

Contemporary Drug Problems



PROGRAM & ABSTRACTS

Embracing Trouble: New Ways of Doing, Being and Knowing

SIXTH CONTEMPORARY DRUG PROBLEMS CONFERENCE

FORUM104 PARIS, FRANCE, 6-8 SEPTEMBER 2023



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Conference Sessions & Abstracts

11 Day 1: Wednesday 6 September

30 Day 2: Thursday 7 September

46 Day 3: Friday 8 September

Venue

Forum104, 104 Rue de Vaugirard,
75006, Paris, France
For venue queries, please email
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Contemporary Drug Problems

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Welcome

As Co-Editors of *Contemporary Drug Problems*, and on behalf of the conference organising committee, we are delighted to welcome you to the sixth *Contemporary Drug Problems* conference 'Embracing trouble: New ways of doing, being and knowing'. As with the previous five conferences, 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.

Social Program

Welcome reception: Wednesday 6 September, 5.30-7.00pm at EHESS, 54 Bd Raspail, Paris. Complimentary entry for registered delegates, which includes light refreshments and drinks. Walk eight minutes from the conference venue or take the metro to Saint Sulpice.

Museum visit and conference dinner: Thursday 7 September, museum entrance from 5.45pm followed by dinner at 7.30pm, at Musee d'Orsay, 1 Rue de la Legion d'Honneur, Paris. Entry is via pre-purchased dinner ticket only, which covers entrance to the museum and a three-course dinner with wine. Walk 24 minutes from the conference venue or take the metro from Rennes to Solferino.

Conference Publication

Following the conference, in 2024, *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. We acknowledge support from the Canadian Institutes of Health Research, which have supported satellite meetings and consumers to attend, and the Australian Research Centre in Sex, Health, and Society at La Trobe University, Australia, for similarly supplementing consumer attendances and other conference supports.



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

Embracing trouble: New ways of doing, being and knowing

In recent years, critical alcohol and other drugs scholars have been seeking to trouble foundational ideas and claims about alcohol and other drugs, including taken-for-granted assumptions about the nature, effects and harms associated with drug use. Importantly, this critical scholarship also calls for accountability in our own roles as researchers in producing and reproducing ideas about and depictions of alcohol and other drugs and troubling our concepts and methods. As Suzanne Fraser argued at the 2017 *Contemporary Drug Problems* conference in Helsinki, Finland, all research projects are intrinsically performative: 'They are as intimately involved in the making of everyday material realities as they are in reflecting them. As such, researchers have the obligation not only to track the realities being made by their research, but to approach the design and conduct of the research with this action in mind'.

These developments in drug research are inspired by insights from several fields, including feminist theory, narco-feminism, queer theory, Science and Technology Studies, new materialism, Indigenous knowledges, and decolonising methodologies. When we trouble methods, we reflect on our own role in the production of realities, the ethics and politics of different ways of knowing and doing, the positionality of researchers, and the relationship between all of these practices and the production of realities. In the contested fields of drug policy, biomedical research, and harm reduction, this troubling also generates ethical, epistemological, and empirical questions: what does this mean for political claims-making and advocacy in research? How can we embrace trouble in politically productive ways? In troubled times that seem to be eroding trust and solidarity, how do we ensure our claims to knowledge, authority and rigour are useful?

What would it mean to embrace trouble in the ways we do and make research methods and knowledge? What responsibilities and obligations might this confer on researchers, policy practitioners, and institutions? What new knowledges and paths of inquiries could this open? What changes might be necessary in the assumptions informing policy and other forms of social and political action? How might we think about identity, reflexivity, power and positionality in research collaborations, including understandings of lived experience and expertise? How might diagnostic instruments, treatment systems, legal processes, health promotion and popular culture be changed to benefit people who consume drugs, and, in turn, all of us?

DAY 1: WED 6 SEPT

9.15 - 9.30	ROOM: GLYCINES WELCOME KYLIE VALENTINE, KATE SEEAR AND MARIE JAUFFRET-ROUSTIDE			
9.30 - 10.30	ROOM: GLYCINES KEYNOTE 1 CHAIR: KATE SEEAR SUZANNE FRASER "Staying with the trouble" in ontopolitical research on drugs'			
10.30 - 10.50	ROOM: VERRIERE MORNING TEA			
10.50 - 12.50	PARALLEL SESSIONS			
	SESSION 1A	SESSION 1B	SESSION 1C	SESSION 1D
	ROOM: GLYCINES	ROOM: NYMPHEAS	ROOM: CYPRES	ROOM: CAMELIAS
	DRUG USE AND TREATMENT A CHAIR: SIMON FLACKS	HARM REDUCTION CHAIR: ALLISON SCHLOSSER	LAW, RIGHTS AND THE HUMAN CHAIR: KARI LANCASTER	ON PRECARIITY CHAIR: ADRIAN GUTA
	* Wilson et al, 'What's in a name? Opioid addiction, dependence or use disorder. The (not so) changing face of NSW policy and opioid dependency treatment in the Australian primary care setting' (online)	*Storbjork et al, 'The elephant in the risk environment: Troubling what everybody knows but no one dares to share on harm reduction in a prohibitionist environment'	*Stoové et al, 'Health protection, human rights, and Trojan horses: : Making trouble from material and social realities when researching and advocating for prison needle and syringe programmes'	*Perri, et al, "'Somewhere I can go to get away from everything": How housing and safer supply influence perceptions of ontological security among women who use drugs'
	*Rudzinski et al, 'Problematising taken-for-granted assumptions about criminalised behaviour and substance use'	*Long et al, 'Practicing institutional harm reduction'	*Seear et al, 'Troubling human rights in the matterphorical lawscape: A dopesick ontology'	*Nygaard-Christensen, 'Dead ends and detours: Mapping Danish welfare service journeys with structurally vulnerable people who use drugs'
	*Petukhova et al, "'From the comfort of your own home": The affordances of telehealth encounters for alcohol and other drug concerns during COVID-19 in Australia'	*Farah et al, 'A community-led scoping review of Australian literature on people who use MDMA and their harm reduction practices' (online)	*Zuluaga, 'Ontopolitically-oriented research on coca growing: Integrating decolonial knowledges and Latina feminisms'	*Bertrand et al, "Low-threshold work for young people in situations of social precarity who use psychoactive substances: Perspectives on the TAPAJ program in Bordeaux and Montreal'
12.50 - 1:30	ROOM: VERRIERE LUNCH			
1.30 - 3.00	SESSION 2A	SESSION 2B	SESSION 2C	NO SESSION
	ROOM: GLYCINES	ROOM: NYMPHEAS	ROOM: CYPRES	
	PERFORMANCE ENHANCING DRUGS CHAIR: DEAN MURPHY	GENDER AND DRUGS CHAIR: SUZANNE FRASER	CHILDREN AND YOUNG PEOPLE CHAIR: HELEN KEANE	
	*Choudhary, 'Ethnographic explorations in the supply of doping substances to junior athletes in India' (online)	*Eleonorasdottir, 'Women's drug use in everyday life'	*Farrugia, 'Under pressure: Troubling social norms, autonomy and compliance in Australian drug education'	
	*Henning, 'Hyper-visible yet invisible: Research with women who use IPEDs'	*Duncan et al, 'Overlooked and underplayed: On gender in Australian drug driving research'	*Volpe, 'Making and sensing "safety" relating to "children and young people" and "drugs"'	
3.00 - 3:20	*Vasilyev, 'A miracle drug for the Soviet superhuman: Development, use, and abuse of adaptogens in the Cold War USSR' (online)	*McDermid et al, "'I know so many women that have the same story as mine": Exploring how the increase of benzos in unregulated drug supply shapes experiences of gender-based violence amongst women and gender minorities in Vancouver, BC' (online)	*Cresswell et al, 'Utilising young peoples voices in creating and disseminating information about safe cannabis consumption practices'	
	ROOM: VERRIERE AFTERNOON TEA			

3.20 – 5:20

PARALLEL SESSIONS			
SESSION 3A	SESSION 3B	SESSION 3C	SESSION 3D
ROOM: GLYCINES	ROOM: NYMPHEAS	ROOM: CYPRES	ROOM: CAMELIAS
POSITIONALITY, POWER AND METHODS CHAIR: ZOE DODD	‘RECOVERY’ AND THERAPY CHAIR: RACHEL PETUKHOVA	HEPATITIS C CHAIR: MARK STOOVE	SAFE(R) SUPPLY OF DRUGS CHAIR: TRISTAN DUNCAN
*Lerkkanen, ‘Troubling the role of researchers in the drug policy field’	*Revier, ‘Carceral behavioural therapy: Creating the Criminal-Addict in Prison Evidence-Based Recovery Treatment’	*Lenton et al, ‘Troubling complaint: The legitimate subject and hepatitis C-related stigma’	*Campbell, ‘Troubling “safety”, rethinking harm’
*Henderson et al, ‘To be or not to be: Navigating research while being and doing’	*Oliver, ‘Putting tendencies and trajectories to work: useful tools for engaging with accounts of change and recovery?’ (online)	*Nourse et al, ‘Optimism and eternal vigilance: Gathering disease, responsible subjects and the hope of elimination in the new hepatitis C treatment era’	*Kolla et al, ‘What’s in a name?: Troubling the terminology around “safe supply”’
*Nichols, ‘Using poetic assemblage to reveal structural stigma: The case of perinatal drug use’	*Burns et al, ‘The politics and opportunity of “recovering out loud”: Reflections from a faculty member in recovery from addiction’	*Bartoszeko, ‘Loving the virus: Troubling the narratives of harm reduction and public health’	*Macon et al, ‘“It’s just not like it used to be”: Perspectives of people who use drugs on a rapidly changing drug supply and overdose risk’
*Boyd, ‘Reflections on “addiction”, research, and activism’ (online)	*Nazif-Munoz, et al, ‘A diagnostic instrument to challenge the assumptions of drug criminalization? Inverting the meaning of Chile’s 20000 Drug Law effects’	*Treloar et al, ‘Governing via targets: The trouble with hepatitis C elimination and people who inject drugs’	*Bjerger et al, ‘Situational (un)safety: Public spaces, substance users and feelings of safety’
WELCOME RECEPTION École des hautes études en sciences sociales (EHES)			
54 Bd Raspail, 75006, Paris			

5:30 – 7:00

DAY 2: THURS 7 SEPT

9.00 – 11.00

SESSION 4A	SESSION 4B	SESSION 4C
ROOM: GLYCINES	ROOM: NYMPHEAS	ROOM: CYPRES
STIGMA AND OUTSIDERS CHAIR: MARIE JAUFFRET-ROUSTIDE	FROM WARNINGS TO DEATH CHAIR: GILLIAN KOLLA	EXPERIMENTAL RESEARCH METHODS CHAIR: KYLIE VALENTINE
*McLean et al, ‘“I think that society should empathize to a point”: Provider-based stigma and perceived barriers to care for PWUO’ (online)	*Rhodes et al, ‘Early warnings and slow deaths: A sociology of outbreak and overdose’	*Zampini, ‘Learning from PAR “failure”: reflections on power and positionality in the People and Dancefloors project’
*Brener et al, ‘Understandings of stigma towards blood borne viruses among culturally diverse communities in Australia’	*Fitzgerald et al., ‘A sociology of early warning systems’	*Stepanov et al, ‘Reassembling the “drug use constellation” to identify minor and rarely noticed details in the everyday paths of people who inject drugs in Ukraine’
*Laidler et al, ‘The trouble with “Outsiders”’ (online)	*Burek et al, ‘Reflections on death: Zine making as embodied method in an enduring overdose public health crisis’	*Trappen, ‘Weapon-body-drug assemblages: Theorizing the effects of aggressive policing within the context of the U.S. war on drugs’
*Simon et al., ‘Troubling stigma reduction practices: The Narco-feminism Story-share approach to reproductive harm reduction’		*Neicun et al, ‘Theoretical and methodological challenges linked to intersectional drug research among homeless urban indigenous peoples in Canada’

11:00 – 11:20

ROOM: VERRIERE | MORNING TEA

PARALLEL SESSIONS			
11.20 - 1.20	SESSION 5A	SESSION 5B	SESSION 5C
	ROOM: GLYCINES	ROOM: NYMPHEAS	ROOM: CYPRES
	ALCOHOL USE AND REGULATION CHAIR: MATS EKENDAHL	PARENTAL DRUG USE CHAIR: ADRIAN FARRUGIA	PUNISHMENT AND PROHIBITION CHAIR: KIRAN PIENAAR
	*Moore et al, 'Displacing gender: Troubling concepts and methods in research on alcohol and violence'	*Smith, 'Making sense of the everyday experiences of pregnant and parenting drug users: Institutional ethnography in critical drugs research'	*Kammersgaard, 'Troubling the meaning of "punishment" in contemporary drugs policy'
	*Goodyear et al, "'You kind of blame it on the alcohol, but...": A discourse analysis of alcohol use and sexual consent among young men in Vancouver, Canada'	*Robinson et al, 'Surveillance and self-surveillance in the care of parents who use drugs and their families'	*Go, 'The coloniality of drug prohibition in the US, 1890s-1920s'
1.20 – 2:00	*Sebeelo, 'Consumer participation in alcohol policy development: Insights from Botswana' (online)	*Duncan et al, 'Entanglements of cannabis, kinship and care in the context of new parenthood'	*Pedersen et al, 'Norwegian drug reform defeated'
	*Bryant, 'Addressing alcohol-related violence in England and Wales: Alternatives to the criminal justice system'	*Warburton et al, 'Governing parental drug use: Analysing practitioners talk and the production of child protection risk'	*Samuelsson et al, 'Researching people who inject drugs in a prohibitionist environment: How clinical samples might impact the development of harm reduction measures'
	ROOM: VERRIERE LUNCH NOTE: An optional research meeting on alternative approaches to alcohol-related violence, to be led by Lucy Bryant, will be held in Glycines over lunch.		
2.00 – 3.30	SESSION 6A	SESSION 6B	SESSION 6C
	ROOM: GLYCINES	ROOM: NYMPHEAS	ROOM: CYPRES
	TROUBLING DRUG CONCEPTS CHAIR: KANE RACE	ETHICS, PROBLEMS AND POSITIONALITY CHAIR: DAVID MOORE	COMPULSION, AGENCY AND AUTONOMY CHAIR: KATE SEEAR
	*Lancaster et al, 'Cleaner evidence: Wastewater-based epidemiology and the trouble of drugs'	*Dennermalm, 'From a partial insider to partially alienated: Reflections on two polar cases'	*Flacks, 'Criminal liability and drug-induced psychosis'
	*valentine, 'On trying to move beyond describing descriptions of drugs as dull'	*Ekendahl, 'Reproducing drug use as a high-profile problem? The challenges of conducting critical research in a turmoil of prohibition, social exclusion, and research ethics'	*Murphy et al, 'Beyond volition/compulsion: LGBTQ consumers' modes of engagement with service providers'
3:30 – 3:50	*Vitellone et al, 'Fabulation: experimenting with a new method of doing and knowing recovery'	*Bathish et al, 'Towards an ethics of therapeutic community care'	*Brothers, 'Hit doctors at work: The Construction of Uncredentialed Expertise by People who Inject Drugs'
	ROOM: VERRIERE AFTERNOON TEA		
	Room: Glycines KEYNOTE 2 CHAIR: NANCY CAMPBELL MAZIYAR GHIABI 'On recovery beyond its possibility of being'		
3:50 – 4:50			
5:45pm –	MUSEUM VISIT AND CONFERENCE DINNER (separate ticket required) Musée d'Orsay, 1 Rue de la Légion d'Honneur, 75007 Paris		

