraway's (2016) call to make new kin and kind, Despret's (2016) animal fables, 'more-than-human rights' (e.g. Petersmann 2022), the 'rights of nature' (e.g. Jones 2021) and decolonising perspectives (e.g. Reed 2023), I argue that drugs are an inherently multispecies concern. I argue that we must rethink prohibition through oddkin, including plants and fungi, and the dogs, frogs, bees, koalas, rivers and critters it constitutes.

ALLISON SCHLOSSER ET AL.

Allison Schlosser¹, Sarah Mars², Jeff Ondocsin², Nicole Holm², Jason Fessel², and Daniel Ciccarone²

1. University of Nebraska Omaha, USA
2. Department of Family and Community Medicine, University of California San Francisco, USA

“I can’t see you”: Spatio-temporal Governance and the Invisibilization of Drug Use and Houselessness in San Francisco, California

As the United States struggles with a drug overdose crisis, public drug use and houselessness in cities like San Francisco (SF), California, have dominated political debates about these challenges. Conservative news media and politicians have portrayed SF as a failed “liberal” city, with its downtown marked by crime, drug use, and houselessness. The city responded with multiple ideologically inconsistent interventions: more aggressive policing of drug-related offenses, enforcement of laws affecting people living houseless, funding of community-based organizations to maintain public safety, and, in 2022, opening the Tenderloin Center (TC), a site offering service referrals and a supervised drug consumption space, only to close it by the end of the year. This presentation explores the lived experiences of people who use drugs (PWUD), who were often living houseless, in this context. It draws on rapid ethnographic research conducted in 2022 (n=32) and 2024 (n=24) with PWUD recruited from harm reduction programs. Fieldwork focused on the drug use practices and survival strategies of PWUD in relation to local interventions targeting drug use. Findings highlight intensified spatio-temporal governance of PWUD from 2022 to 2024. In spaces appealing to tourists and businesses, policing of public drug use and houselessness intensified during the day but then retreated at night, influencing PWUD to use in isolation and buy drugs at the more dangerous nighttime drug market that emerged. The TC closure eliminated a safe space for drug use, exposing participants to risks of public drug use. Participants’ opinions regarding policing and public safety interventions that hid drug use and sales from the public gaze varied, with some appreciative and others critical. We discuss how these interventions to invisibilize drug use and houselessness, aimed at salvaging the city’s image and business interests, altered participants’ drug use practices and survival strategies, often increasing their health risks and precarity.

12.50 — 1.30 | LUNCH

ROOM: SECOND FLOOR CIRCULATION SPACE, NANCY ROTHWELL BUILDING

1.30 — 3.00 | CONCURRENT SESSIONS**SESSION 2A — NARCOFEMINISM**

CHAIR: KIRAN PIENAAR

ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)

CATY SIMON ET AL.

Glyceria Tsinas¹, Dinah Ortiz-Adames², Louise Vincent², Ryann Koval², Sara Knotts³, Caty Simon^{2,4}, Tracy Nichols⁵, Margaret Bordeaux⁶

1. QMHA, the Academy of Perinatal Harm Reduction, and the Narcofeminism Storyshare Leadership Team
2. NC Survivors Union and National Survivors Union
3. Community First Support Services and Narcofeminism Storyshare Leadership Team
4. Department of Internal Medicine, Yale School of Medicine
5. Department of Community and Global Health, Lehigh University; Narcofeminism Storyshare Leadership Team
6. CHW, Narcofeminism Storyshare Leadership Teamtuu

Disrupting Discourse: Lessons Learned from Taking Narcofeminism Storyshare on the Road

NC Survivors Union (NCSU) is a drug user union and direct service provider by and for people who use drugs (PWUD). We created Narcofeminism Storyshare (NFSS) to confront stigma and dismantle the systemic barriers that harm our communities. NFSS centers the voices of women and gender-diverse PWUD, using storytelling and narrative disruption as tools for community healing and systems advocacy. Drawing on feminist, narcofeminist, narrative, and stigma theory, NFSS’ key public trainings educate clinicians, policymakers, and others through transformative learning experiences, while our Train the Trainer Training (TTT) equips harm reduction community leaders to implement NFSS modules worldwide. Our presentation highlights insights from our training development as we encountered: **BARRIERS**: Stigma remains a deadly barrier to healthcare for PWUD; NFSS key public trainings confront this head-on, shifting responsibility from individual choices to systemic inequities. **BINARIES**: Our TTT confronts the false binary of “service provider” versus “passive recipient.” Module leaders inhabit liminal spaces, code-switching to represent PWUD to establishments that have long harmed us while translating back to our communities. **BOUNDARIES**: Module leaders navigate between grassroots organizations—which can rapidly respond to emergent needs but face significant material barriers—and well-resourced institutions that create deadly road blocks. For harm reductionists occupying feminized caregiving roles, bridging these contexts is particularly exhausting. TTT provides guidance to leaders in navigating these roles without compromising their boundaries, well-being, or missions. **BORDERS**: In the U.S., grassroots advocacy thrives despite immense systemic barriers, fostering deep political understanding and innovation. Meanwhile, in more socialized countries, accessible social services create stability but can unintentionally frame PWUD as unen-

gaged consumers rather than active advocates. These and other differences inform our international trainings and underscore the value of cross-border knowledge exchange. Bridging continents and contexts, NFSS showcases the power of reclaiming our narratives, challenging systemic barriers and shaping harm reduction practices globally.

NYSSA FERGUSON ET AL.
La Trobe University

Working the boundaries of care: A narcofeminist analysis of alcohol consumption practices among nurses and midwives in Australia

Public health research reports 'alarming' levels of 'risky', or even 'hazardous', alcohol consumption among the female-dominated and historically-feminised professions of nursing and midwifery. Accounts of these practices presuppose alcohol as inherently harmful and largely enact the drinking of nurses and midwives as a maladaptive response to 'cope' with the demands of a high-stress occupation. Relaying a boundary of acceptable/unacceptable and healthy/harmful responses to professional demands, we argue, such accounts minimise or erase agency and pleasure while simultaneously reiterating familiar gendered discourses of women as vulnerable. Mobilising a narcofeminist approach that attends to the creative, liberatory and life-affirming possibilities of psychoactive substance consumption, we analyse data drawn from interviews with 25 nurses and midwives about their practices of drinking with their colleagues. Rather than reproduce binary logics often driving public health responses, our analysis attends to the ways gender and alcohol shape each other in participants accounts of drinking with colleagues. In a workforce shaped by gendered expectations of comportment and care, and normative notions of health, we examine how nurses and midwives negotiate and navigate multiple boundaries — professional and personal, healthy and harmful, appropriate practices of care, and expectations of femininity and motherhood — through and with alcohol. Centering the above tensions, our analysis illuminates how drinking together with colleagues fosters camaraderie and solidarity, plays a supportive and productive role in nurturing professional relationships and, more broadly, can be liberating and generative of a life well-lived. In concluding, we argue that a narcofeminist lens sensitive to the relationship between pleasure and gender norms offers a productive approach to examine nurse and midwife alcohol consumption practices, one that can disrupt dominant understandings that reduce this drinking to a maladaptive and straightforwardly harmful effort to 'cope'.

APEI SONG

School of Law, Society, and Criminology, UNSW (Sydney), Australia

JIAOJIAO HESchool of Sociology and Anthropology, Xiamen University,
Xiamen, China

Be mom, for mom: Anti-authority Recovery Narratives of Female who Use Drugs in China

The intersection of gender and drug use positions women struggling with addiction in a uniquely vulnerable and often overlooked societal role. While existing research has explored the self-management and femininity of women with drug dependencies through legal and moral frameworks, few studies have delved into the complexity and meaning systems these women construct as autonomous individuals, particularly in the context of motherhood and their distinctive life experiences that deviate from conventional recovery pathways. Drawing on interviews with 18 women in a coastal city, this study employs the lens of Narcofeminism to analyse women's lived experiences, offering a reinterpretation of recovery narratives centred on maternal sequences. The empirical findings reveal that Chinese women who use drugs articulate counter-narratives rooted in maternal roles—"as mothers" and "for mothers"—while critiquing the three conventional pillars of state-led recovery: severing ties with toxic peers, securing formal employment, and adhering to legal and moral norms. Instead, these women reframe recovery by forming alliances with drug-using peers to co-parent, seeking informal employment to balance caregiving responsibilities, and navigating the boundaries of legality to support elderly mothers. These counter-narratives challenge and expand upon the state-prescribed recovery model, illustrating individualised approaches to rehabilitation. Finally, the study reflects on Narcofeminism-informed motherhood narratives and the activation of personalised recovery paths, offering insights into fostering meaningful and transformative recovery.

SESSION 2B — YOUNG PEOPLE 1

CHAIR: SHELLEY WALKER

ROOM: 2A.011

SHAWNEE HARKNESS

We Are The Loop

Safe Sesh: Festive Drug Use, Harm Reduction, and the Shifting Boundaries of Safety and Agency

Music festivals serve as liminal spaces where boundaries between licit and illicit, control and compulsion, 'self' and 'substance' blur. Through ethnographic research — including participant observation, semi-structured interviews, and surveys — this paper explores how festivalgoers navigate the affective, embodied, and social dimensions of drug use. Drawing on consumer narratives of recreational use, addiction, and recovery, this research examines how people construct subjectivities and agency through drug use and what they hope to see in future policy and harm reduction initiatives. UK-based harm reduction organisations such as The Loop, Transform, Crew2000, Kaleidoscope, and Release operate within a contested terrain, simultaneously disrupting and reinforcing boundaries between drug policy and user advocacy, harm and pleasure, safety and risk, expertise and experience. Festivalgoers engaging with these services negotiate shifting identities — from "novice" to "expert by experience," "user" to "research participant." This presentation interrogates how anthropological reflexivity illuminates categorisation in these encounters, revealing how communication, knowledge, authority, and lived experience intersect in harm reduction spaces. Shifting drug patterns among young people challenge binary understandings of control and chaos, risk and responsibility. Transitional behaviours — such as moving between substances in different contexts and stages of use — highlight the fluid, contingent nature of drug-taking identities and the human relationship with festive drug use. By unpacking 'festive drug use,' this presentation critically examines the interplay of pleasure, sociality, agency, and risk management in festivals. Thinking beyond binaries and disciplinary silos, this research argues for a nuanced understanding of youth and recreational drug use — one that acknowledges agency, pleasure, self-regulation, and intent. It contributes to debates on UK drug policy, harm reduction, and the socio-cultural dimensions of social drug-taking, urging a reconsideration of drug, identity, and intervention boundaries.

AJ MARTIN ET AL.

AJ Martin^{1,2}, Joanna Bright^{1,3}, Rainer Geelmuyden¹, Cosimo Sidoti^{1,4}, Sebastian Shelmerdine¹, Maya El-Toukhy¹, Mae Allen^{1,5}, Adele Preston¹, Monica Richards¹

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4. School of Social Sciences, University of Kent
5. Centre for Ethics and Law in Life Sciences, Durham University; Institute for Medical Humanities, Durham University

Using the Freedom of Information Act to investigate local drug education and support in England and Wales

In England and Wales, drug-related deaths have reached record heights, with 5,448 deaths recorded in 2023. This public health emergency reflects a clear need for robust, effective drug education and support. However, between 2014–15 and 2021–22 drug support services across England experienced major funding cuts. In 2022, The Mix estimated that over 2.2 million young people in the UK who had experienced challenges with drug use did not access any support. In the same year, we reported that many young people received inadequate drug education, and faced several barriers to access appropriate support including long wait times, stigma, and ill-informed professionals. Therefore, this study aimed to investigate approaches to young people's local drug education and support, across England and Wales. Utilising the Freedom of Information (FOI) Act 2000, we sent FOI requests to 84 councils regarding the number of young people (18–30) receiving treatment for benzodiazepine dependence in the area, drug education and support materials commissioned by the council, and evidence of evaluations on commissioned services and staff training. Quantitative analysis revealed considerable differences in the number of young people accessing support for benzodiazepine use between localities. Content analyses of drug education and support materials highlighted variations in primary and secondary drug education approaches across local authorities, despite the introduction of statutory PSHE curriculum in 2020, and many lacked transparency regarding support available from commissioned providers. Furthermore, councils were largely unaware of how their commissioned drug support services were performing, with the majority unable to evidence formal evaluations taking place. Overall, these findings reflect a fractured sector, producing variability in the quality of education and support provision. Efforts to facilitate collaboration across the third sector, effectively monitor and respond to emerging trends, and provide sustainable funding streams are urgently needed to prevent and reduce drug-related harms.

ISABELLE VOLPE

Drug Policy Modelling Program, Social Policy Research Centre, University of New South Wales, Australia

Reconstituting youth participation in drug policy through a novel mapping method

This paper presents the conceptual development of and experimentation with a novel arts-based mapping method aimed at reconstituting 'youth participation in drug policy'. Research delineates boundaries around what is considered 'under investigation'; data generation practices delimit what can be surfaced and featured, and the effects of decisions and boundaries relating to 'how' to map, 'what' exists to map, and 'where' to find such information. Attending to the ontological politics of method and designing inventive methods has potential to reconstitute these boundaries, prompting research objects to expand and unravel in unexpected ways.

This research is an experiment in method, developing a hybrid technique that combines arts-based methods with approaches attentive to ontological politics. Mapping techniques are widely used in studies exploring policy participation to draw relations between elements within ecologies of interest. Extending these approaches, this study developed a novel method using mapping techniques to capture elusive and ephemeral participation practices that are not easily expressed in words. To experiment with the affordances of this method, I conducted in-depth mapping interviews with individuals who had participated in drug policy as 'young people,' where participants produced visual accounts ('mappings') of participation situations. In the mapping interviews, materials and processes afforded messiness, non-linear storytelling, and non-verbal practices such as pointing, gesturing, and organizing. These techniques materialised ephemeral affective exchanges (e.g. of 'feeling' and 'connection'), visualised multiple lives, selves, and knowledges, and surfaced relations between seemingly distant objects that came together to produce new participants and participations. This experiment with 'mapping' demonstrates the potential of inventive arts-based methods to remake boundaries of what is knowable about participation practices. This in turn makes new ways of constituting 'participation' possible.

SESSION 2C — CHEMSEX EXPERIENCES**CHAIR: SEAN MULCAHY**

ROOM: 2A.012

JAKE SMIT

Care Ethics & Humanist Spiritual Care Research Chair, University of Humanistic Studies, Utrecht Netherlands

**Fucking Around and Finding Out:
Meaning-making in the MSM
Chemsex Scene**

Dominant discourse on men-who-have-sex-with-men (MSM) chemsex practices is governed by a risk paradigm (Møller & Hakim, 2021), centering harm and pathology, and leaving individuals to retroactively categorize their experiences as either risky or pleasurable (Drysdale, 2021). This study challenges such binary framing by exploring how MSM make sense of and derive meaning from their chemsex participation. The study adopts an inclusive research design (Nind, 2017), engaging two collaborative panels—individuals with lived chemsex experience and care providers—who actively shaped the research process, from agenda-setting to interpreting findings. Life-viewing, a dynamic framework for understanding meaning-making (Alma, 2019), served as a central lens. In-depth interviews were analysed using meaning-making ingredients (Baumeister, 1991; Derckx, 2013), with a poetic inquiry of unsolicited metaphors adding analytical depth. Findings reveal narratives that extend beyond the risk paradigm. Participants navigated shifting roles within the scene, emphasizing values such as openness, freedom, and care. A spectrum of experiences emerged around self-efficacy, connection, and self-confidence. Participants described newly developed sexual capacities and diverse relational bonds—including friendships, romantic connections, and casual encounters—while also reflecting on the role of chemical use as a possible crutch for self-confidence. Transcendent experiences were described in terms of godhood, merging with others, and primeval imagery. A collection of evocative metaphoric images—resulting from the poetic inquiry—further highlights the tensions between instinct, agency, and self-determination. These co-created insights offer a nuanced view of MSM chemsex experiences as fluid, layered, and often paradoxical. They led to the characterization of life-viewing in the chemsex scene as kaleidoscopic—a continually shifting process of meaning-making. This perspective invites a reconsideration of how meaning, agency, and relationality emerge within chemsex contexts, challenging binary and essentialist interpretations.

MARCUS GRIFFIN

School of Sociology and Social Policy, University of Nottingham, UK

**Boundaries, stigma, and liminality in
chemsex: A critical examination**

The phenomenon of chemsex, defined as the intentional use of psychoactive substances in sexual contexts, has been extensively examined through public health, criminological, and sociological lenses (Mowlabocus, 2021). However, emerging critical perspectives provide fresh insights into the relational, temporal, and spatial dimensions of chemsex practices (Møller and Hakim, 2023). This paper contributes to this growing body of critical work by exploring how boundaries operate within chemsex and how they relate to stigma and liminality. Drawing from a UK-based qualitative study (N=20), this research explores how participants delineate boundaries between themselves and other chemsex practitioners as a strategy to mitigate stigma, enhance perceptions of safety, and navigate fears associated with drug use and sexual intimacy. These self-imposed and externally constructed boundaries reveal complex negotiations of identity, risk, and belonging within the chemsex landscape. Victor Turner's (2017) concept of liminality provides a useful theoretical framework for understanding how chemsex produces temporary thresholds in which conventional social norms are suspended. Participants described chemsex spaces as distinct from their everyday lives—boundaried and isolated realms that facilitate escape from societal expectations and homonormative pressures. Within these liminal spaces, participants articulated their engagement with chemsex as a means of resisting growing queerphobia, contesting mainstream LGBTQ+ respectability politics, and exploring alternative modes of identity and relationality beyond normative constraints. By critically analysing the interplay of boundaries, stigma, and liminality, this paper challenges dominant narratives that problematise chemsex and instead highlight its nuanced socio-cultural functions. In doing so, it contributes to broader discussions on drug use, sexuality, and social marginalisation, advocating for more contextually grounded and less pathologising understandings of chemsex.

MAURICE NAGINGTON
University of Manchester

The ethics of the Manchester Dancefloor: or, 'I've always thought of drugs as being held in common on the dancefloor'

Drugs have a long and central role in queer sub-cultures. Yet more often than not when drugs enter bodies outside of a narrow set of closely controlled mechanisms (such as medical practice) the drugs, bodies and subjects all become thought about with an aim to hold them at a safe distance and control their use. The logic goes: drugs can apparently sustain queer cultures if the subjects obey highly specific forms of consumption, but destroy us if we step outside of those tightly controlled boundaries and experience the pleasure of transgression. Yet thinking with drugs and their sub-cultures can be valuable starting points for rethinking morality. In *The Moral Lessons of Chemsex* I argued that "visceral solidarity" helps us become attuned to the connections that drugs produce between bodies and people in chemsex sub-cultures. In this paper I extend this thesis via another cornerstone of drug infused queer culture, and one that Manchester has had more than a passing involvement in lavishly creating: the dancefloor. To begin this work I draw on three key texts that hold in tension the debate of using drugs for the "right" or "wrong" reasons and the boundaries that they aim to create, particularly in relation to the AIDS crisis and the pharmaceutical threshold in *The West: Guillaume Dustan's I'm Going Out Tonight*; Campillo's *120 BPM*; and, Martineau and Ducastel's *Theo and Hugo*. I lay out a framework for understanding the shifting boundaries and (dis)connections that occur on the queer dancefloor in Manchester (and beyond) arguing that drugs heighten the potential for bodies to become sites of resistance, transgression, and connection. I then extend this analysis with a preliminary online ethnography of queer dancefloors in Manchester to examine how the embodied nature of solidarity on the dance floor helps revivify morality and political action.

SESSION 2D — EXPLORING AND ENACTING CARE

CHAIR: EVA SAMUELSSON
ROOM: 2A.014

ALEX MCLEAN
Memorial University of Newfoundland — Faculty of Medicine

Cartographies of Care in Harm Reduction Outreach: An Ethnographic Exploration of Community-driven Responses to the Overdose Crisis in St. John's, Newfoundland & Labrador

In the wake of a national overdose crisis, fuelled by a toxic drug supply, the Atlantic Canadian province of Newfoundland & Labrador (NL) has seen a significant increase in overdoses, with over 100 reported fatalities since 2023. As a result, public health agencies have implemented harm reduction initiatives, such as outreach services, which play an instrumental role in meeting community health needs in the city of St. John's, NL. While scholars have critiqued this uptake as a process of institutionalization, which undermines harm reduction's political and social roots (Smith & Marshall, 2016; Gehring ET AL., 2022; Michaud ET AL., 2023), there remain significant research gaps concerning the increase in surveillance measures (Michaud ET AL., 2023), and a paucity in research on harm reduction in smaller cities, particularly within Atlantic Canada (Bardwell & Lappalainen, 2021). Therefore, my objective is to interrogate institutional structures which dominate the treatment of people who use drugs (PWUD) through the ensuing lines of inquiry: How do outreach workers navigate institutional hierarchies within public health practice, and conceptualize and enact practices of care? How are these practices of care morally, socially, and politically constituted across spatial contexts by institutional hierarchies and boundaries? What alternate ideas, sites, and practices of care can we imagine beyond the medical institution in a small Canadian city? To answer these questions, I employ a community-based participatory research (CBPR) model, conducting focus groups and semi-structured interviews with harm reduction outreach workers in St. John's. I use ethnographic mapping techniques to visualize the socio-spatial dimensions of care in harm reduction outreach, alongside the moral discourses and environmental conditions that inform its practice. By applying an ethnographic lens, this research bridges a theoretical and empirical knowledge gap, exploring how care might be reimagined in ways that challenge institutional hierarchies and empower community-driven responses to the overdose crisis.

HOLLY MATHIAS ET AL.