DAY 3: FRI 8 SEPT

	PARALLEL SESSIONS		
9.00 - 11.00	SESSION 7A	SESSION 7B	SESSION 7C
	ROOM: GLYCINES	ROOM: CYPRES	ROOM: NYMPHEAS
	DRUG USE AND TREATMENT B CHAIR: Tim Rhodes	OVERDOSE AND HARM CHAIR: Carla Treloar	DRUGS AND SEX CHAIR: Ryan McNeil
	*Bardwell, “‘I don’t feel like any paranoid sense from the machine really”: Biometric opioid dispensing machines, medical surveillance, and transitions from posthuman apocalypse to emancipation?”	*Godvin, ‘Fentanyl, migration and misinformation: A media analysis’	*Race, ‘Undoing minority stress: Theorising queer and gender-diverse drug consumption’
	*Conway et al, ‘Deimplementation in the provision of opioid agonist treatment: Considering how processes impact social equity in health’	*Schlosser, “‘This is just the beginning”: Drug induced homicide, a test case, and the construction of death-worlds in the U.S. overdose crisis’	*Nagington, ‘The moral lessons of chemsex’
11:00 – 11:20 11.20 - 1.20	*Schmidt, ‘Making meaning of resistance: A feminist standpoint exploration of opioid agonist treatment during pregnancy’	*Krechel et al, ‘Knowledge and perceptions of US good Samaritan laws among people who use drugs’	*Petersen et al, ‘Intoxicated sexual experiences: Embracing the trouble of ambiguous expression’
	*Coignard-Friedman et al, ‘Delivering opioid use disorder treatment via community-based harm reduction services: Reflections on the co-construction and impact of a novel intervention in Montreal, Canada’	*Song, ‘Strong control and weak service: Enforcing drug treatment programs in China’ (online)	*Griffin, ‘They seek him here, they seek him there, researchers seek him everywhere: Overcoming biases in recruiting chemsex practitioners’
	Room: Verriere MORNING TEA		
	SESSION 8A	SESSION 8B	SESSION 8C
	ROOM: GLYCINES	ROOM: NYMPHEAS	ROOM: CYPRES
1:20 – 2:00	PSYCHEDELICS AND PSYCHOACTIVE SUBSTANCES CHAIR: ALEJANDRA ZULUAGA	TROUBLING LEGAL CONCEPTS CHAIR: MAZIYAR GHIABI	OVERDOSE RESPONSE CHAIR: EMILY LENTON
	*Engel, ‘Psychedelic cacti, conservation and reform: The Mescaline Garden’	*Harris, ‘Of crack houses and supervised consumption sites: Overdose and the politics of (false) equivalency in the United States’	*Ferguson et al, ‘Remaking the angry narcanned subject: Affording new subject positions through take-home naloxone training’
	*Harkness, ‘Troubling psychedelics: Navigating the convergence of the psychedelic renaissance, capitalism, drug research and policy’ (online)	*Fransiska, et al, “Indonesian Drug Threshold Model: Criminalization Towards People Who Use Drugs Through Numbers’ (online)	*Knudsen et al, ‘Expanding the reach of overdose education and naloxone attribution in communities: Variations by rural location and organizational type’
	*Davis, ‘Reconceptualising the political trouble with psychedelics’	*Kiepek, ‘Examining the construct of harm in Canadian law and judicial decision-making’	*McNeil et al, ‘Indigenous peoples experiences with overdose and response in Vancouver, Canada’s downtown eastside’
	*Petersen et al, ‘What’s the trouble with “bad trips”?’	*Kankainen et al, ‘Representations of alcohol and drug use in the Finnish legislative reform on the rights of social and health care customers’	*Ivins et al, ‘Harm reduction, health justice, and overdose vulnerability of people co-using fentanyl and stimulants’
	Room: Verriere LUNCH		

2:00 – 3:00

ROOM: GLYCINES | BOOK LAUNCH AND PANEL | CHAIR: ADRIAN FARRUGIA

NARCOFEMINISMS: REVISIONING DRUG USE

This hybrid panel will bring together activists and scholars who have contributed to a new book titled *Narcofeminisms: Revisioning Drug Use* edited by Fay Dennis, Kiran Pienaar and Marsha Rosengarten and published by SAGE (in The Sociological Review monograph series). Where feminist scholarship on drugs has historically drawn attention to the ways in which drugs are used as regulatory technologies to control the conduct of women, this collection explores the political potential of drug consumption as a mode of resistance to dominant social orders. Inspired by the narcofeminist activist movement, it attends to the life-affirming qualities of drug use that are all too easily erased by dominant approaches to drugs centered on harm and pathology. Centering acts of care, resistance and ingenuity in women and gender minorities' drug practices, this alternative analytic poses radical new possibilities for rethinking drug consumption as a mode of living, capable of transforming social worlds. The panel speaks directly to the conference theme of 'embracing trouble', as it draws on the activist concept of narcofeminism to address the complexities of drug use, holding in focus its harms and benefits, risks and rewards, and importantly reflecting on how people navigate these counterposing forces in their situated practices of drug use.

The panel will consist of an introduction by the editors and a 'lightening round' of presentations or readings from the contributors, centering the voices of narcofeminist activists. Below are the titles and proposed running order of these lightening presentations.

1. Introduction to the collection – Fay Dennis, Kiran Pienaar & Marsha Rosengarten (5 minutes)	2. Narcofeminist reflections – ONLINE: Alla Bessanova, Olga Belyaeva, Maria Plotko (15 mins)	3. A feminist autoethnography on drugs – Judy Chang (10 mins)
4. Refusing recovery, living a 'wayward' life: A feminist analysis of women's drug use – Fay Dennis & Kiran Pienaar (3 mins)	5. The drinking at home woman: Between alcohol harms and domestic experiments – Helen Keane (3 mins)	6. Technologies of abjection: The possessive logics and performative sovereignty of drug dog operations in New South Wales, Australia – Kane Race (3 mins)
7. Narcofeminist 'chemsex': Rethinking sexualised drug use in pandemic times – Lyu Azbel (3 mins)	8. Pleasure, drugs, materiality and tensions in harm reduction in practice: The case of education in safer injection programs – Marie Jauffret-Roustide (3 minutes)	9. Ambivalent pleasures: Towards narcofeminist alterlife – Nancy Campbell (3 mins)

FOLLOWED BY A Q&A

3:00 – 4:00

ROOM: GLYCINES | KEYNOTE 3 | CHAIR: KYLIE VALENTINE
ANNIE MADDEN AND ZOE DODD 'Of Resistances & Reckonings in a Time of War'

4:00pm

ROOM: GLYCINES | CLOSING | KATE SEEAR, KYLIE VALENTINE AND MARIE JAUFFRET-ROUSTIDE

Forum104

104 Rue de Vaugirard, 75006, Paris, France

Venue website: www.forum104.org/presentation-des-salles

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



GLYCINES
REZ-DE-CHAUSSÉE



NYMPHÉAS
REZ-DE-CHAUSSÉE



CYPRÈS
1ER ÉTAGE



CAMÉLIAS
REZ-DE-JARDIN

9.15 — 9.30 | WELCOME

KYLIE VALENTINE, KATE SEEAR
AND MARIE JAUFFRET-ROUSTIDE
ROOM: GLYCINES

9.30 — 10.30 | KEYNOTE 1: SUZANNE FRASER

CHAIR: KATE SEEAR
ROOM: GLYCINES

**‘Staying with the trouble’ in onto-political
research on drugs**

Trouble seems to be characteristic of contemporary politics and life. From the environment to the pandemic, crises of political credibility around the world, conflict on social media and the drama of so-called ‘cancel culture’, avoiding or settling trouble seems more unimaginable than ever. Yet, as the theme of this conference makes clear, trouble is not always negative, especially when posed in verb form. To trouble pre-conceptions, orthodoxies or alienating norms can be productive, exciting, and transformative. This is as much the case in research as in any other area of life. Troubling our founding assumptions, our research questions, our theories, and methods is the way we move forward, even if it is not always easy or immediately rewarding. In this keynote presentation I will reflect on my own engagements with forms of scholarly trouble, drawing on the work of Donna Haraway in her book *Staying with the Trouble* (2018) to identify ways in which we as researchers may ‘embrace trouble’ in useful and productive ways. Thinking through some central propositions articulated by Haraway in her engagement with other scholars, such as the importance of storytelling, the value of grieving, the banality of evil and the uses of response-ability, I will offer a range of examples drawn from my own work in critical drug studies and onto-political research to highlight the promises and pitfalls of trouble. In doing so, I aim to acknowledge the opportunities I have enjoyed over the years to be part of the innovative and courageous field of critical drug studies, of which the Contemporary Drug Problems conference is also a part.

SUZANNE FRASER is Adjunct Professor in the Australian Research Centre in Sex, Health and Society, and former Director of the Centre. She is also Visiting Professorial Fellow at the Centre for Social Research in Health at the University of New South Wales. Suzanne’s PhD is in Gender Studies, and her research focuses on the body, gender, health, and the self. Suzanne is the author of several books on the body and health in society and culture. Her most recent book is entitled *Habits: Remaking Addiction*, co-authored with David Moore and Helen Keane, and her previous works cover a range of topics. Her first book, *Cosmetic Surgery, Gender and Culture*, was based on her PhD research. Later books focused on methadone maintenance treatment (*Substance and Substitution: Methadone Subjects in Liberal Societies*, with Kylie Valentine, 2008), hepatitis C (*Making Disease, Making Citizens: The Politics of Hepatitis C*, with Kate Seear, 2011) and vanity, the body, and the self (*Vanity: 21st Century Selves*, with Claire Tanner and Jane-Maree Maher, 2013). She has also co-edited a collection of essays on drugs and addiction (*The Drug Effect: Health, Crime, and Society*, with David Moore, 2011). Over the years Suzanne has held many Australian Research Council grants and has also worked on a range of government-funded projects with government partners including the Commonwealth Department of Health, the Victorian Department of Health, and Southwestern Sydney Local Health District Drug Health Services.

10.30 — 10.50 | MORNING TEA

ROOM: VERRIERE

**10.50 — 12.50 | SESSION 1A —
DRUG USE AND TREATMENT A****CHAIR: SIMON FLACKS****ROOM: GLYCINES****HESTER WILSON,**

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 University of New South Wales

What's in a name? Opioid addiction,
 dependence or use disorder.

The (not so) changing face of NSW policy
 and opioid dependency treatment in the
 Australian primary care setting

Opioids are trouble. They are pleasure, relief, and harm. Mired in a history of racism, imperialism, control, punishment, and othering, they are a two headed Janus, dichotomous, dark, and light. Illicit heroin 'addiction' in Australia in the 1960s led to methadone programs focused on decreasing community risk. In contrast, since the 1990s, prescribed opioids have been seen as the answer, the cure, to the suffering of chronic pain. Sadly, the predicted benefits of opioids in chronic pain have not been realised and instead have led to harms, including 'addiction'. This umbrella term, 'addiction' is frequently used and hard to pin down. The medical model describes a chronic relapsing health issue needing long term management. Those working in the chronic pain sector call it 'addiction', drug and alcohol workers call it 'dependency' while its classification in mental health circles is 'opioid use disorder'. In semi structured interviews, general practitioners (GPs) working in NSW, Australia reported a quagmire of uncertainty with differing diagnostic criteria, and a threatening duality. With this diagnosis their patients with chronic pain, prescribed opioids, overnight become addicts, and both GPs and their patients avoid and fear this. Correct diagnosis should lead to the right treatment and best outcomes but fearful responses to this diagnosis can have a marked negative impact. This is something GPs want to avoid. This presentation draws on PhD research to trace the development and complexities of the management of opioid 'addiction' in NSW from the late 1960s to the present day and GPs experience of this now. It suggests barriers and facilitators and asks how we may shift the conversation and change the approach to ensure all who need and want treatment have access to options that are person centred and appropriate to their needs.

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Problematizing taken-for-granted assumptions
 about criminalized behaviour and substance
 use: Client and service provider perspectives
 on the potential impact of safer opioid supply
 programs (SSPs) in Ontario, Canada

In response to the devastating drug poisoning crisis, Canada is piloting safer opioid supply programs (SSPs) which provide individuals who use illicit opioids with an 'off label' prescription for pharmaceutical-grade alternatives. Although the primary purpose of SSPs was to reduce overdose deaths and health-related harms stemming from exposure to toxic street drugs, these programs are having a broader impact. Guided by 'new materialism' and the recent 'material turn' in harm reduction, this presentation will examine SSPs as an assemblage of interconnected discourses, bodies, relations, desires, human and non-human matter which collectively produce socio-material advantage, disadvantage, and inequalities — 'dis/advantage' — for people who use drugs. Using evidence from our recent qualitative research at four SSPs in Ontario, Canada, I will problematize the taken-for-granted understanding of the relationship between criminalized behaviour and substance use. Prior to starting SSPs, most clients had lengthy histories of criminal justice system (CJS) involvement. SSP participation reduced clients' need to engage in criminalized income-generating activities (e.g., theft, sex work) and decreased their risk of arrest and incarceration. Having access to a reliable safer supply changed client's lives by reducing their risk of interpersonal violence, which often occurred when obtaining drugs and/or having to victimize others to afford drugs. This allowed some clients to break the cycle of incarceration and release thereby increasing their overall stability and safety. Some clients spoke about changes to their self-identity stemming from no longer having to victimize others. However, clients who were incarcerated while on SSPs faced treatment interruptions. By eliminating the need for many of the income-generating activities associated with illicit drug use that lead to negative outcomes (e.g., violence, incarceration), SSPs have the potential to increase safety and stability for people who use drugs, including improving their social and structural determinants of health (income, food, housing security) and their self-identity.