Holly Mathias¹, Sarah Auger¹, Tristan Dreilich², Elsie Duff³, Antoinette Gravel-Ouellette⁴, Rebecca Haines-Saah⁵, Tracy Lockhart⁶, Willi McCorrison⁴, Jenn McCrindle⁷, Nyal Mirza¹, Em Pijl³, Tyla Savard⁴, Petra Schulz⁴, Krista Tooley², and Elaine Hyshka¹

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2. Manitoba Harm Reduction Network, Winnipeg, Canada
3. University of Manitoba, Winnipeg, Canada
4. Moms Stop the Harm, Canada
5. University of Calgary, Calgary, Canada
6. Independent researcher
7. RECLAIM Collective, Canada

Towards Caring Communities: Supporting Unpaid Family Caregivers of People Who Use Drugs

Neoliberalism places increasing responsibility on unpaid family caregivers rather than supporting state-funded health and social systems. This shift from a 'caring' to 'careless' society leads to isolated, binary care relationships (Care Collective, 2020). With reduced public investment, families — especially in rural areas — are expected to provide care without compensation or support. As a result, caregivers face increased emotional, social, and financial burdens, raising concerns about the sustainability of care work amid emerging health challenges. Despite increasing reliance on unpaid care, little is known about family care for people who use drugs (PWUD) amidst the opioid epidemic in North America. This presentation reports findings from research conducted with 31 family members providing unpaid care for PWUD in rural Western Canada, using reflexive thematic analysis of in-depth semi-structured interviews. The participants, all women, represented diverse kinships (e.g. mother, sister, friend), age groups, racial backgrounds and income levels. We outline how the Care Collective's concept of 'careless communities' helps us better understand the challenges of unpaid care work and the care burden experienced by families of PWUD. For example, families describe how the limited availability of publicly-funded services forces them to take on more caregiving responsibilities, increasing mental, financial, and social strain. Some families found ways to navigate carelessness, including establishing mutual aid and peer networks. However, many emphasized a need for increased family supports. Surprisingly, many families did not endorse contemporary caregiver supports that reinforce the individualistic binary care model (e.g. caregiver allowances, tax credits). Instead, their ideal interventions focused on reshaping systems and communities to be more caring, such as through reinvestment in public health and social services and community education. Our findings underscore the need for structural interventions to address both the opioid epidemic and reliance on unpaid care work, shifting from individual solutions to community-driven approaches.

SOPHIA E SCHROEDER ET AL.

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1. Burnet Institute, Melbourne, Australia
2. Deakin University, Melbourne, Australia
3. St Vincent's Hospital, Melbourne, Australia
4. Monash University, Melbourne, Australia
5. University of Bath, Bath, United Kingdom

Absence, presence, and engagement in the endgame of hepatitis C (HCV) elimination: Mobilising care for people who inject drugs through a peer- and nurse-driven van

The possibilities for provision of HCV care for people who inject drugs have shifted with the advent of direct-acting antiviral treatment. In the 'endgame' of HCV's elimination, healthcare professionals no longer act as gatekeepers but rather seek to engage as many people as possible in HCV care. To increase engagement, mobile clinics are innovating HCV treatment models. By meeting people where they are at, mobile clinics purport to dissolve the binary logics of care as accessible/inaccessible relative to the recipients' stable/unstable circumstances regarding drug use, housing and/or criminalised status. Drawing on ethnographic observations and in-depth interviews with patients and those implementing a peer- and nurse-led mobile HCV clinic across Melbourne Australia, we examine how peer-led outreach works to identify and engage people living with HCV who have 'slipped through the cracks' elsewhere. Firm advocates for HCV treatment, interviewees disregard drug use as a barrier to cure as they mitigate factors of 'instability' through patient-centred care. Sustained engagement of most identified patients is achieved through intensive, extended follow-up that is contingent on collaborative capacity between nurse, peers and secondary contacts, and triangulation made possible by digital technologies. While patient and provider interviews characterise these opportunistic 'point-of-care' encounters as contingent on the van's presence, field observations and secondary contacts point to opportunities emerging from the urgency of its pending departure. We observe how the van's potential absence, as much as its presence, is consequential. The van's wheels mobilise a clinic in which HCV is often overshadowed by the presence of poverty, homelessness, domestic violence, child protection and looming incarceration. Through our analysis, we ask questions about who and what is being made absent or present from this mobile clinic, and whether dissolving the binaries underpinning healthcare access for people who use drugs might create possibilities for re-imagining 'engagement' in other ways.

3.00 — 3.20 | AFTERNOON TEA

ROOM: SECOND FLOOR CIRCULATION SPACE,
NANCY ROTHWELL BUILDING

3.20 — 5.20 | CONCURRENT SESSIONS

SESSION 3A — ADDICTION, DEPENDENCE
AND HABIT

CHAIR: DANIELLE RUSSELL

ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)

ELI ODA SHEINER

Department of Anthropology, McGill University, Montreal, Canada

Death Drive Redux, For an Ambivalent
Theory of Addiction's Otherwise

What better way to condemn the drug addict than to depict her as the embodiment of the death drive, a term that both popularly and theoretically (in its original Freudian iteration) connotes a morbid desire for self-annihilation? This paper embraces the association between drug use and the death drive, but refuses its damning implications. To make sense of this disarticulation, I work through material drawn from ethnographic fieldwork in Vancouver's drug user community to illustrate a logic of the death drive that unsettles the moribund trajectory attributed to the prevailing medical model of addiction. It does so by exposing the pull towards repetition as a constitutively ambivalent characteristic of desire itself, meaning that the desire at work in the drug user's relationship with their substance of choice partakes in the same psychic structure that shapes our daily habits and patterns of consumption. In turn, an account of the relationship between repetition and desire—constitutive elements in the death drive—blurs the line separating normality from pathology and exposes how we've hypocritically arrogated the notion of pathological consumption onto the figure of the addict. By demonstrating how we externalize, and in turn disavow, the ambivalences that animate the death drive, psychoanalytic theory allows us to take an ethical stand. Following Joan Copjec's invocation of what she calls the sole moral maxim of psychoanalysis—Do not surrender your internal conflict, your division—I take up this injunction and sketch out a politics that refuses to displace the difficulties attached to desire and consumption onto the figure of the poor drug user.

JESSE PROUDFOOT

Durham University

Life on life's terms: Powerlessness and
precarious agency in addictions recovery

The 'Twelve Steps' of Alcoholics Anonymous have provided a foundational set of concepts about recovery from addiction. In transitional living facilities such as halfway houses, twelve-step discourses are increasingly put to new uses as they are adapted to people struggling with drugs as well as incarceration. One concept central to such institutions is powerlessness, in which users admit that they are 'powerless over their addiction'. Powerlessness, embodied in slogans like "living life on life's terms", is presented as a key tool of recovery, enjoining participants to accept their lot in order to recover. This injunction has faced sustained critique from progressive drug scholars. Feminist and anti-racist scholars argue that those already disempowered in everyday life are unlikely to benefit from embracing powerlessness. Similarly, researchers have highlighted its therapeutic inadequacy, noting strong correlations between relapse and belief in one's powerlessness. Drawing on fieldwork at a Chicago transitional living facility, this presentation explores how powerlessness operates in settings serving marginalised people. I demonstrate how powerlessness becomes a point of both identification and struggle for residents, with some embracing it to describe their experiences of structural violence, while others resist powerlessness, asserting their own free will in their experiences of drug use and incarceration. This question of agency, I argue, emerges as a key problem for the critical study of addiction, which has made remarkable interventions through its focus on the structural conditions driving addiction as well as critiques of neoliberal discourses of the rational actor that underpin recovery discourse. In doing so however, we have somewhat ceded the field of agency, which remains a key aspect of any process of recovery. Beginning to theorise this space of precarious or 'strategic' agency is the goal of this paper.

KARI LANCASTER
University of Bath

Long-acting injectable buprenorphine, biomedicine's incongruities and the reimagining of treatment

Long-acting injectable buprenorphine (LAIB) has been heralded as 'game-changing'. LAIB is enacted in addiction medicine as a technological innovation that addresses the problem of retention, obviating the need for daily supervised dosing and producing a 'blockade' against the felt effects of opioids. However, sociological studies engaged with patients' accounts are noticing that it is in the apparent effectiveness of long-acting formulations that connection to treatment can become fragile. The 'nothingness' of medication effect that patients describe as accompanying LAIB brings into question whether and how the treatment is not only working but whether it is needed, if it is doing anything at all. Embodied experiments with drugs at different times, feeling the effects of heroin again by pushing the blockade effect or tapering off, become evidence of how LAIB 'works' (or had been 'working'). Such experiments, of course, defy the logics of addiction medicine. What it means to be 'in treatment' or know that treatment 'works' emerges as a new threshold or boundary problem. Animated by concepts of 'biomedicine's incongruities' and 'positive iatrogenesis', this paper considers the risk for harm associated not with addiction medicine's failures or misuse but with its apparent success. Reflecting on ethnographic engagements and qualitative interviews generated with patients and clinicians within a LAIB trial, I ask: what might the 'failure' of treatment precisely in the moment of its biotechnological 'success' tell us about how and whether the category of addiction can resist its transformation into a medical object? How might attending to these incongruities and experimentations help to problematise orthodox ways of knowing and doing treatment? In the absence of the felt effects of medication, daily dosing, or clinical supervision that drug treatment might usually entail, can we ask anew: what is treatment now?

SESSION 3B — CHEMSEX: LAW/POLICY/MEDIA

CHAIR: MAURICE NAGINGTON
ROOM: 2A.011

SEAN MULCAHY

Australian Research Centre in Sex, Health & Society,
La Trobe University

Chemsex and the law — Exploring the legal borderlands and narco-frontiers in the justice system's response to drug-related sexual offences

Queer sexual practices have long fallen foul of the criminal law. Practices like cruising, beat sex, sexting, and BDSM, among others, raise complex issues and have thorny histories when it comes to law reform. 'Chemsex' — sexual activities engaged in while under the influence of stimulant drugs — raises particularly challenging questions regarding the law of consent. Notably, the law in the Australian state of Victoria does not allow voluntary drug-sharing where that drug will affect consent. Section 46(1) of the Victorian Crimes Act stipulates that a person commits an offence if they give a substance to another person that would affect that person's capacity to give, withdraw, or withhold consent to sex, even if the other person consented to taking this substance. Many people manage their drug use safely and can negotiate sex in a way that works for them. Some undertake risk-reduction activities, such as attending chemsex sessions with friends or discussing safer-sex practices with other participants. However, a recent survey found that one in ten men have reported being sexually assaulted during chemsex sessions. When people experience sexual assault, they may also be reluctant to label it as such due to complexities around consent norms and assumptions of consent in these settings. How the law should intervene remains a tricky question. The law also perpetuates a problematic distinction by treating alcohol and other drugs quite differently, as the explanatory memorandum for section 46(1) states that it 'is not intended to capture someone who seeks to get [their] desired sexual partner "into the mood" with a few drinks'. In this paper, we consider chemsex as operating in a legal borderland and narco-frontier that challenges the justice system's response to sexual offences, its differential approach to alcohol and other drugs, and the heteronormativity underpinning the legal regulation of sex and drugs.

JORGE FLORES-ARANDA
Université du Québec à Montréal

Chemsex and drug policy: Overcoming borders and barriers to HIV prevention in diverse communities

Chemsex, a practice involving the use of substances to enhance or prolong sexual encounters, is commonly associated with cis and trans gay men and queer culture. However, the practice, like all drug use, operates within a framework of drug policies that often criminalize and stigmatize users. This intersection of substance use, coercive drug laws, and a repressive view of sexuality creates double stigmatization for people involved in chemsex, affecting their HIV prevention efforts and the strategies they employ. This presentation explores the barriers and borders set by these policies in the context of HIV prevention. The aim of this presentation is to analyse how drug policies shape the HIV prevention strategies of individuals practicing chemsex, focusing on the barriers and borders created by criminalization and stigma. Using a Rapid Assessment Process, semi-structured interviews (90 minutes) were conducted with 64 sexually and gender-diverse people having chemsex practices in Quebec, Canada. A thematic analysis was then performed. Participants reported feeling discouraged from discussing their substance use with sexual health services due to the illegality of certain substances. They also expressed fear of being identified as drug users when seeking harm reduction services. Despite these barriers, participants implemented various HIV prevention strategies, including PrEP, regular screenings, peer-learned safer drug use techniques, and informal support networks. These networks were created to share information on harm reduction and sexual health in the absence of formal support. Some participants suggested that decriminalizing substance use could reduce stigma and improve access to prevention services. Decriminalization of substance possession could enhance HIV prevention by reducing stigma and facilitating greater access to harm reduction services. Support for activist organizations could help share effective prevention strategies and dismantle the barriers people involved in chemsex face.

MATTHEW BATES
Birkbeck, University of London, Global Chemsex Network

Writing chemsex: Narrative form and aesthetics in chemsex literatures

Normative cultural values and expectations effect which stories get told, by whom and how they are received. This extends to the publishing, marketing and mobility of stories. Accounts of addiction can be uncomfortable to read, and the culturally preferred narrative is one of restitution and renunciation. But what of the bodies and stories of those which exist outside of this ideal? Where, and how, are their stories told? Marginal spaces and borders are considered threatening because it is from within such spaces that the social order is most vulnerable. Following this logic, literatures written from the fringes have the power to resist, disrupt and pollute the social body as well as potentially effect social change. The subculture of 'chemsex' is increasingly represented through different creative forms including narrative, art, film, theatre and photography. This presentation will discuss the small but emerging corpus of chemsex literatures written in English. It will argue that we must find space to seek out, read, honour and critique narratives that are either self-published or published by small presses, for these texts can offer glimpses into chemsex participants lives which have not been subject to any editorial, ethical or legalistic cleansing and may contain valuable insights to compliment — or even contradict — ethnographic accounts published elsewhere. The presentation will consider how narrative form and aesthetics communicate and capture the experience of chemsex through a creative-critical methodology which utilises my own experience within the subculture by reflexively holding clinical and cultural chemsex research in collaborative tension with my lived experience. This methodology will show how narrative attempts to put pressure on the compound descriptor "chemsex" itself can reveal, through its rupture, some of the associative, contingent and peripheral issues that swirl around, but can be obscured by, dominant discussions of the subject.

GUI TARDIF ET AL

Gui Tardif¹, Yannick Gaudette², Julie Deslandes Leduc³,
Jorge Flores-Aranda⁴

1. Candidat-e au doctorat en travail social, Université du Québec à Montréal (UQAM), Chaire TRADIS (auxiliaire de recherche)
2. Candidat au doctorat en travail social, Université du Québec à Montréal (UQAM), Chaire TRADIS (auxiliaire de recherche)
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4. Professeur, Université du Québec à Montréal (UQAM), Chaire TRADIS (titulaire)

No binaries: A study of chemsex practices in the 55+ population

Contemporary drug research, especially in public health and social work, often relies on rigid binary frameworks—such as licit/illicit, addiction/pleasure, or therapeutic/compulsive use—that fail to capture the complexity of substance use, particularly in marginalized populations. The PnP 55+ research project challenges these assumptions by exploring the life paths and substance use trajectories of men over 55 years old involved in chemsex. Chemsex is defined as the use of psychoactive substances to prolong or intensify sexual intercourse and explore sexual subjectivity. This presentation examines how these boundaries shape participants' chemsex practices and aims to offer new insights into the fluid, complex, and transformative aspects of drug use. The focus is on understanding, from the perspective of chemsexers, how these binaries are transcended. The PnP 55+ project is a community-based study documenting the life paths and substance use of men from diverse sexual and gender backgrounds involved in chemsex in Montreal, Canada. Semi-structured interviews (n=28) were conducted to capture participants' personal narratives, focusing on substance use, social identity, and aging. Data was analysed thematically, with an emphasis on generational cohorts of queer men. Analysis reveals that those boundaries—relating to age, sexuality, gender, and substance use—are both constraining and liberating for participants. Using Deleuze and Guattari's (non) concept of rhizome, chemsex is understood as a non-linear, interconnected experience, challenging binary categories like addiction/pleasure, therapeutic/compulsive, and controlled/risky consumption. Data shows an erosion of these categories within substance choice, the role of dating apps and porn, and personal motivations shaping chemsex practices. This study advocates for a rethinking of drug research by dismantling rigid categories, particularly in social work and public health. Applying a rhizomatic lens highlights the need for more nuanced perspectives on chemsex.

SESSION 3C — FAMILIES, IDENTITIES, METHODS

CHAIR: RIA TSINAS

ROOM: 2A.012

CHARLOTTE SMITH

York University

Constructing Risk at the CAS-Medico-Legal Borderland

For mothers who use drugs, child welfare systems function as a mechanism of drug prohibition and site of colonial violence. Child welfare interventions often begin when an individual interacts with a hospital or police agency — setting in motion a range of activities with potentially life-altering consequences. While there is no legal obligation to report substance use during or after pregnancy in Canada, drug use is the primary factor motivating 20-25% of calls made to Children's Aid Societies (CAS) Toronto. In Ontario, the activities of CAS workers are guided by fluid notions of "risk". Such notions are mobilized through a duty to report suspected harm, abuse, or neglect to a child, professional codes of conduct, and the use of risk assessment tools during investigations. Because it is subject to such wide interpretation, it is the task of CAS workers to make "risk" intelligible to the state via the investigation process. Drawing from interviews with pregnant and parenting PWUD about their experiences in healthcare systems and with CAS, in this paper I explore how, in the construction and assessment of risk, CAS workers engage in legal and medical knowledge-making — thereby blurring the boundaries between disparate institutional sites and constituting a hybrid disciplinary space. In doing so, I draw on insights from the medico-legal borderland (Timmermans & Gabe 2002) and Dorothy Smith's (1987; 2005) institutional ethnography which is geared at explicating "relations of ruling" that shape the day-to-day lives of mothers who use drugs. Participants' experiences reflect a complex of medico-legal decision making employed by CAS social workers, revealing how CAS investigations rely and draw upon legal and medical documents, actors, and events in the construction of risk and/or maternal fitness. Particularly, their experiences reflect how child welfare systems and prohibitionist logics intersect to shape what becomes legally and medically significant.

KYLIE VALENTINE ET AL.

Celia Roberts¹, Rebecca Williamson², kylie valentine³, Lily Doyle², Jackie Leach Scully⁴, Catherine Mills²

1. School of Sociology, Australian National University (ANU)
2. Monash Bioethics Centre, Monash University
3. Social Policy Research Centre and Centre for Social Research in Health, UNSW Sydney
4. Disability Innovation Institute, UNSW Sydney

Epigenetics, devices and visualising data: on new and old borders in antenatal care

Drug use during pregnancy has long been the object of surveillance and concern. This concern has increased with the emergence of research on epigenetics, the mechanism through which the environment can change gene expression. Epigenetics research suggests that perinatal drug use can lead to a range of complex conditions, which may not emerge for decades and could persist for generations. As a field epigenetics focuses on the boundaries between foetal and maternal bodies, and raises new questions about where the self ends and the environment begins. In policy and practice, it amplifies the priority given to drug use during pregnancy. This paper reports on a three-year study of the translation of epigenetics into antenatal care in Australia. We focus on the Smokelyzer™, a British device recently reduced to Australian midwifery clinics as part of ongoing efforts to reduce smoking in pregnancy. A device to measure and make visible the level of carbon monoxide (CO) in the body via a breath test, the Smokelyzer™ changes the discussions between pregnant people and midwives about drug use, especially cigarette smoking. The testimony and reported practices of the pregnant person are supplanted by test results which visualise CO levels, generally using a green-orange-red colour rubric. Our interviews show that midwives do not, as intended, welcome the device as an objective source of information. Instead midwives are wary of its shock- and shame-related orientation. While the introduction of the Smokelyzer™ to antenatal care could be seen only as a new form of surveillance and policing of drug consumption, its use in practice exemplifies also the dynamic and shifting boundaries between surveillance and care.

POLLY RADCLIFFE ET AL.

Polly Radcliffe¹, Emma Smith¹, and Anuoluwapo Fasanya²

1. King's College London, National Addiction Centre, Institute of Psychiatry, Psychology and Neuroscience, London, England
2. King's College London, Medical Education, Faculty of Life Sciences & Medicine, London, England

“I think they don't realise being a parent is already difficult”: Using Photovoice to understand the Postpartum experience of women engaged with drug treatment during pregnancy

Pregnant women who use or are in treatment for substance use often have complex health and social care needs. In the UK, retaining custody of their babies postnatally often requires women to become abstinent, including from opioid replacement therapy, and to submit to intensive scrutiny within hospital settings and mother and baby assessment centres. This study explores postpartum care experiences through a maternal feminist lens, which critiques rigid, punitive definitions of “good motherhood” and highlights the need for compassionate, individualized support. A Photovoice methodology was used to document the experiences of three women who had received perinatal substance use treatment. Photovoice, an arts-based research method, allows participants to use photography and narrative to convey their lived experiences. Participants received digital cameras and training, took part in individual interviews to discuss their photographs, and engaged in a focus group where they shared their photographs with each other and a peer researcher with lived experience. The use of photographs highlighted the impact of stigma, surveillance, and institutional control over their maternal identity. While participants identified aspects of care that were supportive, such as clear and non-judgmental communication from professionals, they also reflected on restrictive practices that reinforced feelings of judgment and disempowerment, including intense surveillance and criticism of individual parenting choices. Findings underscore how maternal care policies often operate within rigid moral frameworks that define who is deemed a “fit” mother, disproportionately disadvantaging women with substance use histories. A maternal feminist perspective calls for a shift toward care models that prioritises non-judgmental, coordinated, and flexible support, respecting women's autonomy and lived experiences. This study highlights the need for postpartum care approaches that move beyond surveillance and abstinence mandates to support maternal and infant well-being and allows women to shape their narratives for themselves visually.