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“From the comfort of your own home”: The affordances of telehealth encounters for alcohol and other drug concerns during COVID-19 in Australia

The onset of the COVID-19 pandemic led to a rapid shift to telehealth treatment from in-person care for alcohol and other drug concerns. Although telehealth has historically been utilised in other healthcare settings (e.g., specialist oncology care to remote areas), its use within clinical practice including counselling, psychology, and psychiatry, for addiction has been limited. Critically, little is known about how telehealth for alcohol and other drug concerns shapes, enables, or constrains, experiences of care and client engagement. Consequently, as we emerge from COVID-19 with telehealth technologies increasingly embedded within treatment, there is a risk of unintended consequences for clients and clinicians engaging with telehealth technologies. Informed by theoretical work on affordances, this study explores the ways telehealth for alcohol and other drug concerns may afford different care opportunities for clients with different needs, situated within different contexts and environments. We pay particular attention to the affordances of telehealth, and how it emerges as a mode of care within specific contexts, including the ways clients construct their own therapeutic spaces (e.g., within a car; a quiet room or park), utilise different objects (e.g., clothing), and everyday practices (e.g., cleaning; drug consumption). We argue that telehealth encounters often demand greater affective labour, and create privacy concerns, which may pose significant challenges, particularly for marginalised clients. Reflecting on the implications of our findings for policy and clinical practice, we consider how clients tend to endorse a hybrid model of care where they can combine and access both telehealth and in-person care as desired. We conclude by critically considering how the constraints of telehealth can be attenuated so that marginalised groups can benefit from this mode of care.

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Symptomatic trauma: Japan, drug addiction, and the limits of treatment

Possession and use of illegal drugs carry harsh penalties in Japan if an individual is apprehended by authorities. These severe

legal restrictions stigmatize drug use while failing to eliminate narcotics from Japan. This makes individual efforts to take on recovery difficult, as admissions of past use are often met with fear and disdain. Drug Addiction Rehabilitation Center (DARC) is a Japanese organization that helps individuals work a program based on Narcotics Anonymous (NA), while providing members a place to spend their days free from temptation or judgement. Unacknowledged in this approach is how NA's program is lived through twelve step meetings where individuals must create a narrative about their past drug use that adheres to a specific understanding of addiction as a chronic and incurable disease. The creation of these narratives is intended to be transformative, freeing participants from a desire to use. Yet at DARC the opposite frequently occurs as program dictates conflict with lived histories and complex contextual realities. I argue here that the narrative-based structure of an NA influenced approach to recovery, typically the only option available to those seeking help in Japan, struggles to acknowledge societal factors faced by Japan's drug users. In doing so, I show the necessity for comprehensive change to the ways in which Japan understands, perceives, and treats those labelled as addicts.

SESSION 1B — HARM REDUCTION

CHAIR: ALLISON SCHLOSSER

ROOM: NYMPHEAS

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The elephant in the risk environment: Troubling what everybody knows but no one dares to share on harm reduction in a prohibitionist environment

Swedish drug policy is often portrayed as prohibitionist. An increase in drug-related mortality recently thrived harm-reducing interventions, e.g., promoted access to needle exchange programs (NEP). Yet, harm reduction remains controversial as morality and demands for sanctions persist in some circles. This inconsistency is evident in how strictly governed harm-reducing interventions are. As concerns NEP, there are identification-, registration-, and blood testing requirements for visitors, and staff must report to child protection if the person has underage children, etc. In researching risk perceptions and management among people who inject drugs (PWID), NEP staff, and the public debate, we notice a plethora of rule-breaking practices among

service providers in contact with PWID. This seems to depict a necessity to push the boundaries of the strict regulations and extant prohibitionist stance. It is appreciated by PWID and often regarded as self-evident by professionals seeking to reduce harm and meet the users' needs. Despite some consensus on these practices—everybody knows—it is also evident that it cannot be too loudly outspoken. In a prohibitionist environment, it may potentially lead to even stricter rules and supervision to foster rule compliance. That could cause PWID more harm, which poses an ethical dilemma for us as researchers. Interestingly, the rule-breaking stories indicate a greater harm reduction acceptance in Sweden than officially acknowledged. Previous open resistance towards NEP eligibility criteria led to loosened legislation. Nevertheless, one cannot predict if bringing these practices to light may pave the way for change benefiting PWID or cause greater risk and harm exposure. Despite good intentions, is it safe to talk about the elephant in the Swedish risk environment? This presentation troubles researchers' role in this regard by critically discussing ethical and methodological issues involved, and the responsibility of researchers to contemplate their power to alter the risk environment.

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Practicing institutional harm reduction

This presentation will explore the implications of the institutional adoption of harm reduction for the practice and conceptualization of harm reduction within healthcare institutions. While harm reduction remains contested in many areas of the healthcare system, some institutions have begun adopting harm reduction as a pragmatic approach to reduce harms associated with drug use. For example, some Canadian hospitals offer harm reduction supplies and a smaller number have begun providing supervised consumption services for inpatient use. This shift towards institutionalization offers new opportunities to improve healthcare experiences and outcomes for people who use drugs but also beckons a need to consider how the practice and conceptualization of harm reduction is transformed in its institutional form. As some harm reduction advocates and scholars caution, the institutionalization of harm reduction signals a turn of harm reduction from its original purpose as grassroots action to oppose structural violence and build collective power among people who use drugs. With institutionalization, harm reduction approaches and services are now being implemented by the very institutions that not only fail to address the root causes of drug-related harms (e.g., criminalization and stigmatization of drug use) but also continue to perpetuate many of the harms

that harm reduction services aim to mitigate. Beyond unsettled philosophical tensions, the institutionalization of harm reduction also has far-reaching implications for resource allocation, clinical practice, political marginalization, and more. This presentation will attend to the complex relationship between harm reduction and institutionalization and the ambivalence it can generate. We will examine what institutionalization means for the practice of harm reduction as oppositional action and offer a conceptualization of institutionalized harm reduction as a partial, incomplete, and contingent strategy that does not seek to establish a new orthodoxy but rather to create interferences from within.

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A community-led scoping review of Australian literature on people who use MDMA and their harm reduction practices

Policy and academic discourses around MDMA are predominantly concerned with risk and harm, while reluctance from Australian governments to implement harm reduction programs creates a service gap. It is pertinent to consider how people who use MDMA mediate potential harms and how this knowledge can improve service access and reform. This community-led scoping review aimed to identify literature covering the practices of harm reduction by people who use MDMA. Four researchers from Students for Sensible Drug Policy Australia co-designed and conducted a youth- and community-led scoping review as a partnership with a student research project. SSDP Australia is a youth-led community advocacy organisation, who empower, coordinate, and represent a grassroots network of Australian students and young people to advocate for drug law reform. Throughout the project, we navigated between our roles as students and young people, advocates, and researchers. Following a PRISMA-ScR process, seven academic databases were searched in 2022/2023 and 23 peer-reviewed and grey literature sources published between 2004 and 2023 were included. Five key themes were identified for mediating harms and enhancing the pleasurable aspects of MDMA use: planning and seeking information; drug consumption practices; drug testing; accessing health services, and community care practices. The results suggest people who use MDMA take care to identify and reduce unwanted harms. We discuss the role of methodology in producing certain kinds of knowledge around individualised and drug-related harms and risks, and the need for more qualitative, participatory, and action research projects to accurately reflect the views and needs of people who use MDMA and meaningfully shape service reform.

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Harm reduction policing? Troubling therapeutic alignments between law enforcement and public health

Drug policy has been characterized by substantial contests regarding the role of criminal-legal systems in drug governance, as evidenced by the role of police in emerging decriminalization initiatives and diversion to drug treatment. While harm reduction social movements reject the role of the 'punitive', broadly defined, in the governance of drugs and orient critically to criminal-legal institutions, many harm reduction services have nonetheless developed parallel to, and in dialogue with, punitive drug law enforcement, generating substantial ethical tensions. Despite the well documented and longstanding harms produced by drug law enforcement, as well as renewed scrutiny of policing institutions, calls for harm reduction policing have gained recent traction, resulting in forms of collaboration between policing agencies and public health/harm reduction services. Informed by situational analysis, this paper critically examines the cooperation between public health / harm reduction and policing agencies regarding naloxone administration, post-overdose wellness checks, and integrated public health-public safety response frameworks in the North American context, though with broader implications. Our analysis uncovers that such partnerships advance therapeutic rationales yet generate wide-ranging harms including eroding trust and undermining access to services for PWUD. By casting police as therapeutic agents, we argue that models of harm reduction policing reaffirm the role of punitive enforcement in drug governance. Building upon a critical interrogation of these forms of institutional coordination, this paper invites a reflexive thinking through of the 'situation' in which harm reduction advocates find ourselves, wherein changes in drug markets (increased toxicity and overdose), regulation (increased accessibility of naloxone), legal practice (depenalization measures), and politics (increased scrutiny of policing) have culminated in new therapeutic alignments between harm reduction/public health and policing. We seek to trouble common assumptions in applied drug policy of bounded institutions and propose methods that attend to grey areas between 'punitive' and 'therapeutic'.

SESSION 1C — LAW, RIGHTS, AND THE HUMAN CHAIR: KARI LANCASTER ROOM: CYPRES

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Health protection, human rights and trojan-horses: Making trouble from material and social realities when researching and advocating for prison needle and syringe programmes

Needle and syringe programmes (NSPs) are evidence-based and foundational injecting drug harm reduction tools. Emerging in the 1980s in response to HIV, their implementations were contingent upon political leadership, and often driven by social deviance from community, research, and clinical sector leaders who "embraced trouble" by enacting unsanctioned and clandestine NSPs. Despite the effectiveness of community NSPs in preventing blood borne virus infections and injecting related injuries and disease, and general their acceptance in the 92 countries where they operate, only nine countries currently maintain prison NSPs, typically with poor coverage and restricted access that is inconsistent with low-threshold access in the community. Sustaining prison NSPs is also often threatened by labour-force resistance and social and political whim. The disjuncture between community and prison-based access to sterile injecting equipment occurs despite the 2015 UN Resolution 70/175 (a consensus resolution termed the "Nelson Mandela Rules") that defined and strengthened the principal of equivalent health care for people in custodial settings. This presentation will explore how we can "embrace trouble" in research and advocacy to support prison NSP implementations. We will examine the distinct material, social and political realities that existed when community NSPs were first implemented and how they differ from those surrounding NSPs in prison today. How might these realities constrain but also make possible the ideation of alternate realities that could be embraced by research and advocacy? Are there equivalent contemporary material, social and political realities that align with "HIV as a public health emergency" in the 1980s that could catalyse prison NSPs? Are arguments based on human rights sufficiently "troubling" to enact change? When creating "evidence" to support prison NSPs, do we embrace or repel the parallel creation of "trouble" that inevitably occurs when power and positionality and the lived experience of people who inject drugs collide in carceral settings?

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Troubling human rights in the matterphorical lawscape: A dopesick ontology

In recent years, enthusiasm for the role of human rights in shaping global drug policy has grown. Many argue that human rights can guide urgently needed drug policy reforms and instigate less punitive approaches to people who use drugs. To progress human rights-based reforms, international experts have issued guidance on what rights-compliant drug law and policy would look like. This way of thinking about both human rights and law emphasises law as text and relies on a version of human rights as immaterial, transcendent, disembodied, and capable of realisation through seemingly objective processes of definition, classification, and reason. This way of understanding law is troubled, however, by recent spatial and material turns in legal scholarship, including approaches that emphasise law and matter as co-constitutive. Situating ourselves within these spatial and material legal realms, this presentation explores a different conceptualisation of the relationship between human rights and drugs. Drawing on 30 interviews we conducted with human rights experts and activists, many of whom also identify as people who use drugs, as well as Daniela Gandorfer's matterphorical approach to law (2020) and Andreas Philippopoulos-Mihalopoulos' (2015) work on the lawscape, we examine entanglements of rights, law, drugs, bodies, borders, methadone, doors, prescriptions, languages, suits, airplanes, and security scanners. Through these entanglements we introduce a 'dopesick ontology', characterised by human and non-human bodies participating in the emergence of human rights, including the rights to freedom of movement, association, and political participation. Following Gandorfer, we argue that this way of thinking about how human rights 'work' has important implications for rethinking the relationship between human rights and drug policy, and for how we conceptualise suffering, accountability, and justice.

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Ontopolitically-oriented research on coca growing: Integrating decolonial knowledges and Latina feminisms

Ontopolitically-oriented research is a concept recently developed in critical drug scholarship that draws from science and technology studies to consider the ontological politics of research practices (Fraser, 2020). Ontopolitically-oriented research has been instructive for challenging foundational ideas

about alcohol and other drugs and thinking through some of the ethical obligations of research practices. However, it is currently less sensitive to issues of colonialism, and, specifically, the complexities of conducting research in the Global North while remaining sensitive to the distinct ontological commitments in Latin America. Drawing on preliminary insights from my doctoral research on coca growing, human rights and gender in Colombia, I propose to expand the concept of ontopolitically-oriented research through the incorporation of Latina feminist theory and decolonial theory. By exploring Gloria Anzaldúa (1987)'s concept of 'mestiza consciousness', which refers to a mode of existence that embraces a 'multi-layeredness' and fluidity of the self, alongside a decolonial standpoint, articulated in the work of Fúnez-Flores, I propose further additional considerations for ontopolitically-oriented research to unsettle Euro-American commitments in research methods and incorporate culturally diverse and alternative sites of knowledge production in symbiotic research. By expanding the concept of ontopolitically-oriented research through the incorporation of Latina feminist theory, researchers can better address issues of colonialism and power, and engage in more ethical research practices that will contribute to more inclusive worlds.

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SOPHIE-LEÏLA CONDOPOULOS, ASUD-Le Tipi

KARINE BERTRAND, Sherbrooke University

Gender and drugs: Experiences of stigma/ toxicophobia and narco-feminist narratives

Women are often presented as vulnerable in drug policy discourse. A French-Canadian consortium established the GenderARP research including a community-based collaboration with feminist activist groups. This consortium aims to document the experience of women who use drugs as well as to produce new knowledge about the structural inequalities linked to gender. The methodology includes bi-monthly focus groups discussions and semi-structured interviews (N=50) with women, and photo-voice to document their experiences. A narco-feminist approach of auto-ethnography was also implemented. Our research highlights that women are often experiencing stigma according to their psychoactive substances use. They labelled this stigma as a "toxicophobia" experience. In the semi-structured interviews, women describe avoiding individual contact with health professionals so as not to endure discourses about them that often oscillate between "infantilization" and "false benevolence". These experiences highlight the gender stereotypes linked to the imaginary of "the vulnerable woman" who should be "protected from psychoactive substances". Toxicophobia is also revealing how prohibition is shaping discourses and practices according to gender and drugs by impeding women to express themselves

about their pleasure. Toxicophobia may also have a negative impact for helping women to access to treatment and harm reduction services. Based on focus groups approach, these women are building a collective story situated within logics of empowerment, that denounces relations of oppression with the idea that disclosing experiences of “toxicophobia” can make representations evolve: “Society should work on representations” while “users are systematically put in a position where they have to justify themselves, to apologize for drug use.” Our research shows that a narco-feminist approach produces new subjectivities and invents new forms of resistance to discrimination. It can help to enhance the integration of gender-responsive services in drug policy area.