 MARIE JAUFFRET-ROUSTIDE

Centre d'Etude des Mouvements Sociaux, Inserm

JEAN-MAXENCE GRANIER

France Patients Experts Addictions

Exploring the effect of plural/mixed identities in the knowledge production process in drug policy research based on participatory methods

Drug-policy research may use participatory-based research that involve people with lived experience as co-producers of research with the aim is to reduce epistemic injustices in the research process. Epistemic injustice has been introduced by Fricker who postulates that the knowledge of certain groups is discredited and considered as illegitimate because of their social attributes. This injunction to reduce epistemic injustices is confronted with methodological and epistemological issues that are often silenced, such as plural/mixed identities of researchers (considered as people with academic knowledge) and those considered as people with lived/living experience (reduced to people with lay knowledge). We will explore the effect of plural/mixed identities with a two-voices communication, based on several French drug policy case-studies (on harm reduction, peer-work and recovery) conducted in participatory research between two research partners during the last 15 years. We will show how the distinction between academic/experiential knowledge in participatory-based research does not allow us to grasp the complexity of personal stories and experiences that contribute to the production of research knowledge on drug policies, thanks to the concept of plural/mixed identities. These unveilings on plural/mixed identities provide an opportunity to recount the emotions, affects and tensions felt during the data collection, analysis and scientific valorization steps, in line with the situated knowledge introduced by Haraway in social science. Until now, these risks have been borne solely by the co-researchers (those identified as people with lived/living experience), whose knowledge was described as experiential. Another risk consists in asserting that the production of knowledge is part of "situated knowledge" (Haraway 1988) involving not only social characteristics such as gender, age or social class of origin, but also more intimate dimensions of our lives that are usually kept silent. From a practical and epistemological point of view, this research position puts to the test the imperative of axiological rationality in the data production process (Weber, 1959) and the traditional distinction between engagement and distancing (Elias, 1993). All these dimensions will be explored based on these different case-studies, with a two-voices communication and will show the complex entanglements between science, intimacy and politics in the drug policy area.

SESSION 3D — TRAUMA

CHAIR: RENAE FOMIATTI

ROOM: 2A.014

 MICHAEL SAVIC

Monash University

Porousness, retraumatisation and social justice: Rethinking safety in trauma-informed care

Safety is a key and often taken-for-granted principle of trauma-informed care in alcohol and other drug (AOD) treatment. Across trauma-informed care guidelines, ensuring safety is commonly understood in terms of building trust and avoiding retraumatisation in treatment encounters. However, how safety materialises in trauma-informed care and its implications for addressing AOD-related concerns has not been subject to critical analysis. Drawing on feminist geographical theorisations of the porousness of safe spaces, in which spaces are understood not through binary notions of 'safe' or 'unsafe', but rather through the political and relational work of cultivating them (The Roestone Collective, 2014), I analyse how safety is enacted in interviews with AOD service providers about trauma-informed care. In doing so my analysis contributes much-needed knowledge on the socio-material relations that make safety for AOD consumers who have experienced trauma, and also on the permeability and paradoxicality of safety in trauma-informed care. In many participant accounts safety materialised through communication and environmental strategies to make the treatment space impermeable to past/outside events, memories and violence, which could compromise consumer well-being, trust, consent and efforts to manage AOD concerns. On the contrary, safety was also established by courting trauma in ways deemed therapeutic, such as enabling consumers to share difficult histories of violence and make connections between trauma and AOD use. While both forms of safety were valued, they tended to operate narrowly on a psychological register. I conclude by addressing this tension directly, scrutinising its practical implications for the development of trauma-informed AOD services, asking how more expansive and critical thinking about safety can offer new opportunities for social justice-focused responses to trauma to emerge.

EMILY LENTON

ARCSHS, La Trobe University, Melbourne, Australia

Towards structural reform and social justice: Analysing trauma-informed care in Australian alcohol and other drug and mental health strategies

For decades, drug user advocates and critical drug scholars have called for drug policy to shift from individualised and stigmatising responses to problematic drug use to attend to the systemic and structural forces that constitute drug problems. In Western and colonised countries, trauma informed care is touted as a novel approach to addressing drug problems but its capacity to address the institutional and structural dynamics of drug harms is unclear. This paper explores the potential of trauma-informed care for developing drug policy that better attends to institutional harms, stigma reduction and social justice. We analyse recent alcohol and other drug and mental health strategies (n = 6) drawn from a larger Australian policy mapping dataset to examine articulations of trauma-informed care. A feminist ethics of care approach informs our investigation of how trauma-informed care figures in national strategies, and what it can afford drug-related stigma reform. Our analysis found that while AOD strategies have a growing emphasis on the relationship between trauma and drug use, they only incorporated trauma-informed care in superficial ways that align with the aims of demand reduction. In contrast, the mental health strategies we analysed mobilised more relational concepts of trauma and wellbeing with a focus on trauma-informed care as an integrated, multi-institutional response across political systems, community, hospital and custodial settings to reduce stigma and incidences of structural trauma and re-traumatisation. Given that care can materialise as coercive and some forms of care (e.g. between people who consume drugs) are routinely obscured, we conclude by discussing how trauma-informed care can be mobilised in drug policy toward structural reform and social justice to align with broader sector imperatives concerning drug-related stigma-reform.

GEMMA NOURSE

ARCSHS, La Trobe University, Melbourne, Australia

Trauma as genealogy: Reframing addiction through trauma-informed care

In *The empire of trauma: An inquiry into the condition of victimhood* (2007), French anthropologists Didier Fassin and Richard Rechtman propose a methodological engagement with genealogy as a way to understand the historicity of trauma and the ways traumatised subjects are brought into being through concepts of victimhood. Genealogy refers to a method of writing critical history that problematises the present by attending to constitutive power relations and the contingent processes that have brought it into being. Inspired by this methodology, and noting the ways in which subjects' personal histories are mobilised in professional accounts of trauma and drug use, I approach trauma as ontologically genealogical—that is, as retroactively attributing a process of descent and emergence (Foucault, 1984, pp. 80-86) to subjects' difficulties with alcohol and other drug consumption. Drawing on interviews with 20 health professionals working across trauma and alcohol and other drug treatment, this presentation argues that they are engaged in genealogical work, with varied effects. Through trauma discourse, health professionals reconfigure the boundaries of addiction and alcohol and other drug-related problems as symptoms of past victimhood rather than individual pathology. This genealogical work renders present-day 'problematic' drug practices as intelligible by troubling simplistic lineages of addiction through attention to past violence, injustice and victimisation. However, I argue that while attention to these particular historical conditions may present benefits to those seeking treatment and has the potential to shape care in less punitive ways, the reliance on victimhood to establish legitimacy may not be politically efficacious in dismantling the binaries that articulate addiction as a disorder of individual compulsion. In conclusion, I suggest that genealogical work must be carefully managed by health professionals in trauma-informed practice to bring about a "revaluing of values" in ways that do not reproduce rigid, pathologised drug-consuming subjectivities by another name.

5.30 — 7.00 | WELCOME RECEPTION

LOCATION: NANCY ROTHWELL BUILDING

9.00 — 11.00 | CONCURRENT SESSIONS

SESSION 4A — THE POLITICS OF KNOWLEDGE PRODUCTION 1

CHAIR: ADRIAN FARRUGIA

ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)

JOHN FITZGERALD

University of Melbourne

The piling up of rationalities in drug monitoring and checking

If we believe that the State has responsibility for good governance of the population, then what follows is that State-based drug monitoring should at the least protect, and at best, enhance the health of the population. The State should also perform this monitoring in a transparent manner. Drug checking, waste water analysis, and drug residue monitoring all have a range of rationalities that drive their science, their prominence in Government risk assessment and subsequently in the governance of drug users. In this case review of practice and theory of drug monitoring science and practice, I suggest there are several rationalities that are not so transparent in the rise to prominence of this biomaterial source of evidence. There appears to be four rationalities that drive scientific and policy practice: atomistic rationality, ecological rationality, risk management, and a detective-like deductive rationality. Whilst these rationalities seem obvious, it is worth noting the risks associated with not getting a balanced view of the contributions of monitoring “evidence” in relation to their underlying rationalities. Isolated cases of drug detection, when translated into public drug alerts (circulated nationally) can have perverse effects. Just because someone in Canberra submits an oxycodone tablet which tests positive for protonitazene, does not mean protonitazene will flood Melbourne. As a corollary, just because service-level residue data indicates the presence of a batch of a novel synthetic opioid does not mean that every injecting drug user at the service is at risk. Finally, the seductiveness of the overarching deductive detective-like rationality of identifying unknown “threats”, should not be underestimated within a risk-saturated policy arena. What emerges may not necessarily be a reduction of risk for the individual, but an expansion of risk awareness and the production of “zombie” categories of alert information. The predominance of risk through the ubiquity of social media alert processes, means that the differentiation between what is experienced at the level of the individual drug user and what is happening at other, more collective and abstracted levels (such as networks) are more complex. What is good governance in this mix. Is it the role of the State to just put out public alerts or should we be expecting more for the health of the population.

ESBEN HOUBORG

Centre for Alcohol and Drug Research, Aarhus University

Navigating the Fine Line Between Science and Politics: A Personal Account from the Frontlines of Drug Policy Research

In August 2024, the Danish government proposed to remove funding for the Centre for Alcohol and Drug Research (CRF). At the same time, public and political attention was on use of prescription opioids among young people. As researchers at CRF, we were investigating this in an environment where multiple stakeholders asserted that opioid use was widespread, while simultaneously criticizing CRF for failing to document this and for not treating it with sufficient urgency. Against this backdrop, our work and even the continued existence of CRF were under scrutiny. In this presentation, we reflect on how we navigated scientific inquiry and political pressures. The presentation has three parts. First, we provide an overview what happened in the autumn of 2024. Second, we discuss the strategies we employed, and the dilemmas involved. Finally, we discuss the intersection of science and politics, with a focus on how researchers can navigate drug scares and political attention. In this discussion, we draw on the distinctions between ‘matters of fact’ and ‘matters of concern,’ as developed by Latour and Stengers. Matters of fact refer to knowledge claims that are positioned as objective, neutral, and empirically verifiable, whereas matters of concern acknowledge the entangled, contested, and politically charged nature of scientific inquiries, particularly on urgent societal issues. Drug research is often deeply embedded in politics, where knowledge is not only produced but also contested and shaped in broader political and institutional struggles. We want to contribute to discussions about the role of research in politically charged environments and propose an approach that neither retreats into the illusion of pure objectivity nor surrenders to political instrumentalization but acknowledges the co-constructed nature of knowledge and the responsibilities that come with it.

FILIP DJORDJEVIC ET AL.

Filip Djordjevic¹, Robyn Dwyer², Paul Hickman³, Claire Wilkinson⁴, Vicky Heap⁵

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5. Sheffield Institute of Law and Justice, Sheffield Hallam University, United Kingdom

Community Engagement in Alcohol Licensing: Findings From Two UK Case Studies

There is a limited but growing body of research exploring community engagement in alcohol licensing. Existing studies mainly focus on public health goals of reducing negative health impacts of alcohol. However, it is known from broader literature that both drinking and licensed premises can play an important part in developing social and cultural capital, as well as improving neighbourhood amenity and being a source of pleasure. This presentation will present findings from case studies in Manchester and Glasgow on community engagement in alcohol licensing, taking a comprehensive approach to the impacts of licensed premises and a pluralistic view of 'community'. Semi-structured interviews (n=16) conducted in 2022-23 with community members and licensing stakeholders form the main body of data. Participants included community members that had involvement in licensed premises as objectors or residents in night-time economy precincts, public health practitioners, alcohol researchers/academics and night-time economy workers. Key concepts in the literature such as theories of capital, democracy and models of community engagement informed the analytical framework, which in turn guided thematic analysis. Key themes identified were: issues of representation and the diversity of perspectives (or lack thereof) in processes of engagement; procedural fairness in licensing decision making; how licensees were framed; and responsabilisation of community members in licensing processes. Most of the findings relate to the process of making submissions, usually objections, in relation to alcohol licence applications. While previous research has shown that aspects of licensing processes, such as legal and formal licensing procedures, create barriers for community members, this research highlights the diversity within communities, focusing on which members are most affected by these and other obstacles. The findings go beyond existing literature by taking a more theoretical approach to understandings of community and licensing, and provide insights for licensing policy and community engagement more broadly.

JAMES NICHOLLS

Institute for Social Marketing and Health, University of Stirling, Stirling, United Kingdom

GEOFFREY HUNT

Centre for Alcohol and Drug Research, Aarhus University, Aarhus, Denmark; Institute for Scientific Analysis, United States

Are we the fun police?: The boundaries of pleasure in alcohol research

Pleasure is a problem in alcohol research and policy advocacy. It is a slippery concept: hard to define, and even more difficult to measure. But it also presents an ethical problem that alcohol researchers, especially those applying a public health perspective, struggle to negotiate. Pleasure, specifically hedonic pleasure, is accorded little or no value within an ethical framework that prioritises health and longevity over other goods. However, hedonic pleasure remains the primary motivation behind most alcohol consumption. Furthermore, alcohol control advocacy routinely identifies discussions of pleasure as part of an 'industry framing'. This boundary setting marks the acknowledgement, certainly the validation, of drinking pleasures as veering dangerously close to doing the work of the alcohol industry. Pleasure is, furthermore, constructed as dangerously irrational within neoliberal value frameworks (even as the pursuit of pleasure through consumption is constantly encouraged). As a consequence, serious discussions of pleasure remain rare in alcohol research, and public health advocacy consistently fails to acknowledge the role of pleasure in motivating consumption. This paper will present reflections on the responses to a 'For debate' paper recently published in *Addiction* that addresses these issues. It will present the key arguments of the paper, but also consider what the ensuing debate tells us about the problem of pleasure in contemporary alcohol research. The goal of the presentation will be to invite further discussion on whether there is a need to reimagine how pleasure is constructed within alcohol research, policy advocacy and wider discussions of the role of alcohol in society.

SESSION 4B — POLICY 1

CHAIR: ROB RALPHS

ROOM: 2A.011

STEVEN HAYLE

Ontario Tech University and the University of Toronto

Comparative Drug Policy Analysis and the Social Construction of Problems: Exploring Drug Consumption Room Policymaking in the United Kingdom and Ireland

Although Comparative Policy Analysis (CPA) of drugs is a growing field, literature reviews suggest a notable absence of theory in much of the scholarship. Furthermore, the use of qualitative methods is considerably less common than statistical analysis. An emerging literature within drug policy scholarship has developed that is explicitly anchored in social constructionist theory. Unlike CPA, social constructionist analyses of drug policy are predominantly qualitative in design; however, only a small number of these studies are comparative in orientation. This paper addresses this gap and bridges these two distinct but related fields by exploring how social constructionist theory can serve as a useful analytical framework for explaining similarities and differences in drug policymaking across countries. Drawing on the theoretical work of Joel Best on social problems construction, this paper engages in a thematic analysis of government documents (Hansard records, legislative committee testimony, policy documents, press statements) and newspaper articles, as well as a review of secondary literature, to compare and contrast government policymaking around the establishment of drug consumption rooms (DCRs) in both the United Kingdom and Ireland. Preliminary findings show that the approval of DCRs in both countries can be explained by the successful efforts of claims makers, including activists, experts, and the news media, to frame HIV and overdose deaths as a public health emergency, resulting in a shift in public opinion in support of such initiatives. Policymakers encountered significant political resistance to DCRs in both countries. However, they were able to successfully navigate this opposition by leveraging unique opportunities within the political structures of both states. This paper builds on the theoretical framework applied in the forthcoming book *International Drug Policy* written by the same author.

ASMIN FRANSISKA

The Law Faculty of Atma Jaya Catholic University of Indonesia,
The Indonesian Center for Drugs Research (ICDR)

EKO ADI PRASETYANTO

The Medical School of Atma Jaya Catholic University of Indonesia,
The Indonesian Center for Drugs Research (ICDR)

Advancing Indonesian Drug policy: Abolishing Prison Through a Decriminalization Approach with Drug Thresholds for a Fairer System

Among the Asian countries, Indonesia has one of the toughest drug laws through a four minimum sentences to the death penalty. Despite some initiatives of the amendments of the Law on Narcotics 35/2009, Indonesia retains the imprisonment penalties and forced rehabilitation and yet uses non-penal as an alternative to prison. Among those who are in prison are people who use with at a low threshold. This research uses a qualitative and quantitative approach through data collection related to the Judge's Decision in 5 Provinces in Indonesia with more than 150.000 decision cases. As result, Indonesia's prison overcrowding has reached 108%, with some prisons being overcrowded at 198% and detention centers reaching 210% of their capacity. The ICDR's research (2024) shows that most cases relate to the personal use or possession of methamphetamine (3.200–7.000 cases), cannabis (1.000-2.500 cases), and ecstasy (100-200 cases) in 5 Provinces in Indonesia. The prevailing dichotomous approach of coercive rehabilitation, often abstinence-based, and criminalization has demonstrated limited efficacy. Empirical evidence suggests that a more effective strategy involves the implementation of non-penal alternatives or the complete abolition of custodial sentences for the use or possession of drugs intended for personal consumption, contingent upon established threshold quantities and qualities. This alternative framework should be grounded in human rights principles and empirical research. In sum, Indonesia's notorious drug policy needs a shift towards decriminalization with prison abolishment for the use or possess drugs for personal consumption. The research focuses on the possibilities for a decriminalization approach with a prison abolitionist approach with a drug threshold with human rights-based drug policy and scientific evidence policy.

FIONA MEASHAM
University of Liverpool

Poppers, impermissible pleasures and the politics of exemption

This paper explores the relationship between socio-demographic characteristics, self-reported 'poppers' use and sexual behaviours against a backdrop of UK policy change and ambiguity surrounding their legal status. In 2024, the Advisory Council on the Misuse of Drugs recommended a unique, government-instigated, legal exemption from the Psychoactive Substances Act 2016 for poppers being sold to gay men as sex aids, whilst upholding the offence if sold to those same gay men for recreational purposes such as clubbing. A response to ACMD is expected from the new Drugs Minister in early 2025. Data gathered from 11,566 festival attendees in the annual English Festival Study 2014-23 were analysed regarding self reported poppers use, demographic characteristics and sexual behaviours. Gay men were significantly more likely to report poppers use and particularly for those reporting past-year participation in anal sex. Providing a critical analysis of recent trends in UK drug policy and comparing issues surrounding the criminalisation of GHB/GBL and khat with poppers, the author highlights how differential discrimination occurs within drug control where targeted exemption meets the politics of protected characteristics in UK law. The presenter will argue that poppers, therefore, provide a unique example in UK drug policy of how an apparent liberalisation of legislative control could bolster the overarching drug prohibition regime while maintaining the appearance of rationality and fairness, by attempting to separate permissible from impermissible pleasures in leisure.

FAY DENNIS
Goldsmiths, University of London

Ripping up the rulebook? (De)territorialising drug treatment after Covid-19

As this conference's call for papers aptly points out, an interest in transgression is somewhat synonymous with drug research. This is why I, like so many others, was fascinated by the promise of a 'new normal' that the Covid-19 pandemic brought to the drug treatment sector (Chang ET AL 2020). Prominent practitioners referred to this period 'ripping up the rulebook' (Winstock & Kelleher 2020) and posing 'a natural experiment [with] potential for a lot of learning' (Finch 2020). But some five years on from the pandemic that promised to change all, I am frequently greeted with fatigued looks as I mention my research interests and told that 'everything has gone back to normal'. While, in the critical social sciences, we have tended to focus on the transgression of boundaries, I want to linger here, more, on their maintenance and stubbornness, and what this can teach us about treatment futures. Drawing on findings from a UK-wide online qualitative survey looking at the effects of Covid-19 on the drug and alcohol treatment sector, and in-depth interviews with service users and providers, I explore the sector's resistance to change and the policing of its boundaries. By institutions necessarily retreating during the pandemic 'lock-downs', their activities, and importantly, those of wider infrastructural practices, became more visible in their absence and then re-emergence. Paradoxically then, to use Deleuze and Guattari's (1987) terminology, it through institutions' deterritorialisation that their territorialising tendencies became apparent. And it is in this visibilisation, I will argue, through participant accounts, and experiments with method, that we are offered new access points for knowing and acting in and on these practices.

SESSION 4C — COUNTERPUBLICS

CHAIR: DEAN MURPHY

ROOM: 2A.012

LYU AZBEL

Yale University School of Medicine

JAMIE HAKIM

King's College London

Trans-chemsex towards a queer future: What can a darkroom do to dislodge affective gender inequalities?

This study explores the potential of infrastructures of queer counterpublic chemsex to disrupt affective inequalities in gender and sexuality. Chemsex has long been stratified along gendered lines, with its transformative potential largely accessible to cisgender gay men, while other genders disproportionately face safety concerns. We examine how DTF (down to fuck or dyke, tranny, faggot)—an all-gender queer darkroom designed by Berlin-based intersex and trans activists—was governed by a ‘trans narcofeminist’ politics. DTF radically included diverse genders, sexualities, and drug practices in one space while maintaining an acute awareness of the potential for power imbalances within such affective entanglements. By drawing on queer and affect theories we argue that, in their development of an ethics of ‘transformative discomfort,’ DTF became an infrastructure of queer counterpublic sex that disrupted the affective inequalities that structure Berlin’s queer nightlife scene. A trans subject, simultaneously center stage and uncomfortable, emerged through encounters with DTF’s ‘intersex architecture,’ where gendered bodies interacted with gendered darkroom materials in ways that both reproduced and disrupted the normative gendered and spatial divisions of queer chemsex. This ambivalent subject highlights the potential for reconfiguring queer bodily capacities by engaging with the tensions emerging from counterpublic chemsex encounters. By embracing ‘(trans) formative discomfort,’ DTF offers a generative politics that navigates contradictions in pursuit of a transexual queer future. We conclude by reflecting on what this experiment in queer darkroom design could mean for uniting across difference in queer politics as well as progressive politics more broadly.

ABIDEEN DAVID AMODU

Federal University Oye-Ekiti, Ekiti State, Nigeria

Drugs, sex and care: Erotics, (counter) publics, sociality, and party and play practices among queer Nigerians

Studies on the phenomenon of “party and play” (PnP) in the global queer communities have largely focused on the global North (and Australia, even though it is not technically and geographically in the global North), thereby ignoring the existence and intricacies of the phenomenon on queer lives in the global South. This singular, one-directional focus can be attributed to being a social, political, and academic reproduction and reinforcement of geographical and racial hierarchies bloated by colonial legacy and institutional manifestations that thrive on such stratification. Generally, party and play” (PnP) describes a subcultural practice where participants combine recreational drug use with sexual activity, often within private gatherings or parties. Commonly associated with queer communities, particularly gay and bisexual men, PnP involves the use of substances such as crystal methamphetamine (ICE), GHB, MDMA, or cannabis to enhance sexual experiences, reduce inhibitions, and foster a sense of intimacy and connection. This study draws upon three important standpoints. First, PnP gatherings in Nigeria function as queer (counter) publics where LGBTQ+ individuals resist marginalisation through community attunement, erotics, and intimacy. Second, queer Nigerians leverage PnP gatherings to subvert multifaceted surveillance entrenched by coded language, digital platforms, and secluded locations to reclaim agency. PnP practices among queer Nigerians challenge normative binaries of licit/illicit and moral/immoral, underscoring the often-neglected ambiguity of queer ethics of care, which could include both prioritisation of harm reduction, mutual support, and the safety of participants within these vulnerable yet transformative spaces. Drawing on ethnographic accounts of in-depth interviews with queer Nigerians who have been PnP participants and are legally adults, the research examines how PnP practices can include more varied components practically and ideologically, which includes how these activities heighten erotic experiences, facilitate intimacy, and elaborate the ambiguities of queer ethics of care while also existing within the frameworks of precarious tensions with the ever-present threat of violence, surveillance, and social stigma.

RUBY GRANT ET AL

Ruby Grant¹, Adrian Farrugia¹, Isabel Mudford², Julie Mooney-Somers³, Jennifer Power¹, Ruth McNair⁴, Amy Pennay⁵, Adam Bourne^{1,6}

1. Australian Research Centre in Sex, Health and Society, La Trobe University, Australia
2. Research School of Social Sciences, The Australian National University, Australia
3. Sydney Health Ethics, University of Sydney, Australia
4. Department of General Practice, University of Melbourne, Australia
5. Centre for Alcohol Policy Research, La Trobe University, Australia
6. The Kirby Institute, University of New South Wales Sydney, Australia

Queering vaping: Exploring lesbian, bisexual, and queer women's nicotine use as a contested practice of sociability, identity, and resistance

Vaping has become a significant yet underexplored practice among lesbian, bisexual, and queer (LBQ) women in Australia. While Australian public health discourse predominantly frames vaping as a health risk, this paper interrogates its socio-cultural dimensions, examining how LBQ women navigate vaping as a site of queer identity, sociability, and resistance. Drawing on 60 in-depth interviews with LBQ cis and trans women and non-binary people, this study employs queer theoretical perspectives to critically analyse the meanings ascribed to vaping within these communities. Findings reveal that for many participants, vaping is deeply intertwined with queer aesthetics and community practices. Some participants described vaping as performatively constitutive of queer identity, aligning with distinct fashion, sensory, and social cues associated with LGBTQ subcultures. Others framed vaping as an important social practice that fosters intimacy and bonding in queer spaces. However, the cultural meanings of vaping remain contested. While some participants viewed vaping as a subversive act against heteronormative health imperatives, others expressed discomfort with its association with deviance. These contestations highlight how LBQ women navigate multiple, and at times contradictory, positions in relation to public health narratives, personal agency, and community belonging. By foregrounding vaping's role as a dynamic, negotiated queer practice, this study contributes to critical drug studies scholarship by demonstrating how substance use must be understood beyond biomedical risk paradigms, instead recognising its complex intersections with gender, sexuality, and community. In doing so, we challenge dominant framings of vaping and call for harm reduction approaches attuned to LGBTQ experiences and perspectives.

SESSION 4D — LAW, REGULATION AND HUMAN RIGHTS

CHAIR: KATE SEEAR
ROOM: 2A.014

ALEJANDRA ZULUAGA

ARCSHS, La Trobe University, Melbourne, Australia

Epistemic barriers in drug policy: A decolonial perspective on the interpretation and application of human rights

Communities cultivating coca in Colombia have long been marginalised and impoverished, facing numerous challenges such as displacement, social exclusion, and the lived effects of military and chemical operations on health and the environment. Their critical perspectives on human rights approaches to drug policy stem from lived experiences of survival and advocacy for justice and reparations tailored to their specific needs. This presentation explores how human rights are conceptualised and enacted within coca-growing contexts. Drawing on 25 interviews with coca cultivators and stakeholders involved in drug policy reforms in Colombia, I examine the entanglement of human rights with non-human worlds, revealing how these intersections challenge conventional human rights frameworks for drug policy reform. I build on Suzanne Fraser's (2020) work on ontopolitically-oriented research, which emphasises how research practices shape realities, alongside Latin American feminist and decolonial theories, to interrogate the coloniality of knowledge embedded in traditional human rights approaches (Cabnal, 2010; 2015; Lugones, 2010; Segato, 2022). I advance two central arguments. First, human rights must move beyond anthropocentric, individualistic paradigms to encompass the relational, embodied, and territorial dimensions of coca-growing communities. This requires dismantling entrenched binaries that separate human from non-human worlds. Second, rethinking human rights in drug policy requires critical self-reflection from academics and policymakers, focusing on how research and other practices risk reinforcing epistemic barriers in the integration of human rights into drug policy reforms. By foregrounding decolonial and feminist theories, this presentation explores the identities and 'body-territory' relations within coca-growing communities, their understanding and practice of human rights, and the implications of these insights for future drug policy reforms.

ALEXANDRA DMITRIEVA^{1,3} AND VLADIMIR STEPANOV^{1,2}

1. Support, Research and Development Center, Kyiv, Ukraine

2. National University Kyiv-Mohyla Academy, Kyiv, Ukraine

3. School of Social and Political Science, University of Edinburgh, UK

The undeclared war on drugs in the post-Soviet limbo

In this presentation, we will examine the case of Irina Abdyusheva and others v. Russia, which was brought before the European Court of Human Rights (ECHR) in 2011. In this case, three individuals argued that Russia's ban on opioid agonist therapy (OAT) programs violated their rights to freedom from torture, private and family life, and non-discrimination, as guaranteed by the European Convention on Human Rights. The case was considered by the ECHR between 2014 and 2019, when the consequences of Russia's initial invasion of Ukraine were difficult to ignore. We consider this case to comprise a set of public political utterances that frame discourses on people who use drugs, OAT, and human rights in Russia, Ukraine and the 'West', as all three parties have been involved in the case, albeit not in equal proportions. The ECHR serves as a platform for Russia to showcase its performance aimed at influencing the international legal order, while the ECHR seems to accept Russia's terms of engagement. We argue that Ukraine, bound to Russia by its Soviet past and at the same time occupied by it, while also aspiring to be part of 'the West', becomes a place of 'constant engagement' (Fournier, 2012), located within a post-Soviet limbo (Dmitrieva ET AL., 2024, 2022) where the 'violence against those who are already not quite living, that is, living in a state of suspension between life and death, leaves a mark that is no mark' (Butler, 2004, p. 36). 'The West' here embodies Ukraine's perspective and refers to the imaginary 'West', or 'Europe', as the 'space to be entered/reentered', and the 'East', 'Russia', or 'Soviet past', refers to the imaginary 'space to be abandoned' (Kasianov, 2012, p. 171).

LIAM MICHAUD

York University

"She can't do any of those things anymore": Overdose-related brain injury, debilitation, and legal violence

Widespread mortality from the North American toxic drug overdose crisis has, in some respects, eclipsed other forms of slow, and attritional violence faced by people who use drugs. This includes overdose-related or 'hypoxic' brain injury, which occurs from prolonged oxygen deprivation when timely response or medical care is not received. Symptoms of hypoxic brain injury include memory loss, changes in cognition, confusion, loss of executive function, and changes in personality. Drawing from the results of ethnographic community-based research in Ontario, Canada, this paper engages with the issue of overdose-related brain injury, and how such experiences have become widespread among people who use unregulated fentanyl. Participants' accounts reflect how overdose-related brain injury has fundamentally reorganized social relationships and care responsibilities. Participants' experiences reflect a process of debilitation (the production of disability), layering existing forms of disablement that include repeated and protracted cycles of withdrawal, adverse effects of other contaminants (e.g. xylazine, tranqdope, benzodope), injury from routine police violence, and grief from ongoing traumatic loss of friends and loved ones. This paper argues that experiences of overdose-related brain injury — and the processes of debilitation in which they are inscribed — are the product of specific institutional and legal forces including, primarily: legal barriers to emergency medical support, and failure of governments to regulate the drug supply or offer appropriate pharmacological alternatives. Drawing on insights from medical sociology, disability studies, and critical legal studies, this paper asks, what do peoples' accounts of overdose-related brain injury tell us about how health is shaped by law? How does debility as a conceptual frame help make sense of "drug-related harms" as flowing from politico-legal structures (e.g. colonialism, prohibition) and help to unsettle the shortcomings of individualizing medicalized frames? Finally, what are the implications of pervasive brain injury on capacity for institutional memory and collective action?

REY TIQUIA

University of Melbourne

Regulating Chinese Materia Medica in Australia— The Yin and Yang of Yao, Du, Poisons and /drugs

This research looked at the fundamental issues surrounding the regulation and use of Chinese materia medica in Australia. Originally, a submission was made to the Chinese Medicine Registration Board of Victoria in 2004 in response to a discussion paper “Safe Access to Chinese Herbs” issued by the Board and the State of Victoria Department of Human Services which was then introducing a “new regulatory scheme for the prescribing and dispensing of potentially toxic Chinese herbs in Victoria.” This research uncovered that Chinese materia medica are formulated from nature and are thus different from drugs which are isolated, purified and synthesised chemicals which mimic nature. In addition, the notion of ‘toxicity’ in biomedical science is not equivalent to traditional Chinese medicine (TCM) notion of du (poison). One of the recommendations of the submission was that standards in the ancient craft and technology of ‘concocting Chinese materia medica (paozhi) and proper training in the art and discipline of Chinese materia medica prescription or ‘formula writing’ be established. The TCM clinical microworld is constituted by three agential figures of the a) yao which are routine therapeutic practices and tools that move the patient’s qi b) the figure of the ‘uneasy’ body of the patient and c) the disciplined practitioner and the corporate body of TCM practitioners. It is the nature of the yao to embed a qi that assumes a double ‘Yin visible material and an invisible Yang qi’ life form which possesses motion that is variously ascends, descends, floats, moves in, moves out, hot and cold etc. These varied qi motions of the yao (medicinal substance) or a group of yao, represent a standardised formula fang which fits the clinical pattern of imbalance to the uneasy body of the patient.

11.00 — 11.20 | MORNING TEA

ROOM: SECOND FLOOR CIRCULATION SPACE,
NANCY ROTHWELL BUILDING

11.20 — 1.20 | CONCURRENT SESSIONS

SESSION 5A — THE POLITICS OF KNOWLEDGE PRODUCTION 2

CHAIR: MARSHA ROSENGARTEN

ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)

MATS EKENDAHL ET AL.

MATS EKENDAHL

Department of Social Work, Stockholm University,
Stockholm, Sweden

HELEN KEANE

School of Sociology, Research School of Social Sciences,
Australian National University, Canberra, Australia

DAVID MOORE

Australian Research Centre in Sex, Health and Society,
La Trobe University, Melbourne, Australia

The creation of boundaries between ‘safe’ and ‘risky’ alcohol use: the case of low-risk drinking guidelines (LRDGs)

Today, health authorities in many countries develop low-risk drinking guidelines (LRDGs) concluding that no alcohol consumption is safe. Their raison d’être is making visible and tangible knowledge that would otherwise remain hidden to individual drinkers. While risk is always statistical, and concerns what might happen according to a specified level of certainty, the risk information that reaches the public is often neither nuanced nor tentative. Media coverage of novel findings in this field tends to be sensationalist, focusing on the putative adverse effects of alcohol on health and wellbeing. Stemming from aggregate studies of the risk of being diseased or dying from consuming different amounts of alcohol, such messages are via policy-making and media dissemination expected to make people drink less. Through its attempt to affect behavior, risk information is key to the governance of a generic, self-regulating and rational citizen. Without the alleged existence of a subject that can appreciate that the cons of drinking outweigh the pros, the production and dissemination of risk information concerning alcohol would be a waste of time and money. With this as backdrop, it becomes crucial to analyse how people and people’s drinking are constituted as policy targets by the LRDG discourse, but also what scientific practices that contribute to the production of increasingly elevated risk estimates concerning alcohol’s effects. How did we get here? In this presentation, I will interrogate how knowledge about alcohol is represented so that LRDGs achieve the status of being objective, epidemiologically valid and universally relevant. To approach and critically analyse the LRDG discourse — that relies so heavily on educating people about the ‘real’ but often delayed risks of alcohol consumption — I will draw on Science and Technology Studies (STS) understandings of how scientific facts are made and stabilised.

CHELSEA COX ET AL.

Niki Kiepek¹, Chelsea Cox², Matthew Bonn¹, Jill Hayden³,
Andrea Murphy⁴, Shiela Wildeman⁵

1. School of Occupational Therapy, Dalhousie University
2. Faculty of Law, University of Ottawa
3. Community Health & Epidemiology, Dalhousie University
4. College of Pharmacy, Dalhousie University
5. Schulich School of Law, Dalhousie University

Reconciling perspectives on drugs across law professionals, health professionals, and Canadians who use drugs

Substance-related policies, laws, and interventions are often polarising and political, with decisions based on assumptions, moral standpoints, and sensationalised portrayals. We aim to bridge understandings about drugs and contribute to less polarised positions to inform law, policy, equitable and just access to resources aimed at mitigating unintended and/or avoidable harms. A purpose of this research is to examine social contexts and their impact on individual decisions to use (or not use) substances. Photo elicitation methodology, involving participant-generated photos and elicitation interviews, is used to examine the question: What constitutes a “good life” and how do substances fit into that? Photos elicit emotions, thoughts, memories, and interpretations of lived experience and engage participants in critical reflection. To date, participants are Canadian health professionals (n=7), law professionals and law enforcement personnel (n=5) and people who use substances (n=17). Participants typically reported using illicit substances to ‘treat’ something, such as physical pain, emotional pain, or sleep. Interactions with health professionals were described (by people who use substances and healthcare providers) as dehumanizing and stigmatizing, with health concerns routinely dismissed as drug-seeking. People who use substances reported barriers when navigating legitimate healthcare services, relied on self-evaluation of personal needs, and found it easier and less stigmatizing to access even pharmaceutical substances through illicit channels. Participants across all groups shared opportunities for improvement. People who use substances need to be treated with dignity and respect. There needs to be access to safe supply to prevent avoidable death and broad access to harm reduction services (e.g., access to dispensing, opioid agonist therapies, safe consumption sites, universal health coverage). With ongoing contention regarding governance of drugs, examination of multiple understandings about substance use can contribute to informed, relevant, and timely decisions, with increased public support to guide governance and practices.

RENAE FOMIATTI

ARCSHS, La Trobe University, Melbourne, Australia

Marketing epistemic consumption and confusion: Scientific knowledge, education and affect in cosmeceutical advertising

This presentation develops concepts of boundary confusion, affect and epistemic consumption to theorise the relationship between contemporary anti-ageing cosmetic advertising, scientific knowledge and gender regulation. Anti-ageing cosmetic practices and technologies refer to a spectrum of products, drugs and treatments including non-surgical cosmetic practices such as injectables, clinical skincare, laser and other aesthetic procedures. Cosmeceuticals — skincare with ‘biologically active’ ingredients that purport to produce anti-ageing effects — are one such product. Typically used by people to prevent and treat the physical signs of ageing, they can resemble both cosmetic and pharmaceutical drugs, make both aesthetic and therapeutic claims but fail to fit comfortably into either category. Drawing on feminist theorisations of boundary confusion and affect, this presentation explores how cosmeceuticals are marketed by Australian aesthetic clinics and beauty retailers on Instagram through strategies of epistemic consumption; marketing techniques that prioritise scientific education and knowledge acquisition in everyday consumption. I argue that the boundary confusion between cosmetics and pharmaceuticals is a mechanism for generating a specifically modern form of epistemic consumption in anti-ageing advertising. Beauty consumers, mainly women, are enjoined to accumulate quasi-scientific knowledge as a consumption activity and develop highly technical understandings of the biology of ageing, particularly upon the face, and the therapeutic mechanisms, effects and regimens of cosmeceuticals. Importantly, these epistemic practices often operate affectively through notions of feminine pleasure, humour and irony, and self-care shaping how women may feel in relation to gendered regulation and the increased responsibility for (anti-)ageing. I argue that boundary confusion, far from a problem to be resolved, is generative for contemporary forms of epistemic consumption, and more specifically the scientisation of anti-ageing consumption and the pleasure that may be derived by contemporary consumers in anti-ageing cosmetic practices.

AYSEL SULTAN

Department of Science, Technology and Society,
Technical University of Munich

Affirmative ethics as an engaged methodology: Mapping a cartography of critical drug studies

Inspired by Braidotti's work on affirmative ethics, I draw a cartography of critical drug studies — a field that explores the social, material, and affective constellations of lived experiences of people who use illicit drugs and drug policies that, in turn, shape these experiences — to argue for methodological affirmative ethics. In Braidotti's reading, affirmative ethics is a collective practice of "co-constructing affirmative modes of relation and values" (2019: 475). Inspired by Deleuzian turn that challenges the traditional qualitative methodologies, affirmative ethics stresses the presence as a process of 'becoming' — ethical, accountable, and engaged. Here the field of critical drug studies presents a unique example in which lines between research, advocacy, and personal practice are enmeshed in making up evidence, interventions, and policy discourse of the field and its radical epistemologies. The question is how different strands of critical drug studies have paved the way toward different forms of engaged methodologies, and what those engaged methodologies mean for the field? Most notable example is the engagement with the linguistic turn and in particular, material semiotics. This could be achieved by re-defining the modes of inquiry and offering conceptually crafted interventions. This includes reframing 'addiction' as habit and as made and remade in practice, researching drug use through body mapping and artistic engagement, 'recovery' as an assemblage rather than individual journey, de-centralising human agency, and conceptualising drug use contexts as heterogeneous and dynamic, foregrounding pleasure in drug use, reinventing harm reduction through innovations like drug checking, and for others it is about shifting perceptions by 'coming out' as researchers who also use drugs and advocating for anti-prohibitionist policies. Through all these, the field exemplifies engaged methodological collaboration of becoming different, reshaping practices and entrenched understandings of drug use, and prompting the question of "what are we capable of becoming?"

SESSION 5B — POLICY 2

CHAIR: FAY DENNIS

ROOM: 2A.011

ILKKA ARMINEN AND MIKA SIMONEN

Faculty of Social Sciences, University of Helsinki

Addiction policies on thin ice

In 2023, we conducted three experiments in Helsinki, Finland, focusing on political argumentation surrounding alcohol, drugs, and gambling policies. A total of 98 participants, primarily students from the University of Helsinki, took part in these studies. The experiments employed the imitation game method, a versatile approach designed to assess how well members of one social group understand the knowledge and perspectives of another. This method yields both quantitative metrics and qualitative insights, offering a comprehensive lens to explore the nuances of intergroup understanding—a critical dimension for informed policymaking. Our study examines the dynamics between the regulationists and the deregulationists in the fields of alcohol, drug, and gambling policy. The findings reveal relatively symmetrical segregation between these groups in the alcohol and gambling policy domains. However, in drug policy, a distinct asymmetry emerges: supporters of criminalising drug use demonstrate less understanding of the perspectives of the decriminalisers, who advocate for the decriminalisation of drug use. The theoretical premise of imitation game studies posits that minorities are typically better at imitating majority views than vice versa, our results suggest relatively low intergroup boundaries among the regulationists and the deregulationists. This low boundary may reflect weak political mobilization and latent political agency. In contrast, the decriminalisers of drug use stand out as a cohesive group, united by a shared critique of the perceived unfair individual social costs of drug criminalisation. Their distinct identity enables them to articulate and recognise group-specific argumentation effectively. This presentation will summarise the core findings of the addiction political imitation games, with a focus on their policy implications. The low levels of political mobilisation in these fields present a risk of populist rhetoric dominating the discourse. This raises a critical question: how can public engagement with addiction-related political argumentation be strengthened to foster informed and inclusive policy debates?

REBECCA ASKEW ET AL.

Rebecca Askew¹, Richard Kelly¹, Rob Ralphs¹, Paul Kelaita², Isabelle Volpe²

1. Manchester Metropolitan University, UK
2. Drug Policy Modelling Programme, Social Policy Research Centre, UNSW, Australia

Capturing the everyday experiences of drug policy: A photo-ethnography of Mancunian working lives applying the policy ecology concept

This paper argues that public engagement is essential for the legitimacy of drug policy. It presents a mix of photographic images and interview data from a Manchester study that captures the everyday voices of a wide-ranging public on experiences of drug policy. This research applies Lea's (2021) Wild Policy concept. Lea combines anthropology and policy studies to advocate for a nuanced and interdisciplinary approach to policy research. She introduces the concept of 'policy ecology,' viewing policy as a dynamic and interconnected force that accumulates through human and non-human interactions over time and space. Consequently, Lea supports the use of creative and innovative research methods, such as visual storytelling and place-based writing, to explore and represent policy issues in more engaging and accessible ways. By integrating these elements, her approach to policy research aims to produce more holistic and impactful insights that can inform better policymaking. Our approach of visual ethnography within this research project, combining photography and semi-structured interviews within work environments, aligns with Lea's methodological framework.