SESSION 1D — ON PRECARIETY

CHAIR: ADRIAN GUTA

ROOM: CAMELIAS

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“Somewhere I can go to get away from everything”: How housing and safer supply influence perceptions of ontological security among women who use drugs

Women who experience housing insecurity and use drugs face extreme forms of violence, trauma, and stigmatization. For women, housing insecurity and substance use is associated with instability in other realms of their lives. This presentation aims to understand how housing and “safer supply” (off-label prescription of pharmaceutical opioids to reduce the risk of overdose from the toxic unregulated supply) influence women’s sense of security, identity, and aspirations for the future. Also explored are methodological implications of research with women who use drugs during the pandemic. We conducted 20, 90-minute, qualitative, narrative interviews, in the summer of 2022 with women in a safer supply program located in Waterloo, Ontario, Canada who had experienced varying forms of housing insecurity. We drew on a feminist-re-reading of Giddens’ theory of ontological security, which considers how systems of hierarchy and patriarchal order influences women’s sense of security, to conduct thematic data analysis. Women described how housing insecurity influenced perceptions of femininity, sense of self, and through experiencing societal sexualization of their bodies

all which promoted anxiety. Safer supply and housing security influenced women’s sense of presence in the world (e.g., self-identity), relationality (e.g., connection to peers), continuity (e.g., sense of safety and stability), and aspirations for the future. Both were associated with lightness and darkness (e.g., overcoming grief), laughter and tears, warmth and overwhelmingly, life. These conversations demonstrate how COVID-19 has influenced the ability to develop rapport between interviewers and participants (e.g., masks) when discussing sensitive narratives. Perceptions of security, identity, and aspirations for the future are influenced by housing status and access to a safer supply. Housing and harm reduction services can better support women who use drugs by promoting opportunities for connection and permanence. We also highlight the importance of self-reflection and interviewer vulnerability as methodological considerations for conducting sensitive interviews during COVID-19.

MAJ NYGAARD-CHRISTENSEN,

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Dead ends and detours: Mapping Danish welfare service journeys with structurally vulnerable people who use drugs

The paper presents findings from ongoing ethnographic research with structurally vulnerable people who use drugs. Methodologically, it employs and develops the use of ‘service journeys’ as a tool to produce detailed mappings of the barriers research participants experience in terms of access to Danish welfare services. Examples may be a homeless man who uses drugs and urgently needs access to medication that he cannot pay for, or a woman at a shelter needing to receive digital identification that links her to services. While ideally, service journeys would be relatively straightforward, the paper shows how these resulted in complex service geographies. When service journeys ‘succeed’ — an individual succeeds in attaining a service— it often involves multiple actors and services and, oftentimes, serendipitous encounters with outreach service professionals. As further reflected on in the paper, service journeys regularly involved the participation of the researcher as a co-producer of the service journeys examined. Theoretically, the paper develops the concept of serendipity to capture this complexity of welfare service journeys. As existing work on serendipity as a characteristic of scientific discovery as well as ethnographic fieldwork have underscored, serendipity is often misread as accidental or occurring by luck but might best be understood as somewhere between ‘chance and sagacity’ (Rivoual and Salazar, 2016). Drawing on such work, the paper shows how successful service journeys required both timing (luck) and the ability of participants to build on existing knowledge, link seemingly disparate pieces of information, and recognize and seize opportunities for pushing a particular service journey forward.

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SHANE KNIGHT, Université de Sherbrooke

VÉRONIQUE MARTEL, Spectre de Rue

JULIE LAFLAMME-DESGROSEILLERS, TAPAJ-Québec

THOMAS HAIG, Université de Sherbrooke

Low-threshold work for young people in situations of social precarity who use psychoactive substances: Perspectives on the TAPAJ program in Bordeaux and Montreal

Young people living in social precarity face an accumulation of associated psychosocial problems such as residential instability, addictions, mental health problems, and delinquency. While they also face numerous barriers to employment, access to work seems linked to better adaptation across various aspects of their lives. Several authors have highlighted the relevance of low-threshold work for harm reduction programs. However, programs of this type are not well documented and have rarely been evaluated. The objective of this study is to develop a theoretical model for a low threshold employment program based on perspectives from key stakeholders involved in the implementation of the TAPAJ program in Montreal (Canada) and Bordeaux (France). 14 focus groups and four individual interviews were conducted with young people (aged 16-30) who have participated in TAPAJ, program staff, partners, and employers in Montreal (n = 33) and Bordeaux (n = 45). A logic model was developed based on thematic analysis with respect to program structure, intervention processes, objectives, and success indicators. Essential components of TAPAJ include a strong relationship between participants and program staff and on the job accompaniment, as well as measures that reduce barriers to employment (fast, simplified procedures; tolerance of substance use; being paid on the same day). Providing financial assistance and reinforcing participants' confidence in their capacity to work are key objectives that support the development of personal autonomy and life goals to eventually "leave TAPAJ behind with the help of TAPAJ" (program participant). Improvements in overall health is a key expected outcome of the program that guide discussions about which success indicators to retain for program evaluation. Developing a model of TAPAJ is necessary to evaluate the program, and study results will contribute to the improvement of harm reduction practices.

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Using drugs alone in single room occupancy housing: Understanding environmental drivers of overdose risk

Across North America most overdose deaths occur in housing, largely due to individuals using drugs alone. In cities fatalities are disproportionately concentrated in marginal housing, including single room occupancy (SRO) housing. While research has highlighted how SROs operate as risk environments for various poor outcomes, there has been little attention to specific drug use practices (i.e., using alone) associated with overdose vulnerability in these spaces. This study explores how environmental contexts of SROs shape overdose risks, with specific attention to practices of using drugs alone. In-depth semi-structured interviews were conducted with 30 people who use drugs (PWUD) living in Vancouver SROs. Interviews covered topics such as social-structural environments of housing, drug use practices, and housing-based harm reduction. Thematic analysis drew on the intersectional risk environment framework. Narratives positioned SROs as extensions of public space, with similar expectations of risks and behaviours as in public spaces. For some participants, using alone in their room was characterized as a practice in claiming privacy within the context of a public existence, and exemplified embodied normative expectations of permitted public vs. private behaviours. Participants highlighted how certain features of SRO's social-structural environments were routinely leveraged against them (e.g., security cameras, staff surveillance), suggesting using alone as a tactic to minimize risks of hyper-surveillance and punitive policies. Further, participants discussed using alone as "safer," describing how this practice mitigated place-based risks of social-structural harms (e.g., violence, criminalization) in ways that eclipsed overdose risk. Using drugs alone may be understood as a spatial negotiation of vulnerability to diverse harms produced by environmental contexts of SROs. Interventions accounting for broader contextual factors that render using alone as instrumental to survival (e.g., improvements in quality/quantity of housing, providing a safer supply of drugs) are critical to reduce vulnerability to overdose and other harms.

12.50 — 1.30 | LUNCH

ROOM: VERRIERE

**1.30 — 3.00 | SESSION 2A —
PERFORMANCE ENHANCING DRUGS****CHAIR: DEAN MURPHY****ROOM: GLYCINES**

ABHIJAY CHOUDHARY,

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**Ethnographic explorations in the supply of
doping substances to junior athletes in India**

The access to doping substances by junior athletes in India has not garnered much attention due to policy and organizational focus on elite athletes. The present study undertaking an ethnographic approach, describes the pathways through which doping substances navigate to reach their end consumer (junior athletes). A network of actors that comprises elderly athletes, adjunct coaches, nutritional supplement suppliers, and local pharmacists plays a crucial role in supplying doping substances to junior athletes. These actors occupy different positions in the nodes of the doping substance supply network and create demands for the doping substances by socio-psychological persuasion methods and a promise of enhancing the athletic performance of junior athletes. The junior athletes consume these doping substances under the supervision of these actors who have superficial scientific knowledge about the substance's biochemical action, hence relying on pseudo-scientific knowledge of the category called as 'doctors without degrees'. Thus, employing the ethnographic method allows the researcher to dwell deeper into the network of doping substance supply network and map the actual path of their supply, serving as an efficient method to overcome surface-level explanations provided by other methods.

APRIL HENNING, IInternational Sport Management, Heriot-Watt University,
a.henning@hw.ac.uk**Hyper-visible yet invisible:
Research with women who use IPEDs**

Despite decades of interest in men's use of image and performance enhancing drugs (IPEDs), women remain nearly "invisible" in IPED research. This is partly related to cultural links between muscles and masculinity, as well as cultural assumptions that women are less interested in non-reducing body shaping and are more risk-averse than men, particularly around masculinizing effects of androgenic anabolic steroids (AAS). However, researchers agree the population of women engaging in IPED use is growing globally and our understanding of motivations, trajectories to/from use, support, use communities, risk and harm reduction strategies, and other use patterns are greatly lacking. One barrier appears to be the continued centring of men and men's voices in IPED

communities. Research into online communities found that men will often engage and seek information from others in IPED communities on behalf of women, while research with women in IPED addiction treatment found men (e.g., partners, coaches) were the primary drivers and organisers of their use. As a result, women's IPED use is often understood only through or in relation to men and masculinity. This has implications for women's use narratives, including how women's use of IPEDs is understood and, crucially, how to meet the range of potential risks and needs. As such, there is need to examine women's IPED use on their own terms, rather than through a lens of masculinity. Building on work on the power of narrative (e.g., Felski, 1995), this paper examines the possibilities of considering women's IPED use in terms of its own explanatory logic of narrative to potentially break with hegemonic conceptualizations of the practice. It argues that such an approach can challenge gendered understandings of IPED use and offer an alternative way of seeing and approaching women, their enhanced bodies, and IPED use practices.

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**A miracle drug for the Soviet superhuman:
Development, use, and abuse of adaptogens
in the Cold War USSR**

In the context of the Cold War as a global ideological (and potentially military) conflict, the scientific study of the central nervous system stimulants and drugs designed to increase the human ability to withstand adverse external conditions became a highly attractive research area. Since the late 1940s, a special term 'adaptogens' was introduced in the Soviet Union, partly building on an earlier medical concept of a 'tonic'. This group of medicines was believed to increase the human organism's overall ability to withstand extreme levels of stress and various inhospitable environments, with clear potential applications in military and space medicine. 'Adaptogens' could include both plant-based medicines (for example, *Rhodiola rosea*, *Eleutherococcus*, or *Ginseng*) as well as synthetic drugs (prominent example being cardioprotector *Meldonium*). Drawing on archival data from the State Archive of the Russian Federation (GARF) and the Russian State Archive of Scientific and Technical Documentation (RGANTD) in Moscow, medical publications, popular press, and oral history interviews, I reconstruct how 'adaptogens' were developed and tested and what kind of political, social, and scientific ramifications contributed to their emergence. At the same time, I show that these miracle drugs could never be contained within the closed sphere of military medicine. At least since the 1960s, press reports and archival documents indicate the ongoing 'adaptogen craze' among the Soviet civilian population, suggesting that military medicines were being (ab)used to achieve higher levels of productivity and attend to the numerous physical and mental needs of the overworked and stressed modern self. By discussing

the history of ‘adaptogens’ in the late Soviet Union, I thus seek to connect it to better-known Western histories of performance-enhancing drugs (ab)use (Herzberg 2011) and to provide a different angle on the ‘pharmaceuticalization’ of everyday life in the second half of the 20th century (Fox & Ward 2008).

SESSION 2B — GENDER AND DRUGS

CHAIR: SUZANNE FRASER

ROOM: NYMPHEAS

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Women’s drug use in everyday life

A tenth of users of drugs are “problem drug users” (UN 2015) and drug use is prevalent in all social classes (CAN: 198 2021). Why, then, do references to women who use drugs come with connotations of poor, morally failed and troublesome women who frequently use large amounts of drugs? The image of the woman who uses drugs is a stereotype — an image of the whore in a classical sense (Frykman 1977, Lennartsson 2019) — a fallen and dangerous woman, usually poor and possibly a witch (Boyd 2004). She belongs to the “undeserving poor” who chose not to be deserving by the act of drug use, which legitimizes strict drug policies and hesitance to measures of harm reduction in countries such as Sweden, where a drug-free society is the political goal. How do women who use drugs in Sweden navigate between this image of the whore, pleasure seeking, and a normative life? In *Women’s Drug Use in Everyday Life* (Palgrave 2023) I discuss experiences of twelve Swedish women who use drugs in various ways and in different socioeconomic conditions. A psychologist, an architectural consultant, a homeless woman who supports herself through petty theft and reluctant sexual services, a retired journalist and seven other women describe their relation to drugs as everyday companions. Methodologically and theoretically inspired by queer phenomenology (Ahmed 2006), I have conducted interviews and go-along interviews in places important for the women’s drug use. Their narratives open \ complex understandings of what it means to use drugs as a woman in contemporary Sweden. They discuss their motivations to use drugs and their fears and joys, while also revealing how drug use forms lived experiences of class, both as perceived changes of status, as positionings through drugs in class society and in affecting their social and material conditions.

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Overlooked and underplayed:

On gender in Australian drug driving research

Drug driving has rapidly emerged as one of Australia’s most prominent and controversial road safety concerns. While scientific research has played a key role in measuring the extent and nature of the drug driving ‘problem’, the knowledge-making practices and evidentiary regimes that comprise this field have received limited scrutiny. Our research responds to this oversight by focusing on one of the more conspicuous aspects of drug driving research: the overrepresentation of men in drug driving statistics. Specifically, we build on prior analyses of gendering practices in alcohol research to examine how gender has been addressed and constituted in Australian quantitative and qualitative drug driving research. In doing so, we identify a tendency across epidemiological drug driving research to overlook and underplay the gendered disparities identified in their data, including the disproportionate involvement of men in positive road-side drug detections and fatal and non-fatal drug driving accidents. Gender emerges here as a hollow marker of patterned differences—a means of identifying categorical, yet ostensibly superfluous, disparities in drug driving involvement. We argue that a near endemic disinterest in gender across Australian drug driving research is further sustained by a series of knowledge-making conventions, including an implicit reliance on criminological and individualising behavioural theories; the conflation of gender with sex; the homogenisation of men and women’s accounts in qualitative empirical research; and a parochial emphasis on the agency of drugs in drug-driving incidents. We suggest these practices reify a generic, degendered, and limited vision of Australia’s drug driving ‘problem’, a vision which sustains scholars’ calls for expanded law enforcement countermeasures. By way of conclusion, we seek to trouble these tendencies. We draw on feminist scholarship on gender and mobilities to help generate new pathways for drug driving research, pathways that we argue can lead to more ethical and productive drug driving realities and interventions.