The project (February to May 2025) will seek to engage approximately 20 Mancunians in a visual ethnography that includes spending time in situ with participants, including speaking and photographing them in their workplaces, including taxi drivers, musicians, events organisers, street cleaners and people working in the night-time economy. The project aims to understand both perceptions of drugs and the impact of responses to drugs within the workplace. Participants will be asked to reimagine drug policy futures within their working lives. This paper will address both the methodological approach and emerging findings, including interdisciplinary creative methods, ethical considerations within visual ethnography, and reflections on the contribution to meaningful participation in the drug policy field.

ROB RALPHS

Drugs, Policy and Social Change (DPSC) research group, Manchester Metropolitan University, UK

The Mancunian Way: The development of an evidence-based local policy and practice response to Novel Psychoactive Substances and Other Emergent Drug Trends

Since the mid-2000s, new psychoactive substances (NPS) have posed unprecedented challenges for international drug policy, emergency services, and other frontline professionals. In response, governments have typically prohibited newly identified NPS, including introducing 'blanket bans' of all substances not currently controlled under prohibition policies (e.g., England and Wales, Ireland, New Zealand, and Poland). The UK has faced significant issues with Synthetic Cannabinoid Receptor Agonists (SCRAs), generically referred to as 'Spice,' 'Kronic,' and 'K2' within prison and homeless populations. Manchester, in particular, has received global media attention for its 'Spice epidemic.' This paper outlines the novel Manchester response, drawing on interdisciplinary research (Sociology, Criminology, and Analytical Chemistry) in partnership with commissioners and professionals, including treatment and criminal justice, to deliver a unique and comprehensive local drugs intelligence system. This system is nationally recognised as a model of best practice in identifying emergent substance use trends and harms, regularly informing local, national, and international drug trend reports and alerts. The paper argues for the expansion of this type of local response to other localities and proposes that local drug intelligence models should comprise four key components: 1) A Local Drugs Information System; 2) An Expert Drug Alert Panel; 3) An analytical drug testing facility; and 4) A recurrent emergent drug trend survey. The utility of this model is evidenced through case studies that exemplify the benefits of establishing a local response. These include illustrating ways that the harms of NPS and other emergent drug trends within vulnerable groups (e.g., young people and street-based populations) have been reduced. By moving beyond the traditional focus on national-level drug policy responses to NPS, the paper concludes that significant and measurable harm reduction in relation to NPS and other emergent drug trends is possible through a relatively low-cost partnership involving academics, local practitioners, and other key stakeholders.

LIZ BARRETTDrug Policy Modelling Program, Social Policy Research Centre,
UNSW, Sydney, Australia**LAURA MCLAUHLAN**Anthropology, School of Social Sciences, Macquarie University,
Sydney, Australia

An exploration of multispecies lives, affect and creative practice in cannabis policy

A growing body of critical drugs scholarship has examined and critiqued the ways that drugs are understood, made and remade as assemblages of effects, networks, practice and policy, and how these in turn influence and often restrict the ways that drugs are represented and governed. At the same time, environmental humanities and new materialist approaches have emphasised the importance of attending to the entanglements of human and more-than-human lives, including the importance of affect on how we come to understand other organisms. This paper draws together critical drugs scholarship and multispecies anthropology to explore the relationships of care and cultivation of “back-yard” cannabis growers in one Australian city (Canberra) under a new regulatory regime allowing self-supply of cannabis. Using photoelicitation as method, we examine entangled materialities, complexities and assemblages of cannabis as a dual plant-drug object emerging from the new legislation. Our initial concern was for how such materialities might challenge and expand current expressions and understandings of cannabis (and therefore be the site of more expansive and relevant policy). However, as this paper explores, we found the method of sensory and material-storied research to be particularly affecting — with both researchers becoming enthused about cannabis as a beautiful, charismatic and utterly charming plant. This paper reflects on how non-human participants can be brought into the frame of drug policy matters through arts-based practices, with the possibility of policy processes better attuning to and being affected by the realities and needs of non-human actors, including plants.

SESSION 5C — BEYOND PUNISHMENT AND PATHOLOGY

CHAIR: VINCENT GAILLARD

ROOM: 2A.012

JOSEFIN MANSSON ET AL.Josefin Månsson¹, Katarina Winter², Jessica Storbjörk³,
Jukka Törrönen³

1. Department of Social Work, Stockholm University, Sweden

2. Department of Criminology, Stockholm University, Sweden

3. Department of Public Health Sciences, Stockholm University, Sweden

Temporal inequalities: everyday experiences and reprehensible work among people who inject drugs in Sweden

In a research project on risks of injection drug use, it became evident how substances, along with the social conditions and positions of people who use drugs, organize experiences of time and life. In this presentation, we draw on interviews with people who inject drugs (n=32) and explore how these aspects shape premises and practices that create temporal barriers and inequalities for our participants. We emanate from the theoretical perspective that time needs to be understood as a right, and approach time from sociological perspectives on how work becomes (de)valued, (un)recognized, and (in)visibilized. The results show that access to societal infrastructures and resources shapes experiences of time, and that relationships with the future are sometimes completely closed off. This forces participants to navigate in the present, often requiring considerable time and hard work to organize everyday life with daily drug use. This temporal work, while constant, remains hidden as it is regarded as a criminal and reprehensible activity, further impacting social status and time experiences. Structural exclusions from life within the confines of legality, combined with highly conditioned treatment and welfare systems, weaken participants' autonomy and control over time, creating situations pervaded by waiting. For example, people wait for the legal system to clear their criminal records and for treatment services to trust them with Methadone. Institutional timetables thus manifest a temporal barrier, retracting time autonomy and reproducing those who wait as unproductive and potential rule-breakers. The concept of reprehensible work emerges as central, highlighting how everyday activities in a life with drug use are stigmatised. We conclude that we need to shift focus from the substance to its regulation as the main force blocking people's time horizons, affecting everyday lives, and perpetuating temporal inequalities.

KELSEY SPEED ET AL.

Kelsey A. Speed^{1,2}, Shaughna Cooper¹, Kat Gallant^{1,2}, Ryan McNeil^{3,4}, Jade Boyd^{1,5}

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2. Interdisciplinary Studies Graduate Program, University of British Columbia, Vancouver, British Columbia, Canada
3. Departments of Medicine, Public Health & Anthropology, Yale University, New Haven, Connecticut, USA
4. Yale Program in Addiction Medicine, New Haven, Connecticut, USA
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“Sometimes you don’t even see it coming when you pass out”: gendered harms of opioids adulterated with emerging novel psychoactive substances in British Columbia, Canada

Introduction: Governments in Canada and internationally uphold and perpetuate punitive drug policies, which sustain conditions for adulteration in the unregulated drug supply while restricting opportunities for regulated alternatives. Previous literature has illustrated inherent contradictions in strategies aimed at mitigating overdose risk from unregulated drugs and gendered violence among women who use drugs; however, the specific gendered implications of the ever-evolving toxic unregulated drug supply are poorly understood. **Methods:** Between September 2023 and January 2024, we conducted semi-structured interviews with 51 women who use unregulated drugs in British Columbia, Canada. Data were analyzed thematically, drawing from the intersectional risk environment framework. **Results:** Participants reported exposure to opioids adulterated with emerging novel psychoactive substances, most commonly benzodiazepines (colloquially known as ‘benzo-dope’). Participants described distinct sedative effects associated with benzo-dope, particularly sudden and prolonged periods of being ‘knocked out’ (i.e., unconsciousness, memory loss). In addition to exacerbating overdose risk, participants articulated how consuming benzo-dope amplified risks of gendered violence (e.g., sexual assault) — something particularly salient for women without access to safer, private spaces for drug consumption, who are faced with diminished capacity for avoiding or responding to violence in public or semi-public spaces. Despite the systemic drivers of these harms (e.g., punitive drug policies, misogyny), available safety strategies relied on individual-level responses (e.g., accessing drug-checking) which disregarded pervasive social-material constraints. As public health strategies for reducing overdose risk (e.g., ‘never use drugs alone’) are incompatible with strategies for reducing the risk of gendered violence (e.g., ‘avoid using drugs in public’), participants adapted existing safety strategies to balance competing risks of overdose and gendered violence for themselves. **Discussion:** Attention to gendered drug-related harms highlights the inadequacy of individualized safety strategies in the context of an unregulated supply, underscoring the urgent need for large-scale social, structural, and political shifts towards the eradication of gendered violence.

LISA WILLIAMS

School of Social Sciences, University of Manchester

Researching Differently: Ontopolitically-oriented research, material methods and drugs research

Building on Suzanne Fraser’s work, this paper advocates for ontopolitically-oriented research. In her 2020 paper and keynote at the 2023 Contemporary Drug Problems conference, Fraser urged drug researchers to ‘trouble’ foundational assumptions in research, policy, and public perceptions. She emphasised the performative role of methods in shaping realities and called for research that tells new stories, reflects the diversity of people who use drugs (PWUD), and challenges dominant assumptions, such as the presumed autonomy of human action. This paper presents the methodology of the Behind Closed Doors project, which builds on the ontological turn in the social sciences and new materialism. The project contests the notion of human action as independent by examining an overlooked aspect of drug events: the storing and concealing of illegal drugs at home, along with the objects and spaces involved. To illustrate the diversity of PWUD, the study recruited an atypical sample of middle-class, ‘recreational’ drug users aged 28 to 58, 6/10 of whom were parents, living in England and Wales. Using innovative material methods — object-centred interviews and visual ethnography — the project foregrounds objects in the research process, enabling research with rather than about things. These methods generate situated knowledge that might not emerge otherwise. Photographs of objects make private practices visible, offering deeper insights than words alone. They provide a different ‘face’ to drug use, humanising PWUD and fostering public conversations about drugs, people who take them, and drug policy. Applying material culture concepts — material relationality and materiality — uncovers new analytical themes and reveals the active role objects play in drug events. The paper concludes by encouraging drug researchers to research differently by widening their gaze, asking different research questions, and adopting alternative methodologies to continue ‘troubling’ conventional assumptions about drugs, those who use them and drugs policy.

AIRELLE AMÉDRO
University of Warwick

‘This staying clean shit isn’t easy’: Challenging harm regulation narratives through queer ethics of care in Virginie Despentes’s *Dear Dickhead*

Published in English at the time of the Mazan trial, Virginie Despentes’s latest novel *Dear Dickhead* (2022) outgrew French borders reaching feminist conversations on a global scale. Set during the pandemic, the novel overlays discourses of addiction and sexual abuse in the current #MeToo era. Diverting from the frenetic nature of online justice, the novel’s epistolary form enables the accused Oscar to re-evaluate his accountability for his sexual misconduct. Simultaneously, his accounts of the Narcotics Anonymous’ meetings he attends help his correspondent Rebecca to acknowledge her addiction to drugs. Juxtaposing the educational and reparative support available to drug users with the current punitive approach to sexual misconduct, Despentes invites us to rethink the limited efficiency of retributive harm regulation techniques. Tending to Oscar’s comment ‘It’s a war we’re all fighting. This staying clean shit isn’t easy’, this article, however, interrogates the disciplinary nature inherent to care narratives in the neoliberal context. This paper discusses how Despentes’s fiction explores narratives of care in the current neoliberal landscape. While the author invites her readers to overcome the Manichean danger/pleasure discourse associated with sexual harm, Despentes’ characters at times flirt with what Oliver Davis (2019) defines as ‘pastoral governance’ when writing about drugs. Deciphering the fine line between reparative practices and oppressive disciplinary techniques, I suggest that a queer approach to harm regulation addresses the challenges posed by current moral panics concerning drugs and sex. Building Kane Race’s reading of queer drug consumption as a Foucauldian ‘technology of the self’ (2009), I argue that queer ethics of care, embracing the possibility of injury and risk and resisting neoliberal discourses of sanitation and respectability, might help us envision collective reparative strategies of harm reduction in the face of a coercive legal agenda.

SESSION 5D — DIGITAL METHODS, DATA AND ANALYSIS

CHAIR: MARCUS GRIFFIN
ROOM: 2A.014

AMREETHA JAYATHILAKE ET AL.

Amreetha Jayathilake¹, Geoff Bardwell^{1,2,3}

1. School of Public Health Sciences, University of Waterloo, Waterloo, ON, Canada
2. British Columbia Centre on Substance Use, Vancouver, BC, Canada
3. Department of Medicine, University of British Columbia, Vancouver, BC, Canada

Asynchronously Monitored OAT Dosing: Pleasurable and/or carceral surveillance?

People who use drugs (PWUD) and Indigenous-PWUD in rural and remote communities face considerable barriers in access to opioid agonist treatments (OAT) compared to those in urban settings. The use of OAT is met with low rates of uptake and retention owing to prescribing and clinic policies that limit access to take-home doses, which are compounded by rural-specific issues (e.g., lack of transportation infrastructure, travel). Digital technologies, such as asynchronously-monitored dosing applications, may not only improve access to OAT for PWUD in rural and remote communities, but also provide greater autonomy to PWUD. However, there are also surveillance mechanisms that need to be considered. In this paper we draw on qualitative interviews with PWUD (n=32) from a rapid ethnography conducted in a rural and remote setting in British Columbia, Canada. For a portion of this study, we aimed to understand the willingness to use an asynchronous witnessed-dosing phone application. Overall, there was a high interest and willingness to use the phone application, grounded in the propagation of independence and opportunities beyond environments of drug use (i.e., day-to-day activities, employment). Notably, almost all participants were not concerned with privacy related to uploading videos to allow for asynchronous monitoring by clinicians. In this paper we seek to explore the potential use of digital technologies in circumventing barriers to OAT access. However, we are equally interested in exploring biopower whereby surveillance is imposed by regulatory and evaluative policies to address clinician and pharmacist concerns of mishandled or diverted medications. The question remains: are PWUD masked by illusions of free-will, blinded by the potential notions of freedom forthcoming? While drawing on largely positive perspectives among participants, we ultimately question the necessity of the surveillance design embedded within such applications and seek to move beyond a binary of pleasurable versus carceral surveillance.

APRIL HENNING

Health Applications Lab (HEaL), Edinburgh Business School,
Heriot-Watt University

JESPER ANDREASSON

Sport Science, Linnaeus University

The digital doping ecosystem:

Doping as digital materiality

Use of image and performance enhancing drugs (IPEDs) in sport and fitness continues to grab headlines, particularly the growing online and social media related aspects. Interest in IPEDs and their use parallels broader social changes, including the widespread consumption of dietary supplements and lifestyle aids (including GLP-1s), the acceptance of commercialised wellness culture, and the rise of social media fitness influencers. Researchers, too, have studied this phenomenon and attempted to make sense of how and why individuals engage online for IPED purposes. Indeed, the online doping environment is continuously being empirically mapped, but it remains under-theorised, predominantly in the sense that only secluded parts of these environments have been conceptualised. One main issue is that doping has been considered either in terms of a physical context (i.e., gyms and physical use practices) or a digital context (i.e., online “bazaars” or internet communities). Recent research has shown the blurred lines between such contexts, leading to re-conceptualisation of doping as an ecosystem and looking at the two constituent parts, generally understood to be the environment and the species within. We build on this work to map the various doping environments (e.g., online forums, social media sites, e-commerce, gyms) and the species (e.g., forum members, content moderators, influencers) that interact with and within them. Using digital materiality — the thinking of and approaching practices and processes as embedded in both digital and physical — we aim to conceptualise these seemingly disparate but interconnected environments and the (physical and digital) bodies within them as a digital doping ecosystem. We argue that the doping ecosystem must be understood apart from physical/digital boundaries, instead approaching it in terms of both/and rather than either/or — environments and species exist as simultaneously both physical and digital.

DAVID MOORE ET AL.

David Moore¹, Helen Keane², and Mats Ekendahl³

1. ARCSHS, La Trobe University, Melbourne, Australia

2. School of Sociology, Australian National University, Canberra, Australia

3. Department of Social Work, Stockholm University, Stockholm, Sweden

Assessing drinking risk: Expanding the boundaries of regulation

In recent years, digital health technologies have become a key feature of the regulatory discourse on alcohol, health and wellbeing, with the latter term encompassing physical and mental health as well as regimes of self-care. We examine two such technologies: the Alcohol Change UK (ACUK) ‘Dry January’ website and its Try Dry app, and the Hello Sunday Morning (HSM) website and its Daybreak app. Drawing on Jasanoff’s (2015) work on ‘sociotechnical imaginaries’, the analysis identifies several implicit assumptions about alcohol, health and wellbeing across the two technologies, as well as some of their regulatory implications. In particular, we focus on a feature common to both technologies: tools for assessing drinking risk. Despite critical work on screening and diagnostic tools (e.g. the AUDIT), popularised versions appear on ACUK and HSM. They enjoin website and app users to review their relationship with alcohol, and are central to the assessment and tracking functions offered by the technologies. However, the same risk score prompted three different assessments of risk and accompanying advice across these sources. Furthermore, in the HSM version, even the lowest-risk drinkers are constituted as legitimate targets for self-monitoring and self-improvement, and thus brought within the boundaries of regulatory discourse. This form of subjectification includes engendering fear that one might be naïve, judged harshly by others or simply resistant to the truth about their drinking ‘problem’. Such inconsistencies in risk assessment and accompanying advice are confusing, especially when such online resources are readily accessible to all regardless of location. They leave those seeking advice with much work to do: not only are they enjoined to reconsider their relationship with alcohol, but must also make sense of the differing accounts of risk offered by apparently authoritative sources. These technologies expand both the boundaries of regulation and the responsibilities of the neoliberal health subject.

FIONA MARTIN

Department of Sociology and Social Anthropology, Dalhousie University, Canada

Confronting the techno-solutionist hype: A typology of emerging machine applications for the prevention, treatment and management of addiction

A distinctly techno-solutionist discourse is beginning to crystallise, about the capacity for machine learning (ML) to address various “challenges” associated with addiction. The ML technologies being developed and the ends they are designed to meet are not well understood, however. The aim of this paper is to foster more transparent, informed public debate about the adoption of this new technology, and to identify the objectives, rationales, and interests animated by it in the addictions field. Based on a summary and analysis of academic research on ML and the prevention, treatment and management of addiction, the paper offers a typology of applications that may be deployed and integrated into healthcare and social service settings. These are surprisingly limited, suggesting that ML may be a “technology in search of a disease” (Conrad, 2005) for the time-being. Nonetheless, there is a preponderance of research on the uses of ML and predictive algorithms for surveillance purposes. Drawing on diverse critiques of big tech and digital health and welfare interventions, the paper suggests that ML is poised to amplify the more reductive elements of addiction medicine (Chiarello, 2023; Rowe, 2021) and to create new pre-emptive, deeply personalised governance techniques that may divert people from services when they need them most (Eubanks, 2018; Michaud ET AL., 2023; van Toorn ET AL., 2024). The intervention and input of well-informed patients, carers, scholars, and front-line care providers is therefore extremely important.

1:20 — 2.00 | LUNCH

 ROOM: SECOND FLOOR CIRCULATION SPACE,
NANCY ROTHWELL BUILDING

2.00 — 3.30 | CONCURRENT SESSIONS

SESSION 6A — RACE, PROHIBITION AND HARM REDUCTION

CHAIR: LISA WILLIAMS

ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)

KATHERINE MCLEAN

Penn State Beaver, Monaca, United States

PENELOPE MORRISON

Penn State New Kensington, New Kensington, United States

“Sometimes it’s the client that someone has a PFA on”: Race, and racialized boundaries, in the care of women with co-occurring opioid use and intimate partner violence

Opioid use disorder (OUD) and intimate partner violence (IPV) represent two of the most acute, and intersecting, public health concerns among women in the United States. The co-occurrence of OUD and IPV (co-OUD/IPV), moreover, has been shown to amplify barriers to care, through research involving both service providers and recipients. No known work, however, has explored the impact of race on the perception, reporting, and treatment of women with co-OUD/IPV, despite data indicating that women of color experience both conditions at higher levels. Utilizing two rounds of in-depth interviews with OUD and/or IPV service providers, this exploratory study seeks to describe barriers, and facilitators, to the care of women with co-OUD/IPV, including integrated models of service delivery. While initial data collection sought diverse professionals’ (n=39) experiences in working with this population, follow-up interviews with a subset of participants (n=21) specifically asked how race shaped women’s care — a theme that was notably absent in the first wave. Interviews from both rounds were analyzed from a grounded theory approach employing multiple coders, with findings from both waves integrated below. Race, and race-based disparities, were mentioned in only 4 of 39 initial interviews; however, analyses revealed race as a prominent “ghost variable” that became apparent within participants’ discourses of “pharmaceutical splitting,” which partitioned women with co-OUD/IPV by drug type and legal status, motivations for opioid use, age and cohort, and ultimately, legitimacy as IPV survivors (Hansen, Netherland, & Herzberg, 2023). Follow-up interviews revealed myriad tensions around how race and ethnicity shaped (and should shape) women’s care, with multiple providers exhorting the value of “colorblind care,” and others lamenting inadequate attention to a primary social determinant of women’s health. Overall, this study reveals a highly segregated system of care for women with co-OUD/IPV, wherein race may represent an underexplored impediment to access.

ROB MEZYK

Western Sydney University

Prohibition and prescription: medicalisation of cannabis and social justice

The introduction of medicinal cannabis in Australia marked a shift in the country's drug policy, ostensibly signalling a much-needed drug policy reform. However, this change has not addressed the enduring harms of cannabis prohibition, particularly the racially and socioeconomically discriminatory impacts. Instead, the Australian model perpetuates a binary system: while privileged individuals can easily access cannabis through a highly medicalised framework, marginalised communities remain excluded, over-policed, and disproportionately harmed in the context of the same substance. Drawing on Critical Race Theory and other frameworks, I argue that Australia's medicinal cannabis framework entrenches systemic inequalities. By imposing financial and bureaucratic barriers to entry into the cannabis market and excluding individuals with prior cannabis convictions, the system protects the interests of privileged groups while maintaining the oppression of those historically targeted by prohibitionist policies. High licensing costs, discriminatory "fit and proper person" tests, and restrictive employment conditions further lock out marginalised communities from participating in or benefiting from the cannabis industry. This framework effectively sets the stage for corporate domination of a lucrative market while perpetuating the exclusion and criminalisation of disadvantaged populations, particularly Indigenous Australians. In my work, I critically examine how the medicalisation of cannabis creates a veneer of progress while reproducing existing power structures, failing to deliver justice to those most harmed by prohibition. It calls for a reimagining of cannabis regulation to centre social justice, equity, and reparative measures.

ZELLIE THOMAS AND BRE AZAÑEDO

Black Lives Matter Paterson, Paterson, United States

Justice-Driven Harm Reduction: A Focus on Black Communities in the Fight Against Overdose

The decline in drug-related fatalities in New Jersey over the past three years reflects progress in harm reduction, yet racial disparities remain stark. Black and Hispanic communities continue to face disproportionate rates of drug-related deaths—51.4 and 38.9 per 100,000, respectively—compared to white residents. These disparities demand harm-reduction strategies that center the needs of marginalized populations while addressing systemic inequities. This study critically examines harm-reduction efforts specifically targeting Black populations with substance use disorder through mobile outreach in underserved communities. The initiative focuses on distributing naloxone, syringes, safer smoking kits, and safer sex kits, paired with education to reduce stigma and promote safer practices. A pre-survey will measure baseline access, usage, and knowledge of these resources, with a follow-up survey conducted after six months to evaluate changes and the program's effectiveness. Data collection will conclude by June 2025, ensuring comprehensive results are included in the draft submission. Grounded in liberatory harm reduction, this approach recenters those most vulnerable and impacted, directly addressing systemic inequities in access to care. By focusing on culturally responsive, community-driven interventions, this work underscores the transformative potential of harm-reduction strategies to save lives while advocating for equity and systemic change. The findings aim to inform policies that prioritize justice, liberation, and the well-being of historically excluded populations.

SESSION 6B — YOUNG PEOPLE 2

CHAIR: GEMMA NOURSE
ROOM: 2A.011

JONAS STRANDHOLDT BACH ET AL.

Jonas Strandholdt Bach, Margit Anne Petersen, and Torsten Kolind
Center for Alcohol and Drug Research, Aarhus University,
Aarhus, Denmark

A murky terrain: The role of Danish alcohol policy in negotiating boundaries and barriers of intoxicated youth

In 2023, the age limit for buying alcoholic beverages in retail was discussed extensively in public and political debates in Denmark. Although there has been an increased focus on youth drinking and preventative measures in Denmark in recent decades, the age limit for retail alcohol purchases has been 16 years, with certain restrictions. Negotiations in 2023 resulted in a lowering of the ABV level of beverages that young people under 18 can legally purchase in retail to 6%. At the same time, the Danish Board of Health released new National recommendations that under 18's should not drink at all. In an ongoing research project, Intoxicated Adolescent Relations, we investigate the role the current Danish alcohol policy play in how authorities involved in policy development, prevention initiatives and public debates, as well as parents to adolescents, talk about and deal with youth drinking and intoxicated behavior. Based on 10 interviews with policy actors and 12 focus groups with parents to adolescents, we show how this unclear terrain affects the different actors who govern adolescents and their drinking practices. By focusing on 1) how policy actors navigates public debates, 2) how policy actors form alliances to advance policy agendas, and 3) how parents' view their role in relation to their adolescents' alcohol consumption, we show that the somewhat contradictory policy landscape in Denmark makes for what we term a "constant field of negotiation" where most standpoints — regardless of what they are — can find support and evidence that they are doing the right thing.

KRISTIAN HAULUND JENSEN ET AL.

Kristian Haulund Jensen, Margit Anne Petersen, Geoffrey Hunt
Centre for Alcohol and Drug Research, Aarhus University

The mediated and gendered time-out: Social, material and emotional boundaries of drunk texting among Danish adolescents

Drunk texting (or dialing) refers to the practice of communicating through digital devices while heavily intoxicated. Despite the widespread integration of digital communication devices in young people's drinking practices, drunk texting remains a relatively unexplored phenomenon. Based on focus groups and solicited diaries involving a total of 72 young people aged 15-17, this study investigates qualitative aspects of drunk texting. Drawing on sociological perspectives of regret (d'Avelar, 2022; Sokolov, 2023) as well as MacAndrew and Edgerton's (1969) theory of drunkenness as a 'time-out', this study explores the social, material and emotional boundaries of drunk texting. Participants commonly linked sending romantically or sexually initiating messages while drunk to subsequent feelings of regret. At the same time, normative conventions of drunkenness were strategically used by participants to counter regret, as 'being drunk' could serve as a cover if the initiating messages were not well received. The study also explores how pertinent gender differences and technological affordances provided by social media platforms shape young people's drunk texting practices. Consequently, the study contributes qualitative insights into how contemporary youth's sexual agency is forged in a nexus of intoxication, gender, and digital devices.

WILLY PEDERSEN

University of Oslo

Does the NoLo (no or low alcohol) trend result in more lonely adolescents?

One of the most surprising things in the field of alcohol and substance use was the decline in alcohol consumption among young people that started at the turn of the millennium. It seems to have happened in Western Europe, North America and Australia, and the pattern is now said to have persisted for just over two decades. It does not seem to have been a corresponding reduction in alcohol consumption in the general population. Many studies have shown that alcohol abstainers may be socially isolated and report high levels of loneliness. However, few studies have investigated whether the new groups of alcohol abstainers have such characteristics. I use the Norwegian YOUNGDATA BASE, with population-based data over a ten-years span, from 2014 to 2024. N = 267 000, age group 16-18 years. By means of LCA analysis I identified four groups: (i) alcohol and drug abstainers, (ii) moderate level of alcohol consumption; (iii) high level of alcohol consumption/intoxication, and (iv) alcohol intoxication and illegal drug use. There was an increase in group (iv) over the past few years. However, the abstainer group remained stable at around 40 % over the whole-time span. Abstainers do not report higher levels of loneliness or depression than the other three groups.

SESSION 6C — HARM REDUCTION 1

CHAIR: NYSSA FERGUSON

ROOM: 2A.012

EVA SAMUELSSON

Department of Social Work, Stockholm University

JESSICA STORBJÖRK

Department of Public Health Sciences, Stockholm University

Boundaries in harm reduction interventions in a control-oriented drug policy context

The treatment system designed to support individuals who use alcohol and drugs is, in many ways, involved in categorizing, dividing, excluding, and confining different groups of people. In two separate research projects, we examine how interventions aimed at being low-threshold and harm-reduction-oriented are shaped within a repressive drug policy context. In the first project, we conducted interviews with staff and people attending a needle and syringe exchange program, where it is evident that the ways in which users live and consume drugs have clear implications for how they are perceived, treated and managed within health and social care. In a newly initiated project, we follow both users and staff within a specific case management intervention, where individuals categorized as “clients with complex needs” receive more intensive support. This process requires both a bureaucratic procedure and boundary-work to be assessed and selected by the social services to become eligible for this support. Based on guidelines, regulations, and interviews with users and staff, we analyse how specific users and “good care” are locally, emergently, and contingently produced through categorizations and negotiations in terms of control, interdependency, or autonomy. Drawing on Lamont and Molnar (2001), we scrutinize how boundaries are drawn across contexts and groups (e.g. concerning ambition and worthiness of care) and at social, psychological, cultural, and structural levels within the Swedish treatment system, with a particular focus on harm-reducing healthcare and low-threshold social services targeting those labeled as “people who inject drugs” and “clients with complex needs”.

LUCAS TUCKER ET AL.

Lucas Tucker¹, Francisco Ibáñez-Carrasco², Brooke Legault³, Dawn Cameron³, Janett Michaud³, Guy Seguin³, Geoff Bardwell¹

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2. Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada
3. Réseau ACCESS Network, Sudbury, ON, Canada

Necropolitics and the establishment and closure of North-Eastern Ontario's only supervised consumption site: A community-based rapid ethnography

Rural and Northern communities in Canada are disproportionately affected by overdose deaths. In 2023, Sudbury, Ontario, Canada, had an overdose mortality rate more than double the provincial average. This led a community organization to establish supervised consumption services (SCS), temporarily funded by the municipality and a private donor while awaiting approval and funding from the provincial government. However, the provincial government never followed through, which led to the closure of Northern Ontario's only SCS known as "The Spot." Drawing on community-based rapid ethnography (inclusive of community-led observations, mapping, and semi-structured interviews), we sought to explore access to harm reduction services and the effects of this closure on the lives of people who use drugs (PWUD). Study findings suggest while The Spot benefited many PWUD, its location on the outskirts of the downtown core created access barriers. For those who used The Spot, its closure forced PWUD into unsafe consumption practices to avoid police and public surveillance. Participants also reported diminished safety, social connectedness, and access to sterile supplies, exacerbating challenges in a Northern setting where support options were already scarce. Our findings underscore necropolitics at play — suggesting how political power and decisions calculate life and death for PWUD. For example, initial funding for The Spot was contingent upon its location outside of downtown and in a desolate area, pushing PWUD to the periphery of society and reinforcing systemic barriers. After the site's closure due to government inaction, the conservative provincial government manufactured legal policies and regulations to ban the establishment of SCS provincially. Through fear-mongering narratives portraying SCS as "drug dens" and drivers of gun violence, the government has justified extreme measures to ban life-saving interventions. We suggest that these fear-based policies operate within quasi-legal limits while intensifying structural violence and pushing PWUD closer to state-sponsored death.

REBECCA LANG

Queensland Network of Alcohol and other Drug Agencies (QNADA)

Harm Reduction on the potential interactions between commonly prescribed mental health medications and licit and illicit drugs

4.8 million people, or 18% of Australians, filled a mental-health related prescription in 2022-2023, the vast majority (85%) of which were prescribed by General Practitioners (GPs). 10.2 million (47%) people in Australia aged 14 and over had used an illicit drug in their life and 3.9 million (18%) had used one in the last 12 months. As such, there is a clear need for accessible information, for both GPs and people who use drugs, about the interactions between commonly prescribed mental health medications and licit and illicit drugs. QNADAs Harm Reduction Resources were first developed in 2015 to address this need. Recognising the need to keep the information relevant to both current drug use and prescribing trends, we have recently completed and published an updated set of resources. These resources were reviewed through iterative consultation with a group of experts, including social workers, psychopharmacologists, addiction medicine specialists, psychologists, and public health experts. The resources provide general information about both the mental health medication and the drugs as well more specific information about their interactions and are designed to encourage dialogue between healthcare professionals and their patients about the potential implications of combining drugs.

SESSION 6D — STIGMA 1**CHAIR: ELENA CAMA****ROOM: 2A.014****LOREN BRENER ET AL.**Loren Brener¹, Theresa Caruana¹, Elena Cama¹, Courtney von Hippel²

1. Centre for Social Research in Health, UNSW Sydney

2. School of Psychology, University of Queensland, QLD, Australia

Stigma by association and lived/living experience among alcohol and other drug workers

The negative attitudes people hold towards those who use alcohol or other drugs (AOD) can also affect the people who work with this community, leading to lowered productivity and well-being. The impact of this stigma by association in the AOD and harm reduction sector is particularly significant because workers may have lived experience of AOD use, and identify strongly with their client group. This study examined how stigma by association among health workers in the AOD relates to workplace outcomes and explored how lived/living experience (having previous or ongoing AOD use) influences experiences of stigma by association. Australian AOD workers (n=228) completed an online survey assessing stigma by association, lived/living experiences as well as various workplace outcomes measures including intention to quit and client-related burnout. Participants shared experiences and thoughts about their work, including stigma by association, in text entries within the survey. Participants who reported experiencing more stigma by association experienced poorer workplace well-being, higher burnout, and greater intentions to leave the AOD field. Additional analyses revealed that participants with lived/living experience reported higher levels of job satisfaction and lowered intentions to leave the sector, but findings of stigma by association and its impacts on workplace outcomes did not differ from those without lived experience. AOD and harm reduction workers described feeling frustrated and powerless to prevent the poor treatment that their client group experienced in other settings. However, they also felt a sense of moral responsibility and pride in providing nonjudgmental care and in directing their work towards addressing the stigma embedded within health and social systems. Identifying staff experiences of stigma by association and developing support and advocacy mechanisms to address these is likely to increase positive workplace outcomes, as well as further their capacities in advocating to reduce the stigma faced by people who use drugs.

TIMOTHY BROADY ET AL.Timothy Broady^{1,2}, Elena Cama¹, Loren Brener¹, Carla Treloar¹

1. Centre for Social Research in Health, UNSW Sydney, Australia

2. Australian Human Rights Institute, UNSW Sydney, Australia

Strategies to avoid stigma in health care among people who inject drugs: Identifying leverage points for inclusive care

People who inject drugs are a highly stigmatised group, creating significant barriers to accessing health care services. This study sought to quantify the use of strategies to avoid stigma in health care and to identify factors associated with more frequent use of these strategies. A national survey of people who inject drugs was conducted in Australia in 2023. Participants were recruited through peer-based organisations in each state and territory. Participants were asked how often they had done each of the following over the past year in order to avoid being treated negatively by health workers: delayed accessing health care, not attended a follow-up appointment, not disclosed their drug use to health workers. Across the sample, 67% reported delaying health care access, 65% had not attended a follow-up appointment, and 70% had not disclosed their drug use. Multivariable ordinal logistic regression analyses were conducted to assess factors independently associated with more frequent use of each strategy. More frequent experiences of stigma in health care and greater mistrust of health professionals were independently associated with more frequently using each of the strategies. In addition, nondisclosure of drug use was independently associated with heroin use, lower wellbeing, higher educational attainment, and being employed. Delaying health care was independently associated with lower wellbeing and accessing injecting equipment from friends, while not attending follow-up appointments was independently associated with more frequent injecting, more frequent sharing of injecting equipment, decreased access to sterile equipment, accessing equipment from friends, lower resilience, and younger age. Results provide insights into the extent to which people who inject drugs do not access health care due to barriers created by stigma, as well as identifying key leverage points where inclusive health care services could best target outreach initiatives.

ZOE GLEESON ET AL.

Zoe Gleeson¹, Petter Higgs^{1,2}, Paul Dietze^{1,3,4}, and Shelley Walker^{1,3,5}

1. Burnet Institute, Melbourne, Australia
2. Department of Public Health, La Trobe University, Melbourne, Australia
3. National Drug Research Institute, Curtin University, Perth, Australia
4. Monash Addiction Research Centre, Melbourne, Australia
5. School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia

Experiences of stigma among people who smoke methamphetamine:

A qualitative study

For the past two decades in Australia, public and political discourse has often problematised methamphetamine ('ice') use, disproportionately linking it with crime and contributing to negative stereotypes about people who use it. Despite this, few studies have examined how methamphetamine use intersects with criminal legal involvement and broader social and structural inequalities. Furthermore, research on methamphetamine use in Australia has primarily focused on individuals who inject the drug, while overlooking the experiences of those who use more common methods of administration — particularly smoking. This study filled this gap by examining the lived experiences of people who smoke methamphetamine, with a focus on how their drug use influenced their interactions with the criminal legal system and their socio-economic outcomes. This study was conducted in Melbourne, Australia and involved in-depth semi structured interviews with nine participants of the VMAX study, a longitudinal cohort study of people who smoke methamphetamine. Interview transcripts were thematically analysed, using Neale's Iterative Characterisation technique. Findings revealed how experiences of stigma were widespread among participants, and that these experiences occurred across a variety of contexts. Employing stigma as an organising concept, three themes were identified: 1) "You're just treated like an animal": Drug use stigma in policing; 2) "Everyone's calling me a crackhead, I'll go and be one": Social stigma; 3) "It was kind of like everyone turned against me": Women who use drugs and stigma. Findings revealed that stigma extends beyond moment-in-time encounters and operates as an ongoing process. Thus, this study builds upon contemporary stigma research, which locates stigma not just in individual interactions but within broader structures and processes that exert power and control.

3.30 — 3.50 | AFTERNOON TEA

ROOM: SECOND FLOOR CIRCULATION SPACE,
NANCY ROTHWELL BUILDING

3.50 — 4.50 | KEYNOTE 2 — DR DANIELLE M. RUSSELL

CHAIR: KYLIE VALENTINE

ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)

The Borders and Boundaries of Care: The Absence of Care in Healthcare for People Who Use Drugs

Focusing on the compounded impact of borders and barriers in both the U.S. and Australia, this presentation explores the intersections of state violence, stigma, and access to medical services through the lived experience of people who inject drugs (PWID). Drawing from my experience as a researcher, drug user activist, and my time spent navigating medical resources in the U.S. and Australia, I reflect on my own health challenges related to skin and soft tissue infections (SSTI), and I examine and contrast how these national contexts shape health outcomes for myself and other PWID. In Arizona, systemic violence manifests in overt discrimination and denial of care, while in Australia, the discrimination is less overt but is still present in the form of paternalistic care. Despite the differences, both systems operate under frameworks that infantilize PWID, positioning them as objects of charity rather than as people deserving of solidarity and self-determination. By framing these health crises as outcomes of systemic boundaries and borders constructed and maintained by state and medical institutions, we can highlight how the suffering of PWID is deeply entangled with the political and cultural binaries of "us versus them" and the ongoing social refusal to see PWID as fully human and deserving of care. The enforcement of boundaries constructed around binaries of "us vs them" and "deserving vs undeserving" perpetuates a cycle of neglect, suffering, and premature death. Ultimately, resources and support must be rooted in solidarity and self-determination, not charity. There is an urgent need to rethink health systems that transcend these artificial boundaries, respect and preserve the dignity of drug users, and offer compassionate, accessible resources for all, services that could truly be referred to as "care".

ABOUT DR DANIELLE M. RUSSELL

Dr Danielle M. Russell earned her PhD from Arizona State University. She is currently a Postdoctoral Research Fellow at the Kirby Institute, UNSW Sydney, specializing in community-based research to promote health equity for people who use illicit drugs. Her commitment to drug user rights and health equity has been recognized with the inaugural Jude Byrne Award, which fosters expertise and resilience in emerging female leaders with lived/living experience of drug use. Having personally experienced many of the harms directed at people who use illicit drugs, she is passionate about mutual aid and working to change the structures that impose harms on the bodies of drug users.

5.45 | CONFERENCE DINNER

LOCATION: THE SITU EVENT SPACE, THE ALAN HOTEL

9.30 — 11.00 | CONCURRENT SESSIONS

SESSION 7A — INTOXICATION, PLEASURE, SAFETY

CHAIR: SEAN MULCAHY

ROOM: 2A.011

JACOB CHAGNON

Students for Sensible Drug Policy (SSDP) International

“Make Toilets Toilets Again!” An infrastructural model for safer (consumption) spaces in nightlife

“Make Toilets Toilets Again!” is a combined service provision/advocacy initiative aimed at creating dedicated consumption spaces in nightclubs. It combines current nightlife best-practice with the logic of supervised consumption sites, while culturally engineering further harm reduction (“HR”) knowledge/provision into existing urban rituals and demonstrating how HR can be a creative, playful process. Currently, substance use in clubs often occurs in restrooms (quasi pre-existing dedicated consumption spaces), which compromises safety and accessibility for all patrons, especially women who typically face longer wait times. This project entails outfitting clubs/events with dedicated consumption spaces equipped with classical nightlife HR resources (e.g. info materials, drug checking services, trained peers/professionals). However, it also aims to reclaim/preserve the urban ritual of ‘going to the toilets’ for consumption and to play with form, calling for partnerships between local HR orgs and artists to create imaginative models of ‘safer consumption’ spaces for nightlife--akin to Mainline’s 2022 MDMA legalization art models. The initiative aims for multiple outcomes: Enhance efficacy of current HR efforts by placing staff and resources directly where partygoers consume; Increase the visibility of drug education, further mainstream HR through fun, collaborative, and engaging public demonstrations; Recognize toilets as current consumption spaces, while transitioning towards artistic and visionary models of safer spaces; Engage and align with the broader policy environment of decriminalization, regulation, and health services; Facilitate both local actor partnerships and innovative research/data collection methods; Enhance accessibility of actual toilets for disadvantaged groups (e.g. women facing queues, groups with mobility issues).

KIRAN PIENAAR

Deakin University, Melbourne, Australia; La Trobe University, Melbourne, Australia; Rhodes University, Grahamstown, South Africa
GEMMA NOURSE AND RENAE FOMIATTI
La Trobe University, Melbourne, Australia

Intoxicated sex/sex as intoxication: Consent in the making of sex, gender, and alcohol and other drugs

Over the past decade, negotiations around sex and consent have become a site of public attention with the rise of the #MeToo movement and the move to models of affirmative consent. These social shifts have prompted a public reckoning with the concept of sexual consent itself, definitions of which are contested even among legal experts. Complicating this picture are the challenges of negotiating consent while intoxicated as alcohol and other drug (AOD) consumption is commonly thought to impair capacity to give consent. In this article we draw on interviews with key stakeholders in Australia, and insights from critical drug and narcofeminist scholarship to explore how AOD consumption figures in understandings of consent and the issues at stake in current figurations, such as reason, individual agency and bodily autonomy. Applying John Law’s (2011) work on collateral realities, we tease out the incidental realities that are made in concert with consent, focussing on gender, violence and intoxication. Our analysis suggests that AODs are often constituted as a conduit for harm in relation to sexual violence, eliding the role of men’s conduct and hegemonic masculinities in producing sexual violence. This gender-blind framing generates a collateral reality in which AOD consumption is the target of intervention, rather than men’s behaviour and the gendered dimensions of sexual violence. Another important collateral reality produced through this focus on violence is that sex, and particularly intoxicated sex, becomes about violence, or ways to avoid violence, foreclosing more expansive realities that encompass the complexities of sex on drugs including the pleasures, desires and risks that people navigate. We conclude by exploring the implications of these collateral realities for diverse sexual practices and subjects, and probe possible alternatives to models of consent that centre violence and harm to the exclusion of more generative aspects of sex.