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“I know so many women that have the same story as mine”: Exploring how the increase of benzos in unregulated drug supply shapes experiences of gender-based violence amongst women and gender minorities in Vancouver, BC

Benzodiazepines (benzos) have become increasingly prevalent in the unregulated drug supply in Canada. Benzos are regularly prescribed as anxiety or sleep aids, and typically have strong sedative effects. Despite the influx of benzos in the unregulated drug supply, the gendered impacts of this change have not been evaluated. To address this gap, our aim was to explore how the increase of benzos in the unregulated drug supply shaped the health, safety, and risk of violence among women and gender minorities who experience intersecting modes of criminalization in Vancouver, Canada. This analysis draws on 30 in-depth qualitative interviews with criminalized women and gender minorities between 2022-2023. Using a structural violence framework, this analysis seeks to characterize the intersecting and gendered impacts of increased benzos in the unregulated drug supply. Participants described experiencing confusion, drowsiness, and memory loss or ‘blackouts’ due to benzo exposure, heightening both experiences and fear of gender-based violence (GBV). Participants’ narratives highlight that, despite instituting safety strategies, many felt vulnerable to GBV while either unintentionally using benzos, or unknowingly purchasing high-potency benzos, leading to prolonged blackouts, and increasing risk of violence. Across narratives it became clear that while the drug toxicity crisis is often framed through the tragic loss of life, experiences of drug toxicity violence, especially among criminalized women and gender minorities, extends beyond fatalities. As researchers, it is critical to account for the nuanced ways that social locations converge to shape experiences in the context of the ongoing drug toxicity crisis, to build better understandings of diverse and complex impacts and needs. Our results demonstrate the need for researchers to explore social locations when evaluating the widespread effects of the drug toxicity crisis, highlighting how the unregulated drug supply, gender and criminalization intersect to increase participants’ risk of GBV.

SESSION 2C — CHILDREN AND YOUNG PEOPLE

CHAIR: HELEN KEANE

ROOM: CYPRES

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Under pressure: Troubling social norms, autonomy, and compliance in Australian drug education

Contemporary youth drug education often operates from the assumption that many young people’s decisions to use alcohol and other drugs stem from a misunderstanding that youth consumption is so common as to constitute a ‘social norm’. Known as the ‘social norms’ approach, the stated aim of this form of drug education is to empower young people to avoid consumption by constituting it as uncommon and, therefore, abnormal. Taking the relationship between autonomy and norms as primary concerns, this paper troubles key assumptions of the social norms approach through an analysis of a dataset of 23 ‘evidence-based’ drug education texts currently recommended for use in Australian secondary school classrooms. Drawing on Rasmussen’s (2011) argument that young people are often compelled to learn and demonstrate their autonomy by submitting to external authority and Gilbert’s (2018) notion of a pedagogy of compliance in sex education, I argue that social norms drug education constitutes young people’s autonomy as both the key cause of and solution to youth drug use through three intertwined strategies: (1) deployment of population level data on youth drug use that constitutes it as atypical; (2) activities that position abstinence as the normal choice; and (3) activities that equate drug consumption with succumbing to peer pressure and failing to demonstrate autonomy. Together these strategies suggest that while drug education often purports to empower young people to make autonomous decisions, it operates as a smokescreen for broader social interventions (Angelides, 2019) that constitute reproducing, rather than questioning, social norms as the only authentic demonstration of autonomy. To conclude, I trouble drug education’s goal for young people to simply reproduce social norms, offering an approach that takes key concepts such as consumption norms and autonomy as analytical objects and avoids mistaking compliance with learning.

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Making and sensing 'safety' relating to 'children and young people' and 'drugs'

'Safety' often features in discussions relating to 'young people' and 'drugs', with widespread agreement-in-principle that 'safety' is an important objective. However, the term 'safety' can have multiple meanings-in-practice and has a history of being invoked in arguments for different (and conflicting) approaches to both drug- and youth-related 'problems'. 'What counts' as interventions that 'make safety' is contingent upon how safety is locally constituted. This paper explores the concept of 'safety' within a policy document that sets out a high-level framework guiding government strategy for the health and wellbeing of young people in New South Wales (NSW), Australia. I draw on Carol Bacchi's 'What's the Problem Represented to Be' approach to explore how 'safety' is constituted as a key concept in proposals that govern presumed 'children and young people' and the objects of 'drugs'. The objective of 'safety' is explicitly defined as averting specific acute harms ("abuse, neglect, violence and serious injury"), with measures and indicators producing 'safety' as numerable and observable. At the same time, 'safety' is expanded when it is produced as something sensed and felt (a "sense of safety"); located within both children and young people, and their social and physical environments; and relating to past, present, and future harms. 'Safety' is therefore simultaneously constituted as urgent, objective, and governable, but also nebulous, subjective, and characterised by omnipresent threats. At the same time, safety is made incontestable with assumptions that children and young people are inherently vulnerable and that drugs are insurmountably dangerous. This effects in limited permissible relations between 'children and young people' and 'drugs', which are presumed only able to be 'made safe' through preventative interventions (rather than interventions that reduce or reactively respond). Troubling this situated constitution of 'safety' prompts reflection on our role as researchers in making other safeties possible.

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Utilizing young people's voices in creating and disseminating information about safe cannabis consumption practices

The Engaging and Educating Young-Adult Cannabis Consumers (EEYCC) project conducted mixed-methods research with the aim creating non-stigmatizing cannabis public-education materials in a co-creation process with young-people. Through 1,598 surveys and 14 focus groups, respondents identified shortcomings in past education campaigns, associated harms they believed might be caused by cannabis consumption, where they obtained information about safe cannabis consumption practices, and how they wanted such information to be delivered in the future. Preliminary analysis was provided to students in a Bachelor of Creative Advertising program, and as part of their Strategic Brand Management course, the students created draft campaign ideas. These ideas were shared with an expert panel of industry, advertising, and cannabis experts. The top three ideas were then taken back to focus groups with young-people, budtenders, and cannabis health experts to receive feedback and collaborate on developing a brand identity for the campaign. Finally, four students from the bachelor's program were hired to create campaign materials and launch the campaign. This process ensured youth voices were at the forefront of the campaign's development at every stage. This presentation examines the process used to create the Weed-Out Misinformation campaign and the challenges involved. Embracing new ways of doing, being and knowing by conceptualizing cannabis education in a harm reduction and benefit maximization lens, with materials built by young people, for young people, including the use of popular social media channels, and engagement with different forms of media to reach targeted audiences. Cannabis education campaigns need to be cognizant of the messenger, and that the message needs to be free of potentially stigmatizing language. Partners include Canadian students for sensible drug policy, and Canadian Public Health Association. We believe our work will serve to initiate more positive interactions with youth who consume cannabis by reducing the use of potentially stigmatizing language.

3.00 — 3.20 | AFTERNOON TEA
ROOM: VERRIERE

3.20 — 5.20 | SESSION 3A — PARTICIPATION, POWER, AND POSITIONALITY

CHAIR: ZOE DODD

ROOM: GLYCINES

TUULIA LERKKANEN,Department of Public Health Sciences, Stockholm University,
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There is an ideal of being objective and neutral when it comes to being a researcher in academia and how research results are presented and discussed. However, previous research has shown that neither evidence-based drug policymaking nor science in general are purely value free. In this presentation, the role of researchers in the drug policy field is critically discussed and reflected through the examples and the field work experiences of the research project “Stakeholder interest in the Swedish drug policy”. The aim of the project has been to analyse the positions of the national level stakeholders (e.g., civil servants, NGOs, PWUD, experts, politicians) within the Swedish drug policy field and examine their perspectives of the drug policy and their attempts and possibilities to influence drug policy processes in Sweden. The data consists of semi-structured interviews of stakeholders. During the presentation, I trouble the role of researchers in the drug policy field in two ways: First, I will critically reflect on my own role as researcher in the context of this project. For example, how do the methodological choices, positionality and individual preferences affect the data collection? What is the societal relevance of the project? Secondly, based on the interview data, how do the stakeholders discern researchers’ role in the drug policy field in Sweden? What do the stakeholders think about researchers’ methods, tools, and practices, and what could researchers learn from that? This presentation continues the critical discussion on the role of researchers in the drug policy field, reflecting the questions of reflexivity, power, and positionality. It aims to trouble what researchers do with their research results and how they use their ‘objectivity’, methods, and knowledge.

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MARY HARROD, New South Wales Users and AIDS Association

ANNIE MADDEN, International Network of People who Use Drugs

To be or not to be ... Navigating research while being and doing

This presentation will consider what it means to ‘do’ so-called ‘lived experience’ research when that work is exploring ideas and concepts that are both deeply embedded in one’s own life journey

and involve long conversations about a treatment that is widely regarded as punitive and stigmatising for those who encounter it. This is where I found myself when conducting research on Long-Acting Injectable Buprenorphine Service User Perspectives in NSW Australia — research, that as I write this abstract, is still ongoing. Even before the research process began, I recall being struck by how much of the acknowledged research in the space of AOD treatment is almost always ‘done’ by clinical experts but rarely led by someone on ‘Opioid Agonist Treatment (OAT)’. I knew my living experiences had the potential to enrich the work but how to reconcile this with accepted ideas of the researcher as the objective observer and ‘leave myself at the door’ so to speak? In line with this year’s theme, I will engage in a critical reflexive analysis of what it means to be a ‘living experience researcher’. I will embrace often taken-for-granted concepts and underexamined questions such as: does closeness to the ideas under investigation and one’s solidarity with others, potentially compromise the data collected or does it create the possibility of empathy and connection? Should I be seeking more distance from my participants — what might be gained or lost from this? What are the effects of disclosure for legitimacy, proximity, and relationships? Importantly, I will also interrogate the category of ‘lived experience researcher’ and ask, not just what are the effects of being labelled in this way, but also of labelling ourselves in this way? Should we resist such categorisations and if we do, how do we then speak as community?

TRACY NICHOLS,

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Using poetic assemblage to reveal structural stigma: The case of perinatal drug use

Stigma functions to dehumanize. Originating from the Greeks, who “marked” undesirables with cuts and burns, the term stigma holds a connection to visibility. This history of physical marking underscores the violence embedded in the forced embodiment of societal values that continues today. While stigma is designed to make a person’s undesirability visible, structural stigma—mechanisms through which stigma processes operate—often remains hidden. Since the hidden nature of these mechanisms increases their effectiveness, it is essential to employ tools that illuminate them. Using the case of perinatal drug use, this presentation demonstrates how the use of poetic assemblage can reveal the structural stigma entrenched in the provision of healthcare and social services. Poetic assemblage allows for the making, unmaking, and re-making of connections and relationships across human, non-human and discursive agents. In the presentation, I demonstrate how the method can help shift perspectives and uncover stigmatizing structures within established policy and practice. The presentation will highlight several poetic assemblages I created from previously collected data (publicly available documents, interview transcripts, and participant observations) from a seven-year study on the provision

of services to pregnant and parenting people who use drugs (PPPWUD). The initial construction of specific research poems will be described, followed by a series of poetic assemblages created across poem types. By assembling and de-assembling research poems, I expose how PPPWUD are positioned within and across documented best care procedures and practices. Entwined within this positionality are beliefs of PPPWUD's value as both parents and clients as well as assumptions regarding their agency and abilities. These embedded constructions form the mechanisms for stigma to persist throughout service provision. By focusing on the multiplicity of relationships and de-centring perspectives, poetic assemblage can serve as a useful tool for uncovering existing biases within research, practice, and policy.

SUSAN BOYD,

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Reflections on 'addiction', research, and activism

Drawing on my experience as a critical drug researcher, drug consumer, and activist, I examine the research process, constellations of privilege, structural violence, and the telling of one's story. Those with experiential knowledge of drug use in Canada spearheaded activism for drug policy reform, yet federal and provincial drug policies continue to ignore alternative ways of knowing especially in relation to the toxic illegal drug supply and the overdose crisis. Mothers who consume criminalized drugs (in all their diversity) continue to be underrepresented in policy directives, research endeavours and advocacy for drug policy reform. This presentation problematizes obstacles to and avenues for producing alternative ways of knowing and further advocacy.

SESSION 3B — 'RECOVERY' AND THERAPY

CHAIR: RACHEL PETUKHOVA

ROOM: NYMPHEAS

KEVIN REVIER,

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Carceral behavioural therapy: Creating the criminal-addict in prison evidence-based recovery treatment

Evidence-based recovery groups act as key alternatives to more traditional, spiritual-based support groups, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). One such group is SMART Recovery, or Self-Management and Recovery Training. Founded in 1992, the United States-based non-profit utilizes cognitive behavioural therapy (CBT) to help members: build motivation; cope with urges; manage thoughts, feelings, and behaviours; and maintain lifestyle balance. As a secular support

group, SMART also seeks to offer choice in recovery, particularly for those in conflict with the law. In 2002, SMART utilized a \$1 million dollar grant from the National Institute of Drug Abuse (NIDA) to initiate InsideOut: A SMART Recovery Correctional Program, which now runs in over 200 prisons worldwide. Importantly, the program brings a non-religious alternative to people incarcerated. Yet, I consider in this research how program contents (manuals, videos, promotional material) make the "criminal-addict," or treatable carceral subject, by coupling crime and addiction through narratives of "pathological thinking," in turn disregarding structural aspects of crime and incarceration. As Corrections Today states, and of which is quoted in promotional material, "SMART addresses the offender's problems where they begin: in the mind." Yet, I also feel tension in this analysis: first, as someone (a white middle-class male in particular) who attends SMART support meetings for alcohol use, and second, as a drug policy advocate who promotes resources for those incarcerated while simultaneously being critical of emerging forms of mass incarceration through mass treatment. Thus, this research is two-fold: it is an analysis of InsideOut and a reflection on tensions between being a researcher, an advocate, and a person who use/d drugs.

KATRIN OLIVER,

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Putting tendencies and trajectories to work: Useful tools for engaging with accounts of change and recovery?

Dominant understandings of recovery emphasise personal responsibility for initiating and sustaining changes in peoples' subjectivities and relationships to alcohol and other drugs. However, this potentially obscures the complexities and temporalities of change processes and the range of socio-material elements involved. Critiquing notions of personal responsibility within recovery processes, this presentation applies the concepts of tendencies and trajectories to help explain recovery's emergence and subjective continuities. Doing so helps decentre the individual as the agent responsible for improved capacity by broadening the perspective of developing health and wellbeing. Critical drug studies scholars have productively employed the concepts of tendencies and trajectories to analyse how past events of drug consumption flow into current and future consumption events. Taking inspiration from this work, in this paper, I provide a qualitative analysis of interviews with fourteen people with lived recovery experience and fifteen professionals within an urban-rural setting in Melbourne, Australia. This analysis illustrates how recovery tendencies and trajectories are cultivated through repeated actions, habits, and practices over time. Applying the concept of trajectories to change narratives reveals how accumulated moments precede and follow turning points, supporting shifts in consumption patterns. These moments are

not necessarily connected but, when considered collectively, contribute to a recovery trajectory and assemblage of health. In reflecting on the affordances of thinking, researching, and doing with recovery tendencies and trajectories, I argue that analysing tendencies and trajectories illuminates opportunities where change lies within an endless combination of human and non-human forces. Applying these concepts to recovery research, practice, and policy engages with temporal and socio-material elements of recovery, offering a more emancipatory approach than is currently provided by common recovery theories and approaches that assume individuals are personally responsible for change.