GABRIEL CALUZZI ET AL.

Gabriel Caluzzi¹, Ingrid M. Wilson^{2,3}, Benjamin Riordan¹, Leesa Hooker^{3,4}, Erin Santamaria¹, Jessica Ison⁴

1. Centre for Alcohol and Policy Research, La Trobe University.
2. Singapore Institute of Technology.
3. Judith Lumley Centre, La Trobe University.
4. La Trobe Rural Health School, La Trobe University.

Expanding the narrative: Understanding alcohol's role in drink spiking and facilitating sexual violence

Drink spiking has gained attention in the media but remains under-researched, particularly in the context of gendered power dynamics and sexual violence. Common narratives centre on strangers administering “date rape” drugs, ignoring the fact that alcohol is the most commonly used substance in cases of drink spiking and drug facilitated sexual violence. These shared cultural narratives can impact, and at times restrict, how victims understand their experiences and access support. Indeed, little is known about the role of alcohol and the discourses individuals draw on when making sense of their victimisation, including how experiences are linked to notions of masculinity, femininity, stigma, embodiment and other social discourses. We analysed online forum (Reddit) threads related to drink spiking. Using a constructivist and critical feminist approach, we thematically analysed personal accounts mentioning alcohol to explore discourses and understandings of alcohol's role in drink spiking and sexual violence. Our analysis revealed an overarching discourse around alcohol's role in both validating and undermining legitimacy of victims. Victims did boundary work with alcohol and intoxication to add credibility to their accounts, drew on embodied knowledge to make sense of their experience, and faced scepticism from personal networks and service providers. Gendered discourses framed women as inherently vulnerable and men as less susceptible, shaping victims' accounts and the perception of their legitimacy. This study highlights how gendered expectations and societal attitudes toward alcohol consumption reinforce victim-blaming and undermine the credibility of drink spiking victims, reproducing gender inequalities. Addressing these structural inequities requires shifting the focus from victims' behaviour to perpetrators and systemic failures. We recommend re-imagining alcohol's role in drink spiking, facilitating sexual violence and denying victims' legitimacy, and interventions that go beyond restrictive notions of femininity and masculinity.

SESSION 7B — PSYCHEDELICS

CHAIR: GIULIA ZAMPINI

ROOM: 2A.012

SIRI WILLIAMS

Gender and Cultural Studies, University of Sydney, Australia

From prescriptive to preventative: Envisioning a future for psychedelic treatment in Australia

Amongst researchers studying the terms of approval and subsequent clinical practices of psychedelics for medical use have argued for the necessity of a broader understanding of their integration for mental health treatment. In Australia, the approval of psychedelics for medical use has been explicitly framed as the likely “last resort (“Mind Medicine Australia”) for the patients for whom they are intended. This framing has not occurred in a vacuum. According to the most recent National Study of Health and Wellbeing, Australia is in the midst of a mental health crisis. Nearly two in five young Australians now live with some form of mental illness — a 50% increase over the past 14 years (Harvey) and Australians are amongst the most highly prescribed global anti-depressant users (Davey and Chanen). It is against this background that Mind Medicine Australia successfully lobbied the Therapeutic Goods Association (TGA) to reclassify psilocybin and MDMA as legal for the medical treatment of PTSD and treatment-resistant depression. Present treatments “avert less than half of the considerable burden” caused by depression (Davey and Chanen). In this paper, I argue that to truly address the root of these mental health conditions and to make the most of the unique opportunity legalisation of psychedelics provide within the medical field, it is necessary to reframe their use from a “magic bullet” or last resort, to a preventative treatment grounded in “social dynamics and subjective intentions” which create “medicines in context” (Dumit and Sanabria). Drawing on existing data and testimonials for recreational psychedelic use and the successful TGA application for reclassification of psilocybin and MDMA, I will discuss what is lost in the binary between the two modes of usage as they currently exist and how a future path might successfully unite them for improved mental health outcomes for all Australians.

MARGIT ANNE PETERSEN

Aarhus University, Centre for Alcohol and Drug Research

Intelligent Intoxication: Exploring the boundaries of psychedelic self-improvement

Psychedelic (and related) substances are increasingly understood as ‘medicines’ rather than as ‘drugs’ due to recent clinical studies testing Psilocybin, DMT, LSD and MDMA as treatment for various psychiatric conditions with relatively positive results so far. With a global medical interest in psychedelics and recent legislative changes in some parts of the world, psychedelics are gaining a somewhat new reputation and role in society. While indigenous cultures have used psychedelics for medicinal and spiritual matters for a long time, retreats, ceremonies, and therapy sessions involving psychedelic substances are becoming increasingly popular in countries in the global north where individuals gather to work on mental health and wellbeing issues to improve their everyday lives. This paper is based on ethnographic fieldwork in and around several psychedelic retreat centers in Denmark and focuses on facilitators and participants of Ayahuasca ceremonies. Ayahuasca is commonly referred to as ‘plant medicine’ and a recurring theme in the narratives of facilitators and participants alike is an understanding of the path to becoming a better self as being dependent upon the intelligence of the plants in the Ayahuasca brew. The common explanation is that independently of what participants come to work on during these ceremonies, ‘the spirit of Aya’ knows what each individual needs to see and feel while under the influence of the brew. Thus, self-improvement is understood as a negotiation between one’s own ideas of what to improve, and those of the spirit. Focusing on the individual intentions, the struggles during the ceremonies and the reflections and perceived effects afterwards, the paper explores a number of binaries and boundaries related to the psychedelic experience, mental health and wellbeing practices at the margins of the Danish welfare state, and expanding notions of the intoxicated self.

SHANA HARRIS

University of Central Florida

“We Need Every Little Ounce of Hope We Can Get”: The Hype and Hope of Psychedelic-Based Drug Treatment in Mexico

Interest in the therapeutic use of psychedelics has risen immensely over the last 20 years, especially in the global north. This so-called “psychedelic renaissance” revolves around the study and use of different psychedelics to treat various conditions, such as depression, anxiety, post-traumatic stress disorder, and problematic drug use. As such research progresses and information about new treatments emerges, hype around the “revolutionary” therapeutic potential of psychedelics increases as well. This hype grows even greater as testimonials of “successful” psychedelic treatments circulate through social media, news outlets, and interpersonal networks of prospective patients. Importantly, such hype is accompanied by a high level of optimism for effective therapies among the afflicted, a hope that psychedelics will provide relief from what ails them. In this paper, I will explore what hype and hope look like in the context of psychedelic-based drug treatment in Mexico. I will focus specifically on the use of ibogaine, a naturally occurring psychedelic, for “addiction interruption,” as a way to reduce cravings for and withdrawal symptoms from opioids and other drugs. In addition to detoxification, ibogaine is utilized as a tool for self-reflection and introspection that ostensibly allows one to better understand their problematic drug use and the path out of it. Drawing on 16 months of ethnographic fieldwork at two ibogaine centers in Baja California between 2015 and 2019, I will examine the relationship between hype and hope for people who use drugs who visit these centers. I will discuss what shape their hopes for a “clean” future take and situate them in the context of the promissory claims of ibogaine’s therapeutic abilities and in relation to their past drug treatment experiences. In doing so, I will show the ways this psychedelic is recognized and pursued as a means to restore hope for those who use drugs problematically.

SESSION 7C — TREATMENT ASSEMBLAGES

CHAIR: MAURICE NAGINGTON
ROOM: 2A.014CHASE LEDIN
Edinburgh University

Assembling DoxyPEP, AMR, and queer stewardship

The emergence of STI prophylaxis using doxycycline (aka DoxyPEP) amongst gay and bisexual men (GBMSM) has been positively received by healthcare professionals (Molina ET AL. 2018; Cornelisse ET AL. 2023; Leutkemeyer ET AL. 2023), community health organisations (Weil & Nutland 2023), and community members (Holt ET AL. 2024). Alongside high acceptability, integrating DoxyPEP into clinical medicine has raised clear issues about antimicrobial resistance (AMR) and complex disruption of the human microbiome (Bachmann ET AL. 2024). These issues present new challenges for STI research and practice, including refining existing HIV/STI prevention strategies and new methods for engaging communities in conversations about sustainable antibiotic use and antimicrobial stewardship (AMS) (Broder 2020; Weil 2023, 2024). This paper brings together interviews with UK clinicians with scholarship on STI/HIV health promotion to consider how emergent use of DoxyPEP plays into the making of queer AMS. I demonstrate how clinicians establish links between microbiome health and generalised antibiotic consumption to construct AMS principles. Based on these principles, I consider what a queer AMS might look like for GBMSM, including social and ethical procedures for assembling safer sexual practices and deterring onward transmission of bacterial STIs (Davis ET AL. 2022). Building upon Davis ET AL.'s (2022) work, I argue that the assemblage of normative and non-normative use of DoxyPEP constitutes queer AMS through the negotiation of what I call a 'threshold of acceptable STI transmission'. Utilising STS assemblage theory (Delanda 2006; 2016), I suggest that critical theory and practice maintained via this threshold might allow healthcare practitioners to stay with social complexity (Law 2004; Haraway 2016) and multiply engage with sexual communities (Epstein 2022) to cultivate queer AMS.

DEAN MURPHY
La Trobe University

Exploring attitudes to long-acting injectable HIV pre-exposure prophylaxis (PrEP) among potential end users: Embodied experiences of sex, HIV risk, and antiretroviral consumption

Studies on the acceptability of emerging products for HIV pre-exposure prophylaxis (PrEP) have primarily focused on deliberative or rational reasons (e.g. cost, efficacy) for stated choices. Research has rarely included examination of the extent to which preferences are affected by emotions, perceptions, and embodied experience.

We undertook a series of 3-hour co-design workshops with potential end-users of long-acting, injectable PrEP. Data collection methods comprised journey mapping, graphic/photo-elicitation, and persona building, as well as facilitated discussion between participants. All 32 participants (mean age 35 years) were gay, bisexual and/or queer identifying men (including trans men). The majority described their cultural/ethnic background as European, with others being Indian, Persian, Brazilian, African-Caribbean, and Aboriginal Australian.

In addition to strongly held beliefs, for example cultural beliefs among some participants about the superiority of injections over pills in terms of potency and delivery/absorption, discussions indicated two areas in which there was a degree of tension or contradiction: freedom; and confidence/control. Whereas participants generally perceived injectable PrEP as affording greater freedom (e.g. allowing greater variation from regular/daily routines), this freedom also demanded a trade off in terms of committing to a rigid schedule of clinic visits. Regarding confidence/control, participants valued oral PrEP (either daily or event-based dosing) because regular consumption of the drug confirmed its presence in the body (and created proximity to embodied experiences of sex and HIV risk), in contrast to injectable PrEP, which is administered in a setting that is both temporally and spatially disconnected from these practices. In contrast, this disconnection was valued by some because regular oral dosing prompted anxiety due to its association with potential exposures to HIV. Findings from this research provide insights into participants' beliefs and understandings about pharmaceuticals (and modes of administration), as well as affective responses to HIV, and embodied experiences of risk and antiretroviral consumption.

TRISTAN DUNCAN ET AL.

Tristan Duncan^{1,2}, Sophia Schroeder¹, Kari Lancaster^{1,3}, Mark Stoove^{1,4}, Rebecca Winter⁴

1. Burnet Institute, Melbourne, Australia
2. School of Health and Social Development, Deakin University, Melbourne, Australia
3. Department of Social and Policy Sciences, University of Bath, Bath, United Kingdom
4. St Vincent's Hospital, Melbourne, Australia

Point-of-care technologies, mobile services, and the time and place of hepatitis C Care in the Era of Elimination

Point-of-care (POC) hepatitis C (HCV) testing technologies are rapidly transforming the landscape of HCV care. By enabling swift and accurate detection of HCV when and where testing occurs, they have significantly shortened the gap between testing and diagnosis, enabling better connections to treatment and care, while reducing reliance on specialist laboratories and hospital-based services. These capabilities are now considered central to delivering on the promise of HCV elimination, with scale-up of POC testing being implemented in an array of non-specialist community settings, including homeless drop-in centres, injecting rooms, and mobile health vans. Despite the implicit centrality of the concepts of both time and place to these developments, there have been few attempts to theorise or explore how HCV care is transformed as it moves into new implementation contexts. Rather, the rhetoric and science of HCV decentralisation have tended to enact an idealised conception of community space as a passive and more-or-less inclusive backdrop for testing and treatment. This analysis offers an alternative account of the interrelationships between HCV point-of-care testing technologies, mobile service models of care, and the time and place of intervention in non-traditional settings. Drawing on new materialist approaches in science and technology studies (STS) and ongoing ethnographic research on a mobile hepatitis C clinic van in Melbourne, Australia, our analysis maps 1) how HCV care is re-made in relation to the rhythms, ruptures, and stratifications of urban spaces, generating new boundaries of inclusion and exclusion and 2) how clinic staff and patients navigate the fluidity of the van and the conditions of possibility it both opens and forecloses. In doing so, we contribute new thinking about the time and place of intervention in the HCV elimination era and consider the limits and potentials of point-of-care technologies as they move into different sites of practice.

11.00 — 11.30 | MORNING TEA

ROOM: SECOND FLOOR CIRCULATION SPACE,
NANCY ROTHWELL BUILDING

11.30 — 1.00 | CONCURRENT SESSIONS**SESSION 8A — STIGMA 2**

CHAIR: LOREN BRENER

ROOM: 2A.011

ELENA CAMA ET AL.

Elena Cama¹, Loren Brener¹, Theresa Caruana¹, Thomas Wright², Courtney von Hippel²

1. Centre for Social Research in Health, UNSW Sydney, Australia
2. School of Psychology, University of Queensland, Australia

The impact of attitudes towards people who inject drugs on the clinical recommendations of health workers

Health workers may hold negative biases towards groups of people, which may then impact on their clinical judgement regardless of the reasons an individual presents for care. While research indicates health workers may hold negative attitudes towards people who inject drugs, there is no research into whether these attitudes influence treatment decisions. The aim of this experimental study is therefore to examine whether attitudes towards injecting drug use influence the treatment decisions of health workers. Using a between-subjects experimental design, 300 healthcare providers will be randomly assigned to one of three conditions. Each participant will read a vignette describing a fictitious patient with symptoms suggestive of Type 2 diabetes, where the patient is described as either: 1) currently injecting drugs, 2) having a history of injecting drugs but no longer doing so, or 3) having no history of injecting (control). Healthcare workers will provide clinical recommendations from options related to Type 2 diabetes (e.g., HbA1c test) and drug use (e.g., testing for blood-borne viruses). Participants will also complete measures of attitudes toward PWID and social conservatism, as well as demographic questions. This study will test whether the patient's drug use history influences clinical decisions. Additionally, we will examine whether healthcare providers' attitudes toward people who inject drugs moderate this effect, such that doctors with more negative attitudes may be more likely to display diagnostic overshadowing. This research addresses a critical gap in understanding how stigma and bias impact clinical decision-making for people who inject drugs. Findings could inform training and policy initiatives aimed at reducing stigma in healthcare and ensuring equitable treatment for all patients, regardless of their drug use history.

EUAN LAWSON

Lancaster Medical School, Lancaster University

The lived experience of primary care services for people who use drugs: a meta-ethnography

There are many ways in which drugs are problematised in society but one consistent cry of many advocates for reform is that when people who use drugs encounter difficulties it should be treated as a health concern rather than a criminal one. Yet often scant attention has been paid to the difficulties of how people who use drugs access health services, including GPs, though there is much evidence highlighting the stigma they encounter, not least from healthcare professionals — a deplorable indictment of ‘caring’ professions. People who use drugs often have alarming levels of multi-morbidity — one report from Lowrie ET AL (2023) found nearly half of people experiencing homelessness who had a recent non-fatal overdose had 9-16 long-term conditions. Yet too few are accessing GPs and primary care. The research presented will be from an ongoing systematic meta-ethnography following the processes of Noblit & Hare (1988) and more recently, Sattar ET AL (2021). A systematic review protocol is complete and it is anticipated that full results will be available for presentation in the summer at the conference. As for any meta-ethnography, third order constructs are being explored after reading/extracting data, and new theory is being developed from the existing qualitative studies, which aim to question current models and existing power structures. The role of epistemic injustice, as applied to people who use drugs, is being explored as a lens to illuminate stigma as a barrier. Reflexivity is critical to any meta-ethnography — the lead researcher (EL) is a GP but has no interest in defending the poor practice and stigmatising attitudes of colleagues. There is enormous potential in primary care to develop relationships and structures that dissolve barriers and reconsider what healthcare should like for people who use drugs.

AMANDA ROXBURGH ET AL.

Alice Salomon¹, Mark Bartlett^{2,6}, Mark Chenery³, Marianne Jauncey^{2,6},
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1. Uniting NSW & ACT, Sydney, Australia
2. Uniting Medically Supervised Injecting Centre, Sydney, Australia
3. Common Cause Australia, Canberra, Australia
4. Harm and Risk Reduction Program, Burnet Institute, Melbourne, Australia
5. Monash Addiction Research Centre, Monash University, Melbourne, Australia
6. Discipline of Addiction Medicine, the Central Clinical School, Sydney Medical School, the Faculty of Medicine and Health, University of Sydney, Sydney, Australia

Outrage and algorithms: shifting drug-related stigma in a digital world

Impacts of stigma for people who use drugs are well documented. Digital media platforms have extended communication reach, yet little is documented on how these platforms perpetuate drug-related stigma. This paper explores the mechanisms of digital media and provides suggestions for alternative conversations about drugs on these platforms. Three key issues are discussed; 1) Engagement strategies; 2) Algorithm amplification; and 3) Misinformation. Triggering fear, anger and outrage are key engagement strategies that increase stigma. Fear was a key strategy used in a digital media law enforcement campaign about methamphetamine. Algorithm amplification occurs when certain content on digital platforms is prioritised. Prioritising stigmatising/inaccurate content leads to misinformation. Research analysing posts stating ‘skin contact with fentanyl causes overdose’ showed posts containing misinformation had 15 times the reach of posts providing corrected information. Common Cause Australia research showed: 1) 66% of people surveyed (1,400) were persuadable on views about illicit drugs; 2) engaging with people’s values (fairness/equity) rather than fear increased the likelihood of influencing attitudes; and 3) well-intentioned messaging ‘the war on drugs has failed’ reinforces negative frames. The extensive reach of digital media represents opportunities to change the narrative about drugs. The challenge is to do so in ways that minimise stigma.

SESSION 8B — CARE AND SELF-CARE**CHAIR: CHASE LEDIN****ROOM: 2A.012****RICHARD ALEXANDER**

Universiteit Utrecht

**Psychedelic Soldiers:
Beyond Psychotherapy**

Psychedelic drugs and their use are being increasingly ascribed with medical meanings as the psychedelic 'renaissance' continues to drive interest in their psychotherapeutic applications. Amidst the clinical contexts being explored the PTSD afflicted military veteran has become a key figure, both as an ideal psychedelic patient and as a narrative lynchpin of the associated advocacy efforts. This qualitative, ethnographic study challenges the dominant discourse of the medicinal paradigm by examining the unregulated, non-clinical psychedelic drug use of several former soldiers. Observation of the distinctive practices surrounding their procurement and use of wild psychedelic mushrooms highlights the prevalence of self-regulating rituals, informed by an existing subcultural folklore and further shaped by processes of individual and collective identity performance. The findings of this study point to new, critical criminological understandings of psychedelic drug use that place emphasis on the meanings being narratively constructed by non-clinical users. Such understandings should be incorporated throughout future psychedelic research, discourse, and advocacy efforts.

DANIEL STORER ET ALDaniel Storer^{1,2}, Dean Murphy³, Niamh Stephenson¹, Garrett Prestage⁴, Mohamed Hammoud⁴

1. School of Population Health, UNSW Sydney
2. School of Law, Society and Criminology, UNSW Sydney
3. Australian Research Centre in Sex, Health and Society, La Trobe University
4. The Kirby Institute, UNSW Sydney

**The “Informed Matter” of gay and
bisexual men’s (potential) use of HIV
antiretrovirals to prevent and treat
COVID-19**

Early in the COVID-19 pandemic there were reports that HIV antiretrovirals, specifically the combination tenofovir-disoproxil fumarate and emtricitabine (TDF/FTC), had therapeutic potential for COVID-19. In the context of scant empirical evidence at the time to confirm such an effect, we sought to understand the ways that gay and bisexual men (GBM) made sense of — and embodied — information about HIV antiretrovirals in relation to preventing and/or treating COVID-19. We conducted interviews with 26 participants between August and November 2020. To understand how information about, and experiences of consuming antiretrovirals, might form part of assemblages of COVID-19 prevention for GBM in Australia, we draw on Marsha Rosengarten's (2009) concept of “informed matter.” The concept works to illuminate how agency becomes intertwined with objects, information and context and how objects gain materiality. Participants drew on their understandings of virology, immunology and pharmaceuticals, and experiences with antiretrovirals to form perceptions about their function as therapeutics for COVID-19. By looking beyond biotechnologies as causal to behaviour we can avoid unintended moralism in contexts of potentially different use. We argue that using “informed matter” is useful to interrogate, often neglected, complex changes in sex-associated biotechnologies in complicated informational contexts, such as a global pandemic.