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CHRISTINE WALSH, University of Calgary

JACQUELINE SMITH, University of Calgary

The politics and opportunity of 'recovering out loud': Reflections from a faculty member in recovery from addiction

On November 23, 2023, I will be celebrating 10 years in recovery from alcohol addiction. Both as a Canadian PhD student and faculty member in recovery, I experienced the paralysing weight of addiction and recovery stigma firsthand. In alignment with the conference theme of reflexivity and research identities, and drawing on an autoethnographic tradition, I begin the presentation by narrating my complicated, and troubled experience of disclosing a recovery identity as an addiction researcher. I argue that there is a need for more open disclosure from addiction researchers with lived experience of past and/or current drug use to reduce stigma, bring greater authenticity, humanity, and nuanced insights to the field. I then explain how the decision to 'recover out loud,' combined with research recommendations (Burns, 2021, Burns, et al., 2021) catalysed founding the UCalgary Recovery Community (UCRC), an innovative, peer-driven program that supports all recovery pathways recovery (from abstinence to harm reduction and everything in between) for students, faculty, and staff. Multiple sources of funding have enabled the UCRC to launch a comprehensive program, including paid staff, substance-free events and residence housing, awards, ally trainings, mutual aid meetings, and a burgeoning program of research straddling the intersections between lived experience, advocacy, and tangible impacts. The presentation concludes with recommendations for creating more inclusive, recovery-friendly campuses regardless of the stage or recovery pathway.

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A diagnostic instrument to challenge the assumptions of drug criminalization? Inverting the meaning of Chile's 20000 Drug Law effects

While the notion of diagnostic instruments (DI) is mostly applied in "individual-level" bio-medical disciplines when understanding drug use variation, the notion of DI can also be paradoxically functional to macro-level studies interested in challenging some of the core assumptions of drug criminalization state strategies. Capitalizing on a policy change in Chile during 2005—where a new drug law (Law 20000) softly criminalized drug consumption by increasing fines but simultaneously criminalized illegal drug commerce by augmenting sentencing of imprisonment—to reduce drug consumption, this study aimed at understanding the extent to which the number of drug-criminalized individuals, as the "preferred" DI to measure the effectiveness of drug criminalization, was associated with changes in cannabis use onset (the transition between never using and using cannabis) in youth (15-25 years of age). For this we used 13 biannual waves (1994 to 2018) of a national representative survey of Chile (N=58,937 survey respondents aged 15-25) (National Service for the Prevention and Rehabilitation of Drug and Alcohol Use). As DI, we built a variable identifying the number of drug-criminalized individuals (Gendarmería de Chile) per 100 000 population. Last, we applied discrete-time hazard models using control variables such as age, sex, neighbourhoods' quality, and region. Two important results were: first, the DI in 1994, that is the effective rate of drug-criminalized individuals was 4.7, and by 2018, the value of this instrument increased 10 times to 47.6. Second, the DI was associated with nonsignificant higher hazards of starting cannabis use (hazard ratio (HZ), 1.00; 95%CI, 0.99-1.00, z=0.83). Results, thus, suggest that Chile's state strategy of softly criminalizing drug use, and simultaneously increasing sentencing of illegal drug commerce led to an exponential growth of drug-criminalized individuals over time. However, by using the preferred DI of this policy, the assumption that harsher punitive state efforts can curb down drug use was empirically challenged.

SESSION 3C — HEPATITIS C**CHAIR: MARK STOOVÉ****ROOM: CYPRES****EMILY LENTON,**Australian Research Centre in Sex, Health and Society,
La Trobe University, e.lenton@latrobe.edu.au**KATE SEEAR,** Australian Research Centre in Sex, Health and Society,
La Trobe University**DION KAGAN,** Australian Research Centre in Sex, Health
and Society, La Trobe University**ADRIAN FARRUGIA,** Australian Research Centre in Sex, Health
and Society, La Trobe University**SEAN MULCAHY,** Australian Research Centre in Sex, Health
and Society, La Trobe University**Troubling complaint: The legitimate subject
and hepatitis C-related stigma**

Globally, hepatitis C-related stigma and discrimination has been recognised as an important public health policy concern. Research shows that stigma has profound and often lifelong impacts, including on access to healthcare. Importantly, if individuals are to complain about their treatment by healthcare institutions, they may need to register a complaint with the very institutions they accuse of wrongdoing. This raises an important question not yet examined in the hepatitis C literature: how do people who experience stigma or discrimination feel about making complaints? Drawing on Sara Ahmed's (2021) work *Complaint!*, we analyse 30 interviews with people with a lived experience of hepatitis C, reflecting on their experiences of stigma together with the act of complaint to consider what experiences are worthy of complaint, how people enact complaint, what prevents people from complaining, and what is at stake for those who complain. Ahmed's work offers a way to illuminate the paradox of complaint, whereby the characteristics and behaviours of the complainant become the focus of complaint processes, and 'what the complainer is complaining about [...often receding] from view' (147). Our interviews show that people with lived experience of hepatitis C are often powerful advocates for their own interests, and aware of the deficiencies in the quality of their treatment. Despite this, they believe that many of the issues they encounter are so common as to seem intractable or not worth complaining about. We find that, in part, this is because many of these problems are structural and deeply embedded, yet legal and institutional mechanisms treat them in narrowly individualising terms, exposing complainants to dismissal and making it easier for their complaints to be ignored. We call for a troubling of complaints — conceptualising them not as individual problems but collective, structural concerns, necessitating new methods for researching and writing about complaint.

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and Society, La Trobe University**SUZANNE FRASER,** Australian Research Centre in Sex, Health
and Society, La Trobe University**DAVID MOORE,** Australian Research Centre in Sex, Health
and Society, La Trobe University**CARLA TRELOAR,** Centre for Social Research in Health,
University of New South Wales**Optimism and eternal vigilance: Gathering
disease, responsible subjects and the hope of
elimination in the new hepatitis C treatment era**

The advent of direct-acting antiviral hepatitis C medications has reshaped experiences of hepatitis C treatment and cure. Positioned as a treatment revolution, the new medications mean a world without hepatitis C has become imaginable, and this optimism is reflected in Australia's commitment to the WHO's target of 'eliminating' the virus as a public health threat by 2030. Alongside optimism about new treatments, Australia's current National Hepatitis C Strategy also emphasises the importance of partnerships with, and the 'meaningful involvement' of, priority populations for elimination to be achieved. We draw on Fraser and Seear's (2011) work on hepatitis C as a 'gathering' to examine these developments, and to approach hepatitis C as a disease in-the-making. Analysing 50 interviews conducted with people affected by the virus, we identify three key articulations that combine to trouble the distinction between old and new treatments: (1) the new treatment constitutes the disease as readily curable; (2) nevertheless, those who have been cured are responsibilised against acquiring it again by managing and monitoring their conduct; and (3) in the process, hepatitis C becomes re-constituted as an ongoing threat requiring continual post-cure medical and other monitoring. We argue that while treatment experiences have dramatically improved, responsibilising people affected by hepatitis C to attain cure in the context of an elimination agenda constitutes cure as valuable as much for the greater good as for self-care. This raises pressing ethical and political questions. Overall, we shed light on how, even in a context shaped by the availability of highly effective treatment, the hepatitis C-free body is never hepatitis C-free but must be continually reproduced through regulatory practices.

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Loving the virus: Troubling the narratives of harm reduction and public health

In this paper, I will describe a process of creating an ethnographic comic about injection drug use and hepatitis C, based on long-term ethnographic fieldwork in Norway. The project and the graphic publication titled *The Virus* (<http://hepatitiscomics.com/>) were a collaboration between a social anthropologist, a graphic artist, and individuals who inject illegal drugs and were aimed at reducing bodily, social, and narrative harms related to drug use. *The Virus* troubles harm reduction as a public health strategy that often disregards pleasure and discounts the lived experiences of “targeted populations.” However, this intervention was not an effort to “balance” the participants’ positive associations of drug use with the preventive/harm reduction perspective, as it is often framed in the literature. Balancing implies that these positive associations are at odds with the public health perspective. I rather argue for the contrary. Through this presentation, I will argue that structurally informed research and/or health interventions, such as this project, which account for the social, economic, and epistemological inequalities, benefit from taking phenomenological perspectives seriously. In our case, that attitude meant including—not balancing—participants’ positive associations with their current or former heroin and injecting drug usage, their stigmatized desires, and their emotions—such as love—related to the disease. In the paper, I will describe the narrative, conceptual, aesthetic, and practical choices encountered in making *The Virus* to confront the dominant, authorized narratives in the field of drug use and hepatitis C. We sought to make choices that ultimately would not contribute to the (re)production of the very object of the prevention—stigma related to hepatitis C—but instead would create a new narrative(s) that forged a sense of purpose, recognition, and humanity.

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Governing via targets: The trouble with hepatitis C elimination and people who inject drugs

WHO set a global target to eliminate hepatitis C (HCV) as a public health threat by 2030. Drawing on interviews with 28 key informants (Australian and international), we explore how HCV elimination is made governable, including through elimination targets. We focus on the elimination “end game” as a site of trouble. The approaching end of the elimination era itself generated trouble for the hepatitis field with concerns raised about the sustainability of investments in existing programs, and the availability of resources to trial new approaches to reach populations at risk. A key investment participants agreed on was finding people, “the missing”, for testing and treatment. People who inject drugs are a key target population in elimination efforts, and participant accounts focused on the extent to which the “job was done” in connecting this group to testing. Following published national estimates of the scale of the HCV epidemic, some participants had undertaken their own calculations of how many “others” remain to be tested. Participants who argued for more or continued focus on people who inject drugs mobilised their knowledge of local service activity, deeming the overall elimination effort to be “patchy”. Other accounts problematised the elimination “end game” as a site of trouble differently, emphasising this as a problem of systems and structures. Here, participants argued that a focus on HCV elimination targets missed the opportunity to progress drug law reform, stigma reduction and human rights. Even in settings with government-set targets and ostensibly high-quality data, trust in and understandings of these data is not settled. Rather than generating consensus action, disputes emerged from varying interpretations of data. These disputes disrupted decades of policy and epidemiological consensus prioritising people who inject drugs as central to achieving elimination, setting up competition for resources in a landscape of shrinking investment.

SESSION 3D — SAFE(R) SUPPLY OF DRUGS**CHAIR: TRISTAN DUNCAN****ROOM: CAMELIAS****NANCY CAMPBELL,**Department of Science and Technology Studies,
Rensselaer Polytechnic Institute, campbell@rpi.edu**Troubling ‘safety’, rethinking harm**

This paper rethinks knowledges and discourses of drug safety in the face of the decolonial imperative to move away from “damage-centred” narratives towards “safe supply.” Safety discourse is central to the political rationalities of drug regulation documented by David Herzberg in *White Market Drugs* (2020). Safety has been brought forcefully into focus by drug user unions in the context of the scaling up of harm reduction infrastructures. In the United States, harm reduction has recently been absorbed into and institutionalized within public health in a nation oriented towards abstinence-only recovery. As harm reduction gradually becomes the province of states and municipalities, these are coming into productive conflict with federal drug policy (including regulation). “Safe supply” advocates, however, pressure the limits of protectionist discourse in calling for consumer protections that ensure the safety of currently illegal markets that formerly lacked guardrails. These epistemic cultures work to produce practices of safety that work within them. Safety proffers a troubled discursive history. “Seeking Safety” was an evidence-based practice of the mid-1990s when feminists were infusing “trauma-informed care” at the federal level in the U.S. drugs and mental health apparatus. In conversation with STS scholar Misria Shaik Ali, who is concerned about nuclear safety as a technocratic discourse that fails to offer people who live along India’s nuclear fuel cycle fulsome protection from radiation contamination because it does not acknowledge its’ existence, this paper troubles the discourse of drug safety while also recognizing its power for reshaping policy. What should be the role of researchers in relation to advocates for “safe supply,” and/or “safehouses” (drug consumption sites)? What is the potential for safety to reshape drug policy? How should we think about the individualization of safety and consumer protection in the face of patently unsafe illicit markets?

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Research, University of Victoria**What’s in a name? Troubling the terminology around ‘safe supply’**

The term ‘safe supply’ emerged in 2019 as part of a call from the Canadian Association of People who Use Drugs for “a legal and regulated supply of drugs with mind/body altering properties that traditionally have been accessible only through the illicit drug market.” Soon after, some Canadian prescribers began speaking openly about prescribing a ‘safer opioid supply’ — primarily take-home doses of short-acting hydromorphone for either injection or oral use — to people dependent on the unregulated, street supply of opioids that was increasingly permeated with fentanyl to attempt to address increasing rates of overdose deaths. The Canadian government also uses the term, including when the federal Minister of Health called on prescribers across the country to prescribe safer supply in 2020, and by providing funding for short-term, pilot safer supply programs. Finally, opponents of safer supply have attempted to publicly reframe it as a ‘Public Supply of Addictive Drugs’ as they critique this nascent intervention. As prescription-based safer supply programs using different medications (hydromorphone, fentanyl, stimulants) and modalities (in-person, observed dosing vs. take-home, unobserved models) expand in Canada, we wish to examine the possibilities that the term ‘safe(r) supply’ has opened in the drug policy landscape. Alongside this discussion, it is necessary to explore how medicalization of safer supply may be foreclosing both a movement towards a regulated supply of drugs not dependent on medical gatekeeping, and a full accounting of the frequent harms caused to people who use drugs by medicalized models of treatment and care. Finally, we highlight how the attempted rebranding of safe supply to the stigmatizing ‘Public Supply of Addictive Drugs’ terminology functions to reassert the pathologization of substance use and reaffirm the centrality of carceral models focused on surveillance and strict control of drug users.