ADRIAN GUTA ET AL.

Adrian Guta¹, Katherine Rudzinski¹, Michelle Olding², Valerie Fuhrmann², Gillian Kolla³, Melissa Perri², David Kryszajtys², Darby Whittaker², Ann De Shalit¹, Andrea Raynak², Carol Strike²

1. School of Social Work, University of Windsor
2. Dalla Lana School of Public Health, University of Toronto
3. Division of Population Health and Applied Health Sciences, Memorial University

“I can’t fix capitalism and its crushing poverty”: Findings from a qualitative study of client and providers perspectives about medication diversion in the context of opioid agonist treatment and safer supply

In Canada, the COVID-19 pandemic and ongoing drug toxicity crisis have transformed addiction medicine, necessitating adaptations to opioid agonist treatment (OAT) programs and the implementation of safer supply programs (SSPs). Within this milieu, medication diversion has emerged as a significant concern. Drawing on new materialist perspectives and Fox and Powell’s theorization of sociomaterial dis/advantage, we examine how medication diversion challenges traditional boundaries between medical and non-medical use. Our analysis draws on data collected from a qualitative study investigating how COVID-19 and increasing drug toxicity are reshaping addiction medicine practices in Ontario, Canada. Between November 2022 and August 2023, we conducted in-depth interviews with 61 people who use fentanyl and 19 OAT/SSP prescribers. We explore how medications, bodies, healthcare systems, and social networks assemble to produce varying capacities for action and constraint. We identified five interconnected assemblages through which medication diversion emerges: 1) the therapeutic assemblage, where diversion operates across formal and informal care systems; 2) the pharmacological assemblage, where potency mismatches between prescribed medications and fentanyl create specific constraints; 3) the community assemblage, where medications acquire different capacities as they move through social networks (e.g., as survival strategies amid poverty, withdrawal management tools, forms of mutual aid); 4) the risk assemblage, where competing understandings of youth protection generate tensions; and 5) the clinical assemblage, where provider approaches ranging from surveillance to harm reduction produce different possibilities for care. Rather than viewing diversion as individual non-compliance, our analysis reveals how it emerges through complex sociomaterial assemblages that produce “dis/advantages” in people’s daily lives. These findings suggest the need to move beyond binary frameworks of appropriate/inappropriate use, emphasizing instead how medications function within broader networks of care and survival. Participants highlighted practical and actionable recommendations for reconfiguring care to better meet the needs of individuals and communities.

SESSION 8C — MAKING TREATMENT**CHAIR: JORGE FLORES-ARANDA**

ROOM: 2A.014

ALEX BETSOS

Science and Technology Studies, Rensselaer Polytechnic Institute, USA

Making Methadone Internationally: Retracing Methadone Treatments Constitution in the 20th Century

The history of methadone treatment has been a potent site of analysis in the 20th and 21st century drugSTS (Fraser and valentine 2008; Gomart 2002; Rhodes ET AL. 2019; valentine 2007), as well as in public health. Since being acquired by the Allies in the post-war (Campbell and Lovell 2012), methadone travelled first to Lexington (Campbell 2022), then to Canada, the United Kingdom and the world. Originally deemed to have insufficient evidence to be recommended by the World Health Organization (ECDD 1969), it now represents ‘a gold standard’ by which other treatment regimes become measured (Timmermans and Berg 2003). Much has been made about the differences in the ways that methadone treatment, and by extension methadone itself, was imagined by French and American researchers (Gomart 2002). In this paper, I argue that rather than being two distinct ways of seeing methadone, the French and American cases represented two major competing ways of constituting ‘treatment’, neither wholly French nor American. Could the proper biopolitical subject (a normal productive citizen) be achieved only through abstinence, or was it possible that the good life could co-exist with dependence? In the 1960s and 1970s (and to a lesser extent today) both options, along with a series of hybrid alternatives, flourished, including other maintenance treatments, and alter-opioids, such as l-acetylmethadol, and cyclazocine. This paper argues that the methadone of the 1960s and 70s is best described as a layered and entangled configuration that had yet to become stabilized within international scientific thought (Fleck 2008; Murphy 2012). Simultaneously, there were certain aspects of the way that methadone acts (long duration; ability to enter into relations with compounded juices) that facilitated its travel, and ultimate dominance in treatment spaces.

ANN DE SHALIT ET AL.

Ann De Shalit¹, Michelle Olding², Adrian Guta¹, Valerie Fuhrmann², Gillian Kolla³, David Kryszajts², Melissa Perri², Andrea Raynak², Katherine Rudzinski¹, Darby Whittaker², Carol Strike²

1. School of Social Work, University of Windsor, Canada
2. Dalla Lana School of Public Health, University of Toronto, Canada
3. Division of Population Health and Applied Health Sciences, Memorial University, Canada

Evidence construction in prescriber practices: Comparing Safer Opioid Supply (SOS) and Opioid Agonist Treatment (OAT) approaches

This presentation explores how healthcare providers understand, use, and generate evidence in their clinical practices, with particular attention to differences between providers prescribing safer opioid supply (SOS) and opioid agonist treatment (OAT). Based on a study of semi-structured interviews with prescribers (n=19) in Ontario, Canada, the presentation offers insights into how evidence materializes through complex interactions between clinical practice and sociopolitical factors. Using an evidence-making intervention (EMI) approach, analysis reveals that prescribers actively construct knowledge through their clinical experiences while navigating systemic constraints and evolving challenges, often reconciling standardized evidence hierarchies with individual client care realities. While OAT benefits from an established evidence base, SOS operates within an emergent evidence paradigm, creating tensions in how practitioners approach treatment decisions and justify their clinical choices. Notably, prescribers adapt both SOS and OAT practices in response to evolving drug supply dynamics, even when such adaptations lack formal evidentiary support. Political rhetoric arises as a mediating factor in evidence construction and utilization, particularly around issues like medication diversion where political stigma creates barriers to data collection and knowledge sharing. The findings illuminate a fundamental paradox in healthcare delivery — while standardized evidence-based practices aim to improve care quality, they may simultaneously conflict with local needs and individual client circumstances. This research suggests that evidence in prescription practices exists on a spectrum, from randomized controlled trials to clinical expertise and client experiences, all of which have validity in informing treatment decisions. The challenge lies not in choosing between evidence-based protocols and clinical judgment, but in understanding how these different forms of knowledge are constructed and can be operationalized to complement each other in clinical practice.

AASA KVIA ET AL.

Aasa Kvia^{1,2}, Anne Schanche Selbekk¹, Hildegunn Sagvaag¹

1. University of Stavanger, Faculty of Health Science, Dept. of Public Health
2. Sandnes Municipality

What barriers and facilitators can be observed/documented when introducing the translated version of the intervention 'Recovery is up to you' in a Norwegian setting?

We have investigated the potential of the course 'Recovery is up to you' through the implementation process from a Dutch to a Norwegian setting. We explored the implementation through identifying nine facilitators and six barriers. The course is based on recovery which has become a prominent perspective in the field of health and social services for individuals with substance use and/or mental health issues. The course is peer-led, and peer-support plays a vital role within recovery. We used the implementation stages of the Active Implementation Frameworks (Blanchard ET AL., 2017), which builds on Fixsen ET AL (2005)'s synthesis of the literature. We used multiple qualitative data sources; individual and group interviews, observations and field notes and supplying quantitative data through checklists. Through the framework, the results were presented in a process-oriented way based on relevant stages, while also acknowledging the complexity and non-linearity of the process. Example of facilitators were the structured course manual and supportive leaders and organisation, while examples of barriers were lack of implementation plan, and few involved individuals. The facilitators and barriers, and their possible impacts in the implementation process were discussed in light of Røvik's (2023) translation theory. The concepts in translation theory, de-contextualisation and contextualisation, and translation competence, contributed to an enhanced understanding of the elements in the course and the decisions of potential adaptations in the delivery. For example, through ensuring the transfer of tacit knowledge from the original context. The identification of facilitators and barriers can contribute to guide implementation of other interventions in the municipality. The results further provides research on a specific way of utilising the peer competence in the services.

1:00 — 2:00 | LUNCH

ROOM: SECOND FLOOR CIRCULATION SPACE,
NANCY ROTHWELL BUILDING

2.00 — 3.00 | CONCURRENT SESSIONS

SESSION 9A — DRUGS IN CULTURE

CHAIR: AIRELLE AMÉDRO

ROOM: 2A.011

VINCENT GAILLARD

Northumbria University, UK

Guillaume Dustan on French television at the turn of the new millennium: reflections on drugs, gender & sexuality, and queer theory

Using television archives, this paper analyses the media presence of French writer Guillaume Dustan (1965-2005) in France and how he was treated on television talk-shows in the period 1999-2001 through several axes: drugs, gender & sexuality, and queer theory i.e., Dustan's themes of preference. I investigate how Dustan was received on those shows in relation to his views on drugs and queer male sexual cultures, and his efforts to shift the responsibility of prevention away from HIV-positive people to every and single one of us, including HIV-negative people, as he would be invited alongside various literary, political, and religious figures to polemicise on the subject. As an HIV-positive person himself, he would be presented as the number one gay agitator of his time, notably due to his positions and writings on drug use, but also barebacking, at a time when the AIDS crisis was still vivid in France. In this paper, I explore the articulation of his ideas, often paradoxical, characteristic of Dustan's complex and enigmatic persona. Dustan's opinions were often framed as controversial in that he defended and advocated for bareback sex (or, rather, serosorting), porn, drug use, and the decriminalisation of drugs, essentially celebrating pleasure and refusing resolute self-governance. Furthermore, in the paper, I demonstrate how Dustan was a precursor in exposing queer theory to heteronormative popular audiences at a time when such a theory was invisible on television and out of the range of said audiences.

VLADIMIR STEPANOV AND ALEXANDRA DMITRIEVA

Vladimir Stepanov^{1,2} and Alexandra Dmitrieva^{2,3}

1. National University Kyiv-Mohyla Academy, Kyiv, Ukraine

2. Support, Research and Development Center, Kyiv, Ukraine

3. School of Social and Political Science, University of Edinburgh, UK

What are the lattices silent about? Managing the uncertainty of people who use drugs in (post)Soviet urban infrastructure in Ukraine

Analysing visual materials gathered over five years of ethnographic research in Ukraine, our attention was drawn to the lattice as an architectural object dominating urban spaces associated with people who use drugs. We expectedly encountered lattices in prisons and narcological dispensaries built during the Soviet era, but also in AIDS centres and HIV prevention or harm reduction NGOs that emerged in the post-Soviet period. And even the most common interactions between people who use drugs took place in urban spaces (kiosks, pharmacies, markets) where the lattice pattern was constantly repeated. Considering the grid in modernist art and its three-dimensional cognate, the lattice, in modernist architecture as a base form, art theorist Rosalind Krauss suggested that their use allowed for the abandonment of discourse, ascending to the unattainable height of modernity, negating all previous forms and expressions. In the Soviet project, the connection between artists/architects and the realisation of the ideological project of the New Soviet Man was particularly close. As a consequence, it was the modernist lattice that formed the basis for creating an infrastructure for people who did not fit into the framework of the New Soviet Man. Our presentation focuses on how the uncertainty represented by people who use drugs was avoided through the absence of a discourse on drugs in the Soviet project, which also had an embodiment in architectural forms. In the post-Soviet era, attempts to 'manage uncertainty' reflect the way in which previous settings have been installed and simultaneously updated through the development of a public health infrastructure covered in lattices and the production of 'post-lattices' such as roller shutters and vandal-resistant structures. In these circumstances, the tendency towards decarceration emerges as a consequence of the establishment of carceral spaces outside the prison walls.

SESSION 9B — DRUG TAKING PRACTICES**CHAIR: ALEJANDRA ZULUAGA****ROOM: 2A.012****AHMED BAYOUMI ET AL.**Ahmed Bayoumi^{1,2,3}, Cathy Long¹, Zoë Dodd¹

1. MAP Centre for Urban Health Solutions, St. Michael's Hospital, Unity Health Toronto, Toronto, ON, Canada
2. Division of General Medicine, St. Michael's Hospital, Unity Health Toronto, Toronto, ON, Canada
3. Department of Medicine and Institute of Health Policy, Management and Evaluation, University of Toronto, Toronto, ON, Canada

Dualism between treatment and harm reduction: implications for care and advocacy

In the backlash against harm reduction, “treatment” advocates frequently dichotomize their approaches from “harm reduction.” This binary approach is both inaccurate and unhelpful for health-care, social care, and policy. In this paper, we highlight additional, often neglected dimensions of this discussion: how “harm reduction” and “treatment”—and their effects—are constituted through the dichotomization of the two. Neither treatment nor harm reduction are well-defined terms. Discourses of treatment are vast, ranging from carceral care to abstinence to opioid agonist therapy to low-threshold approaches, and aim to include established interventions alongside those that are ideological and have little empirical evidence. This rapacity makes treatment an abstraction of many approaches united only by an emphasis on decreasing, sometimes to zero, the amount of drugs consumed. The definitional boundary of treatment is continuously extendable to include new interventions and enacts its dichotomization from harm reduction. Within these discourses, harm reduction becomes defined primarily by negation. In this dualistic logic, treatment approaches become opportunities for making profit, while interventions outside the treatment category lose legitimacy and become vilified. Treatment becomes weaponized to attack a range of services, often including supervised consumption, safer opioid supply, and decriminalization. The enacted dualism between treatment and harm reduction also elides the inherent complexity of interventions for people who use drugs in favour of a linear, reductionist understanding. The dichotomy also has political implications for harm reduction advocates. Some advocates seek to depoliticize harm reduction approaches, arguing for a public health logic or pragmatic and “realistic” approaches to drug policy. Yet such attitudes engender a technocratic and depoliticized view of harm reduction. The net effect is to limit concepts of what harm reduction could be and consolidate longstanding shifts of harm reduction away from its revolutionary and liberatory principles and potential.

DANIELLE GERMAN ET AL.Danielle German, Julie Evans, Kelci Reiss, Dianna Cacace, Fernanda Alonso, Becky Genberg
Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA

Exploring the role of time in polysubstance use and the challenges of navigating an unpredictable drug supply

Overdose response discourse emphasizes the need to better address polysubstance use, but this is not a singular phenomenon. While passive indicators such as overdose mortality data and wastewater can document which substances are present, they cannot capture the dynamic ways people use multiple drugs across time. Heterogeneity in drug sequence, timing, intentionality, and sensory experiences are inherently obscured. This presentation draws on two parallel qualitative studies conducted in Maryland, USA, to explore the role of time in polysubstance use and the challenges of navigating an unpredictable drug supply. We integrated novel temporal visualization methods to create contextualized representations of drug use with varying time boundaries. The first study mapped lifetime and recent patterns of opioid and stimulant use through life course interviews and a detailed visualization tool that facilitated cross-case comparison of temporal patterns in combination with coded textual data of 50 transcripts. This approach revealed distinct recent and lifetime use patterns influenced by social circumstances and environmental factors. The second study investigated experiences with xylazine and related wound complications among 25 participants using mixed methods visual tools to document daily drug use routines and physical effects of supply changes. Participants demonstrated considerable temporal awareness and intentionality in managing their drug use, describing cyclical daily routines orchestrated around anticipated drug effect longevity, supply source reliability, and income generation options. Many described using sensory cues informed by past experiences to interpret drug composition and potential adulterants. However, the unpredictable nature of the current drug supply disrupts daily routines and overall temporal experience by forcing constant adjustment to changes in potency, physical effects, withdrawal times, and availability of reliable drug sources. This research suggests that temporal and sensory awareness can be crucial interpretive tools for navigating the unregulated drug supply. Integrating temporal perspectives may help to better tailor overdose prevention.

SESSION 9C — DRUG CHECKING

CHAIR: AMANDA ROXBURGH

ROOM: 2A.014

ANNA OLSEN

Australian National University

Drug checking: A boundary conquered or a boundary maintained?

Much of the debate surrounding drug checking focuses on three main areas: whether checking technology is accurate, whether providing drug information to people impacts their drug-taking behaviour, and the ethical implications of delivering services where people can receive information about illicit drugs. As with all drug policy debates, science and values are interwoven in these discussions, and opposing sides cannot agree. Over the past five years, government-funded drug checking at music festivals and fixed-site services have been added to the Australian drug policy landscape. How does drug checking fit into our broader policy commitments? What are the social meanings of providing drug checking within a prohibitionist system? How will the broader project of harm reduction be impacted by the introduction of drug checking? These questions urge us to consider the path of drug policy reform beyond whether drug checking is right or wrong, towards our broader aims as a sector and society in reducing harms from drugs.

CHELSEA L. SHOVER AND MORGAN GODVIN

University of California Los Angeles

Triangulating quantitative drug checking and online content analysis to examine the mystery of UV stabilizer BTMPS in illicitly manufactured fentanyl

As the global drug supply shifts to increasingly be dominated by synthetic drugs, drugs cross continents through complex routes as manufacturers and consumers adapt to evade changing regulations. In this talk I will present the recent case of Bis(2,2,6,6-tetramethyl-4-piperidyl) sebacate, or BTMPS, a hindered-amine light stabilizer that was detected in fentanyl samples from multiple geographically dispersed settings in the United States, nearly simultaneously, starting in Q2 2024. At first, it seemed plausible that this compound, which is commonly used in plastics manufacturing, could be leaching from plastic materials. But using quantitative testing from samples provided anonymously to harm reduction sites in the United States, we found that BTMPS sometimes accounted for 50% or more of the mass of a sample sold as fentanyl. These high levels suggested intentional addition, but not where or why that was happening. Though BTMPS has not traditionally been understood to be a drug in the sense of having psychoactive properties, many online retailers reviewed in September 2024 marketed BTMPS using textual elements that are unusual in industrial chemical sales but that have been previously associated with marketing of precursor chemicals to drug trafficking organizations. These online retailers had webpages promising discrete shipping, accepting cryptocurrency, using coded language (e.g., misspellings of fentanyl), showing photos of what appears to be narcotics manufacturing, or even asserting that BTMPS could be used in a new pathway to synthesize key fentanyl precursors. Drawing on data from quantitative drug product testing, a multi-national review of online ads, and ethnographic inquiry, I will present this case that may prove illuminating to understanding rapidly evolving synthetic drug markets that cross through multiple continents. I will present the evidence for several possible explanations for why BTMPS was introduced to the illicit fentanyl supply and outline potential global research and monitoring priorities.

3.00 — 4.00 | KEYNOTE 3 — PROFESSOR HELEN KEANE AND DR ADRIAN FARRUGIA**CHAIR: KATE SEEAR****ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)****What's in a name? Reflecting on critical drug studies**

For over a decade the Contemporary Drug Problems conference has been an opportunity to not only share critically oriented research on alcohol and other drugs but an event that actively constitutes 'critical drug studies' as a field. Responding to recent calls made at this conference to trouble our founding assumptions, theories and methods (Fraser, 2024), in this presentation we take a critical orientation to critical drug studies as a field of knowledge production and a site of identification and affinity. We do this as insiders (and indeed beneficiaries) who have strong professional and affective ties to the field and the many people we admire and love who populate it (not forgetting our fondness for non-human actors such as this conference and its ability to gather us together). While critical research on drug consumption predates critical drug studies by decades, we argue that the field is now stabilised enough as an entity to be named in academic publications, researcher biographies and course syllabi. Therefore, this year's conference offers an opportunity to reflect on and interrogate what critical drug studies is and what it might become. Is it a bounded field (as enacted in this abstract and recent publications), and if so, what is included and excluded by its boundaries? Or is it better thought of as an approach, a methodology, a political ethos? What are its founding assumptions? What makes it coherent? What does it mean to do critical drug studies? To organize this admittedly inchoate mix of descriptive and normative concerns we will speak on each element of the name in turn: What makes the field critical and what should we be critical of? What substances, objects and other forces are included in its foundational category of drug and what do they have in common? And what kinds of studies are carried out by critical drug scholars and where should we turn our attention to in the future?

ABOUT PROFESSOR HELEN KEANE

Helen Keane is a Professor of Sociology at the Australian National University. Her main research interests are drug use, understandings and experiences of addiction, gendered consumption and health practices, and drug policy. She is an associate editor of the International Journal of Drug Policy. Helen recently completed an international project analysing how alcohol-related violence and gender are understood and addressed, with David Moore and Mats Ekendahl. A book developed from this project is in preparation with Bristol University Press. She is now working on a project on the role of trauma in drug and alcohol problems (led by Renae Fomiatti).

ABOUT DR ADRIAN FARRUGIA

Adrian Farrugia is a Senior Research Fellow and leads the Drugs, Gender and Sexuality Program at the Australian Research Centre in Sex, Health and Society, La Trobe University. Adrian is a sociologist of health focussed on the political and ethical issues raised by efforts to reduce harms usually understood as drug-related and the governance of health more generally. His most recent research examines how gender and sexuality shape young people's drug consumption and inform drug education programs.

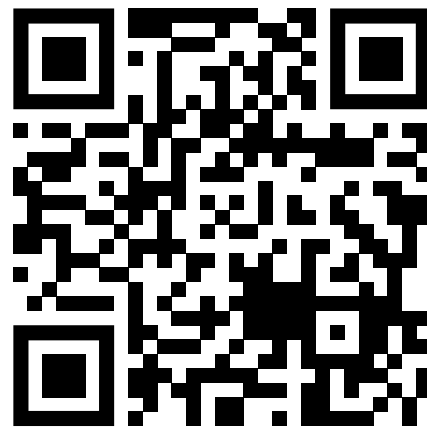
4.00 | CLOSING AND THANKS**KATE SEEAR, KYLIE VALENTINE
AND MAURICE NAGINGTON****ROOM: BLENDED THEATRE IN ENGINEERING B (2B.020)**



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