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“It’s just not like it used to be”: Perspectives of people who use drugs on a rapidly changing drug supply and overdose risk

Local drug supplies in the United States (US) are rapidly changing and continually containing new substances that increase overdose crisis and impact adverse health outcomes. Understanding how people who use drugs perceive and respond to current drug supplies can yield critical insights that can be used to mitigate drug-related harms. Drawing on in-depth interviews conducted with 50 people who use drugs in Rhode Island, we describe how nostalgia for an era of ‘drug purity’ within the context of a changing supply shaped drug use experiences and practices. We look at the intersection of nostalgia, structural vulnerability, and collective grief arising from overdose-related mass death and how these converged in ways that shape individuals drug use practices and a large movement for drug user agency. Our findings underscore how participants—across age and substances of choice—consistently compared the current fentanyl-era to prior eras in which drugs were characterized as “good” or “pure.” In doing so, participants described how they can create new networks of solidarity through reflections of pleasure and a yearning for survival amid the current supply uncertainty. Importantly, our findings demonstrate how such socially based practices of harm reduction allowed people who use drugs to resist social-structural factors that rendered them more vulnerable to harm. Supporting people who use drugs in a rapidly changing supply is vital in affirming their agency and bodily autonomy. Providing additional social and economic opportunities to people who use drugs to increase networks of support and overall agency is fundamental to improving conditions and mitigating harm.

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Situational (un)safety: Public spaces, substance users and feelings of safety

The feeling of safety in public urban spaces is a key concern for urban researchers, politicians, city planners and citizens. Safety is affected by many factors e.g., “eyes on the street”, the disrepair of buildings and infrastructure. Safety is often discussed as a taken-for-granted, generalized concept, where behaviours (e.g., drunkenness, loitering), individuals or groups (e.g., homeless

people, substance users, youngsters in hoodies) are represented as creating feelings of unsafety. This is targeted through measures e.g., signage, policing or “hostile” architectural design that deter not only unwanted groups but also others from using public space. Additionally, reports suggest that the feeling of safety is not a uniform experience as it appears to be highly contextual and varies from person to person and place to place. Based on an in-depth, qualitative study of a suburban square in Denmark, we have identified patterns, contradictions, and dilemmas in how feelings of (un)safety are constituted in specific assemblages of spaces and bodies: Who and what is present in situations of (un)safety? Following this, we point to that precisely some of the groups that are commonly identified as creators of unsafety — namely elderly substance users, who gather to drink beers and occasionally use other substances — at times play an important role in making the square a place, where many types of citizens (youngsters, families, elders using commercial, cultural, and religious facilities) feel safe. In our presentation, we will unfold empirical examples, and discuss methodological challenges of gaining access to and conducting fieldwork in a field that methodologically is characterized by “hard to reach” populations such as severely marginalized substance user and groups of youngsters involved in petty crime and on a theme that appears both ambiguous and highly contextual.

5.30 — 7.00 | WELCOME RECEPTION LOCATION: EHESS (54 BD RASPAIL)

**9.00 — 11.00 | SESSION 4A —
STIGMA AND OUTSIDERS****CHAIR: MARIE JAUFFRET-ROUSTIDE****ROOM: GLYCINES****KATHERINE MCLEAN,**Penn State Greater Allegheny, kjm47@psu.edu**NATHAN KRUIS,** Penn State Altoona**JENNIFER MURPHY,** Penn State Berks**BRENDA RUSSELL,** Penn State Berks**“I think that society should empathize to a point”: Provider-based stigma and perceived barriers to care for PWUO**

Despite significant efforts to improve access to medications for opioid use disorder (MOUD), uptake remains low relative to the scope of the problem in the United States. A growing body of quantitative and qualitative research has documented consistent barriers to MOUD treatment access and retention, at the level of individuals, institutions, and society at large. Stigma — surrounding both people who use opioids (PWUO) and treatment using MOUD — is among the most-cited barriers by patients and providers alike, yet few studies have examined provider-based stigma specifically or considered its interaction with other impediments to OUD care. This study employed a mixed-methods approach to the analysis of provider-based stigma among individuals involved in the treatment or supervision of individuals with OUD. Beyond capturing providers' perceptions of PWUO and MOUD, the authors asked participants to describe barriers to recovery, and the effective delivery of care within this population. Interestingly, while an overwhelming majority of participants named stigma as a barrier to treatment at every level, most also articulated stigmatizing beliefs around PWUO. Namely, providers evoked one element of stigma — blameworthiness — in their contention that many PWUO are inadequately motivated to recover. In addition to adding further complexity to MOUD barriers research, this study troubles the notion that professional training and education on the disease model of addiction serve to eradicate stigma.

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**Understandings of stigma towards
blood borne viruses among culturally diverse
communities in Australia**

Blood borne viruses (BBVs) are highly stigmatised, particularly due to negative perceptions towards transmission routes, such as shared use of injecting equipment. The Centre for Social Research in Health (CSRH) has developed a program of research assessing the experiences of stigma among people affected by BBVs. Our research has recently extended to culturally diverse communities such as the Vietnamese and Chinese communities in Australia and includes explorations of understandings of stigma as they relate to blood-borne viruses within these cultures, as well how stigma can discourage and prevent these communities from access to essential health care. As part of ongoing research on stigma and BBVs we have thus far undertaken 23 interviews with students of Vietnamese (n=13) and Chinese (n=10) background, and a further 20 interviews with Vietnamese people to assess attitudes and understandings of BBVs. Participants objected to any sort of discrimination towards people living with BBVs explaining that these were “normal” and “not anyone’s fault”, and they were critical of people that held discriminatory or negative views. Yet, at the same time, participants often justified discriminatory acts, explaining that this was just how some people protect themselves and act cautiously around those with blood borne viruses. These contradictory but careful explanations about ‘caution’ versus ‘discrimination’ are meaningful and suggests a potentially different understanding of stigma and discrimination than what is commonly understood in Western settings. This presentation aims to explore and show case how stigma and discrimination may be understood differently among diverse communities, and what the implications of these findings may be both for researchers and communities when designing interventions particularly around BBV prevention.

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The trouble with “Outsiders”

Becker's *Outsiders* (1963) remains relevant more than half a century later in understanding contemporary drug use and cultures. Contemporary research continues to show that persons who use drugs have common connections in their experiences with drugs — deriving pleasure, developing rituals, establishing patterns and boundaries, navigating risks and consequences, and recognition of membership in a distinct group and culture. Social interaction is embedded in theoretical understandings of contemporary drug use. Research also shows that some types and of drug use have become normalized, acquiring medical and legal status in some locales. Given this continuity and change, our objective is to revisit the “outsider” — to trouble what it really means for a person using drugs to be an “outsider.” Some forms of drug use remain outside the “new normal,” and questions emerge about the differentiations within a deviant culture, with some individuals or groups marginalized within the larger “outsider community.” The task is to understand “outsiders” considering the heterogeneity of drug, set and setting today. How might we build on Becker's formulation to explain “outsider” positionings of different groups who use drugs from within the community of those who use drugs? How does one become an outsider from within and with what consequences? For Becker, the “outsider” status was largely from the “conventional other,” but we raise the possibility that there are differentiations within the “outsider” culture and are associated with differential experiences in use and consequences. We describe Becker's ideas about “outsiders,” and our vision for moving “outsiders” into new terrain. Drawing on three distinct groups of persons who use drugs in Hong Kong, we argue that “outsiders from within” develop self-awareness of their marginality from within the outsider and broader communities, and this necessarily impacts their navigation in using and obtaining drugs and accessing treatment services.

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Troubling stigma reduction practices: The Narco-feminism Story-share approach to reproductive harm reduction

Pregnant and/or parenting people who use drugs (PPPWUDs) are highly stigmatized, with intersections of race, class, sexual/

gender identities, and dis/ability increasing oppressive conditions. This panel will share a unique approach, Narco-feminism Story-share, to countering internalized, social, and structural stigmas against PPPWUDs. Using autobiographical story development by PWUD to disrupt stigmatizing, taken-for-granted societal narratives, this strengths-based approach is healing for individuals and communities and is intended to spark advocacy and structural change. Applying Narco-feminism Story-share to PPPWUD's experiences generated a multilevel stigma reduction intervention currently being implemented with healthcare and social service providers. The presentation will describe intervention components including a reflective storytelling method for identifying and sharing implicit biases held by participants against (other) PPPWUD as well as our approach to combining autobiographical narratives with evidence-based knowledge. Our work joins the theoretical framework of reproductive justice with harm reduction principles, creating a new framework: reproductive harm reduction. We will describe how the application of this framework can change practice and move toward policy change. Grounded in community-driven research methodology, we also employ a Narco-feminist lens that allows us to celebrate and embody the feminism of criminalized women and non-men. This presentation will highlight this successful model of collaborative knowledge production led by us as directly impacted people, in which claims to knowledge and expertise are centred in our lived experience narratives. To our knowledge, this is the first narrative-based approach to counter stigma against PPPWUD created by people with living experience. There is growing awareness that intervention strategies against Drug-War-related harms cannot be effective without the input and leadership of PWUD. This panel will describe the Narco-feminism Story-share approach and our unique positionality as PWUD and PPPWUD in creating and implementing it, along with lessons learned and plans for both research and practice.

SESSION 4B — FROM WARNINGS TO DEATH

CHAIR: GILLIAN KOLLA

ROOM: NYMPHEAS

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Early warnings and slow deaths: A sociology of outbreak and overdose

Early warning efforts, and the declaration of outbreak, promise anticipatory governance through preparedness and rapid response. In this paper, we trace how early warning and configurations of outbreak problematise and govern. We do this to invite new ways of knowing outbreak. We focus on the case of opioid overdose. We treat early warning as an event in which outbreak ‘comes to be’. Engaging critically with science narratives on early warning and

outbreak, and on overdose outbreak in North America specifically, we draw on Ben Anderson's concept of 'slow emergency', together Laurent Berlant's work on 'slow death' and Rob Nixon's notion of 'slow violence', to re-assemble outbreak in sociological 'long-view'. We trace configurations of outbreak as a rupturing event enabling a rapid reflex response of precautionary control, based largely on short-term and proximal indicators. We identify some shifts in practices of early warning in the drugs field; shifts which potentiate detection and projection opening up 'beyond substances', as well as 'beyond the proximal' and 'beyond the local'. We speculate that early warning might extend its focal point—looking into a longer past and longer future, as well as expand its field of vision—looking more broadly, and more ecologically. Looking specifically at the science of early warning in outbreaks of opioid overdose, we consider the promise and pitfalls of prediction as anticipatory governance. Our analysis of overdose outbreak in 'long-view' locates opioid overdose in long-term processes of deindustrialisation, pharmaceuticalisation and structural violence intersecting with a half-century 'war on drugs'. Early warning of drug outbreaks should not only focus on immediate and short-term predictions tailored to rapid reflex responses but should open-up towards a 'long' and 'ecological' view. Outbreaks evolve in relation to their slow violent pasts. To ignore this, and to misrecognise the origins of outbreak, perpetuates harm.

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NICOLE VITELLONE, University of Liverpool

A sociology of early warning systems

Increasingly illicit drug early warning systems are gathering influence and since 2018 have included a wide range of biomaterials in their monitoring architecture, including residue testing, wastewater analysis and the outcomes from hospital drug overdose toxicology monitoring. This paper develops a sociology of an Australian illicit drug early warning system, to understand the relational attributes that sustain early warning systems. Following in the Deleuzian analytic tradition, we examine an early warning system developed over the past 4 years, as a "thing" in the world, and trace its affects and consequences in the music festival setting. Drawing on two instances of this early warning system in action at music festivals, I will explore three affects of early warning systems: (1) sensing linked to power, (2) a pre-emptive operative logic and (3) biomaterial transformations. Early warning systems are guided by, but not limited to these three affects. As this drug monitoring model differs from other early warning systems, the affects and deployments of power may diverge from the usual models of testing, as do the consequences for pre-emptive operative logics. Analysing early warning systems in terms of their relational presence will help understand the broader social significance of their emergence, consequence, and implications for investigating the drug policy / harm reduction arena.

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Reflections on death: Zine making as embodied method in an enduring overdose public health crisis

At the epicentre of an enduring overdose public health emergency in British Columbia, Canada, harm-reduction workers, including those with lived and living experience of drug use, are often at the forefront of responses that address inequities in death. Across British Columbia, two kinds of deaths compound to shape the (im)material working environments of harm reduction workers. In one sense, frequent deaths from a toxic drug supply expose the immediate priorities of workers in the community: to mitigate death through harm reduction strategies. In another, expected deaths from life-limiting illness are structured through inequities that challenge the provision of a dignified and just end of life. In both cases, harm reduction and palliative approaches to care work discursively to shape and problematize responses to the crisis. Zines are self-published publications which have robust political histories in queer, feminist, harm reduction, and drug-user spaces. Recently, zine-making has been described as an artful research method that holds promise in Participatory Action Research. In this oral presentation, we explore the potential of zine-making in research with harm reduction workers by interrogating two zine-making processes we facilitated in British Columbia. By creating an embodied experience that problematizes subject binaries like researcher and researched, zine-making has the potential to produce new ontologies, epistemologies, and subjectivities in the necro-politics of the current crisis. Far from an individualizing practice, zine-making provides a collective opportunity that moves beyond 'participation' to invent new ways of performing research and understanding death and dying. Beyond its knowledge transforming potential, zine-making reflects a subject-forming mediary that can shift social injustice into productive political action. Overall, we make zine-making visible as a collaborative, embodied participatory research method with harm reduction workers responding to the overdose crisis in British Columbia, Canada.

**SESSION 4C — EXPERIMENTAL
RESEARCH METHODS****CHAIR: KYLIE VALENTINE****ROOM: CYPRES**

GIULIA ZAMPINI,Associate Professor in Criminology and Social Policy,
University of Greenwich, G.F.Zampini@gre.ac.uk**Learning from PAR ‘failure’: Reflections on
power and positionality in the People and
Dancefloors project**

This paper engages with questions of power and positionality in a reflexive manner to address the researcher/participant relationship within the People and Dancefloors project. Designed as a participatory action research project, ‘People and Dancefloors: Narratives of Drug-Taking’ aimed to blur the boundaries between researchers, activists, and participants, by creating a multisite, multimedia project for wider engagement and discussion about the relationship between people, dancefloors, and drug-taking within a broader drug policy context. In 2019, during the early stages of the project, disagreements with some research partners led to a falling out, significant emotional turmoil, and a subsequent revaluation of the potential for the project to exist “beyond research”. Taking this critical incident as a point of departure, the paper engages with the following questions: what are the institutional and structural barriers to developing and carrying out a ‘successful’ participatory action research project? Is there such a thing as a ‘failed’ PAR project? What does failure look like in this context? In addressing these questions, I reflect on the dynamics created by the institutional environment we found ourselves in, including funding requirements and related turnaround time for the project. I argue that, inasmuch as institutions may tokenistically encourage researchers to undertake participatory research in the name of knowledge co-production, the institutional research environment is not built to support the ‘success’ of participatory research. Beyond the specific institutional environment, there are structural barriers to enabling more equal stake-holding among all involved, including the forcing of hierarchical frames of responsibility (e.g., PI/Col/ partners/participants) and related status, as well as the gap between activist (understood as anarchic grassroots organising) versus academic (understood as neoliberal, target driven, money oriented, individualistic) standards.

VLADIM STEPANOV,Department of Health Policy and Management,
Ben-Gurion University of the Negev, vladimir.stepanov@srdcenter.org**Reassembling the “drug use constellation”
to identify minor and rarely noticed details in
the everyday paths of people who inject drugs
in Ukraine**

This presentation deals with the results of developing and applying a comprehensive qualitative approach to gathering and analysing data on marginalized groups, particularly people who inject drugs. Driven by the methodological question of how to study people who inject drugs, I will also discuss the substantive question of how people who inject drugs transform urban spaces into specific social and cultural places while pursuing their everyday paths in Ukrainian cities. The suggested approach included the following interrelated elements: first, researcher’ self-reflection on his role in conducting research; second, photography as a specific kind of qualitative data; third, walking as a form of interviewing; fourth, life stories as a way of structuring interviews; and fifth, ethnographic description as a link between methods, data and analysis. The practical application of the above-mentioned tools was carried out by reworking and rethinking them according to ethical premises and a critical view of the process of production/reproduction of marginalization and marginality by researchers and research participants themselves. Developing ethical sensibility as part of the research strategy allowed the focus to be shifted from the informants themselves to the spatial embodiment of their everyday lives. The impossibility of adequately depicting (Butler 2005) what or who wishes to go beyond the frame suggests that one way of visualizing people who use drugs is to capture their receding shadow or “inversion” trace in space (Rosler 2004). A critical reflection on the production/reproduction of marginality in research practice was supported by rethinking a photographic approach, in which ready-made photographs acted as an argument to criticize the construction of social and physical space. According to Benjamin, a gaze or photograph can serve as a critical opposition to tradition (Benjamin 1991) if used to reveal and redefine meanings undeservedly forgotten, erased from memory, or levelled to the point of insignificance (Benjamin 2007). The presentation will be based on the fieldwork that was conducted during 2017-2018 in six cities of Ukraine.

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**Weapon–body–drug assemblages:
Theorizing the effects of aggressive policing
within the context of the U.S. war on drugs**

The current way drug users in the United States are policed to stop drug crime has created harmful effects in communities with an established history of not only drug problems, but also

interpersonal violence. Consequently, despite the expansion of drug treatment options over the past decade, there are numerous destructive public policy side effects that drug users must contend with that point back to government practice. Police violence, as a practice, has become normalized and routinized in many places in the United States to the extent that it now operates as a form of 'life politics.' Traditional research methods have, however, tended to situate such problems within the liberal episteme that confines understanding to binary logics, subject/object, inside/outside, and politics/economics, which forecloses the possibility an onto-politics of resistance to liberal forms of representation and power. This paper builds on the premise that new approaches and methods are needed to address the effects of aggressive policing by focusing on the reflective subjective accounts of people who use drugs. For police violence does not aim simply to eradicate drug use and drug crime; rather, it seeks to control human vitality while giving birth to an onto-politics of human object relations. Drawing on the work of Deleuze and Guattari, I use their theory of 'assemblage' alongside Foucault's concept of 'biopower' to theorize the effects of aggressive policing within the context of the U.S. wars on drugs and crime. Combining theory with examples derived from empirical field research conducted in one of the most violent cities in the United States — McKeesport, Pennsylvania. I examine the different ways in which the drug users who reside there are targeted by police in ways that privilege vitality and over human substance. Police violence here exploits the body's affective capacities and material dynamics by calling forth the drug user as an informational body. In this manner, by looking at the more dynamic aspects of bodies, I illustrate how connections are forged between people, bodies, objects, and systems.

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Theoretical and methodological challenges linked to intersectional drug research among homeless urban Indigenous peoples in Canada

Because of intergenerational historic trauma caused by ongoing colonialism, Indigenous peoples in Canada (Inuit, First Nations, and Métis) have developed physical and psychological reactions such as poor mental health and drug use disorders. Yet care services within the Canadian healthcare system do not adequately respond to the specific needs of those populations. To achieve a holistic understanding of drug-related problems of Indigenous peoples experiencing or at risk of homelessness in Montreal (Canada) and to improve health provision in a culturally safe way, this collaborative research project developed an approach that

combines Western (biomedicine, epidemiology, social sciences) and Indigenous knowledge and practices. Within this framework, the adoption of an intersectional lens aims to better understand Indigenous peoples' needs through the incorporation of other identity categories (age, sex/gender, sexual orientation) and the analysis of the resulting intersections. The goal is to elucidate how the interaction of these multiple identities with contextual elements produces or mitigates harms to health and well-being, while facilitating or impeding access to care. It also involves identifying stereotypes/prejudices and deciphering the social dynamics of privilege and exclusion that underlie the relationships between health professionals, community workers and Indigenous peoples. To this purpose, an intersectionality-informed mixed-methods approach (sample design, data collection tools) was also built to better capture and account for the multiple and interrelated social identities that shape the — individual and collective — life trajectories of Indigenous and non-Indigenous peoples that compose contemporary Canadian society. This communication will focus on theoretical and methodological issues associated with intersectional drug research using a Two-Eyed Seeing approach. It will discuss the main challenges emerged during the development of the research protocol following an action-research study design.

11.00 — 11.20 | MORNING TEA

ROOM: VERRIERE

11.20 — 1.20 | SESSION 5A — ALCOHOL USE AND REGULATION

CHAIR: MATS EKENDAHL

ROOM: GLYCINES

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HELEN KEANE, School of Sociology, Australian National University

MATS EKENDAHL, Department of Social Work, Stockholm University

Displacing gender: Troubling concepts and methods in research on alcohol and violence

This presentation draws on findings from an international comparative project on the handling of gender in research and policy on alcohol and violence in Australia, Canada, and Sweden. In earlier analyses, we argued that published quantitative research on alcohol and violence among young people in all three countries tends to overlook the stark gendering of violence in its analyses and policy recommendations. It does this via a series of 'gendering practices', which Carol Bacchi (2017, p.20) defines as the 'active, ongoing and always incomplete processes' that produce 'women' and 'men' as naturalised categories in knowledge-making discourses and practices. The gendering practices we identified include omitting gender from consideration; overlooking clearly gendered data when making gender-neutral policy recommendations; rendering gender invisible via methodological considerations; displacing men and masculinities via a focus on environmental, geographical, and temporal factors; and addressing gender in limited ways. In this presentation, we draw on in-depth interviews with 39 Australian, Canadian, and Swedish quantitative researchers (drawn from biostatistics, criminology, econometrics, economics, epidemiology, psychology, and public health) who study the often-assumed link between alcohol and violence. Issues explored in the interviews included participants' disciplinary training; the relationships between gender, alcohol, and violence; understandings of gender and alcohol-related problems among young people; and perceptions of barriers to the realisation of effective policy responses to alcohol and violence. We identify three troubling conceptual and methodological processes that lead to the displacement of men and masculinities in quantitative research on violence: (1) an unsustainable binary in which scientific method is contrasted with 'values' or 'ideology', (2) misplaced assumptions about causality and (3) a focus on female victims of violence that emphasises culpability or vulnerability. In turn, we seek to trouble these processes by offering recommendations for future research practice in which more direct engagement with gender is central.

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"You kind of blame it on the alcohol, but...":

A discourse analysis of alcohol use and sexual consent among young men in Vancouver, Canada

There is growing awareness about issues of sexual consent, especially in autonomy-compromising or "non-ideal" contexts including sex involving alcohol. Understanding the conditions needed for consensual sex to occur in this emergent milieu is critically important, especially for young men (ages 18 to 30) who normatively combine drinking alcohol with sex (before, during, after) and who are most often perpetrators of sexual violence. This presentation offers a discourse analysis of young men's alcohol use and sexual consent. Methods: We draw on in-depth interviews with 76 young men of diverse sexual identities (including gay, bisexual, pansexual, queer, and straight men) conducted in Vancouver, Canada, between 2018 and 2021. Informed by Kukla's non-ideal theory of sexual consent (2021) and critical and inclusive analyses of masculinities, we employed discourse analysis to explore the dynamics, contexts, and effects of how young men discuss alcohol use and sexual consent. Findings: Young men deployed three discursive frames when discussing alcohol use and sexual consent: careful connections, watering it down, and blurred lines. In careful connections men discussed their efforts to actively promote sexual and decisional autonomy for themselves and their sexual partners when drinking. Yet, in watering it down young men invoked discourses of disinhibition, deflection, and denial to normalize alcohol use as being somewhat excusatory for sexual violence, downplaying the role and responsibility of men themselves. Finally, the young men operationalized blurred lines through a continuum of consent and of 'meeting (masculine) expectations' when discussing sexual violence and instances of having followed through with unwanted sex while intoxicated. Conclusions: These discourses provide insights into the extent to which idealized notions of sexual consent play out in the everyday lives of young men who use alcohol with sex. Findings hold philosophical and pragmatic implications for contemporary efforts to scaffold sexual consent, including in non-ideal contexts.

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Consumer participation in alcohol policy development: Insights from Botswana

Consumer participation in alcohol and drug policy is widely considered to be critical for the effective implementation of policies. Extant literature has established that when consumers and people who are affected by policy interventions are involved, it usually yields better results. The concept of “participation” in alcohol policies is however taken for granted and has not been critically interrogated to understand how it’s made and what it might produce. Using data from an on-going study involving 40 alcohol consumers, this study examines the “participation” in alcohol policy discourses in Botswana. On-going findings suggest that policy makers have not sufficiently incorporated consumers in alcohol policy making practices in Botswana. Undermining consumer participation renders the “evidence-based” alcohol policy suspect. Findings suggest that an incorporation of the experiences of alcohol consumers in policy development might produce alternative ways of thinking about alcohol consumption and policy discourses. Moreover, the narratives of consumers complicate established claims that “expertise” on alcohol policy is fixed and out there. What counts as “expertise” in participatory processes might need to include more actors. Overall, study findings suggest that consumer participation is critical to alcohol policy making practices. Incorporating consumers might point to other ‘ways of knowing’ that are equally important in the making of alcohol policies.

LUCY BRYANT,

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Addressing alcohol-related violence in England and Wales — Alternatives to the criminal justice system

Alcohol-related violence is a significant global harm and recent estimates suggest more than half a million incidents of this violence occur in England and Wales annually. Policy responses to this often include interventions rooted in criminal justice systems — e.g., policing operations in night-time economy districts and enhanced custodial sentences for violence committed under the influence. However, criminal justice systems also produce harm. Critical criminologists, amongst others, have consistently highlighted the physical, social, and emotional harms policing and carceral practices generate, as well as the racial, class, and gender inequalities these systems entrench. While alcohol-related violence and criminal justice system responses may be linked in the policymaker imagination, it is our responsibility as researchers and advocates seeking to address alcohol harm to interrogate these

arrangements. If the goal of our work is harm reduction, we need to ask what harm might be done by addressing alcohol-related violence through criminal justice systems. This paper examines two prominent criminal justice approaches to alcohol-related violence recently adopted in England and Wales — sobriety orders and enhanced sentencing — assessing their efficacy and possible unintended consequences. Following this, it presents a scoping review of approaches to this violence that lie outside the criminal justice system, potentially generating novel policy recommendations and research priorities for the alcohol harm sector.

SESSION 5B — PARENTAL DRUG USE

CHAIR: ADRIAN FARRUGIA

ROOM: NYMPHEAS

CHARLOTTE SMITH,

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Making sense of the everyday experiences of pregnant and parenting drug users: Institutional ethnography in critical drugs research

In Canada, pregnant and parenting people who use drugs (PWUD) are governed by a hybrid of unique medical and criminal-legal mechanisms which sit at what scholars have referred to as the medical-legal borderland (Timmermans & Gabe, 2022). Pregnant and parenting PWUD are subject to distinct forms of penalization and control, carried out by child welfare systems and in various harm reduction and healthcare settings. Drawing largely on tools of ethnography and narrative analysis, criminal drugs scholars have attended to women’s experiences within these intersecting systems, grief and loss following child apprehension, and the barriers to care created by a medical-socio-legal institutional interface. Building on this existing literature, the research discussed in this presentation uses institutional ethnography (IE) — a method of inquiry developed by Canadian feminist sociologist Dorothy Smith — to ask: How do intersections of legal, medical, and social services impact the everyday lives of pregnant and parenting PWUD in Canada? In this presentation, I discuss this research to explore the significant methodological, theoretical, and ethical contributions that I see IE offering to critical drugs research. IE begins in women’s everyday experiences as a point of entry to analyse how these experiences are organized by broader social and institutional relations and practices. I argue that IE offers new insights into people’s experiences of punitive drug policies and contributes to evidence-based scholarship on the gender-specific harms of drug prohibition, while remaining grounded in lived experiences of PWUD. IE has practical utility for drug-user activists as it is geared toward understanding the operation of the systems they are in struggle against. Overall, I suggest the utility of IE for critical drugs research that seeks to engage in politically productive knowledge production and contribute to drug user liberation.

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Surveillance and self-surveillance in the care of parents who use drugs and their families

The Relations Study used ethnographic methods to explore care practices for parents who use drugs in Scotland and England. This paper explores data on surveillance practices that were deployed by practitioners with parents involved in the child protection system. Routine surveillance practices to assess parenting (e.g., records of attendance, unannounced visits) were used alongside practices that specifically target drug use (e.g., drug testing). Drawing on previous studies by Moore and Michaud that explore the 'porous borders between practices of care and control' in drug treatment, we examine how surveillance practices with parents are enacted relationally. Parents were encouraged to form trusting relationships with practitioners who routinely 'check' on them, at the same time as they were assessed in their performance as good parents (e.g., during supervised child contacts). Practitioners determined the extent to which parents were 'open and honest' with them, for example by disclosing 'slips' and 'lapses'; presentations that were checked via drug testing. The meanings professionals afford to drug testing results were context specific, ambiguous, and made in relation to a range of other 'evidence' (observations, formal assessment, records of attendance and compliance). Monitoring practices such as drug tests were contested, including between practitioners themselves, with their accuracy presented as both fool proof and unreliable. Such monitoring practices and information gathering lead parents to perform self-surveillance, enacting the "good" parent and self-checking when with practitioners. Practitioners also engage in self-surveillance to ensure they present themselves in certain ways to parents and colleagues. Record keeping, for example, served as a protective means to monitor their performance (e.g., ensuring concerns were well documented to avoid culpability) and as a way of driving good practice (e.g., 'evidence' for decision-making).

We argue that a focus on surveillance and self-surveillance obfuscates alternative approaches to responding to parental drug use.

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Entanglements of cannabis, kinship, and care in the context of new parenthood

Scientific literature on parental cannabis consumption has expanded markedly in recent years, in part because cannabis consumption is thought to be increasing among pregnant women. Despite the ambiguous state of current knowledge, this work routinely frames cannabis as a threat to parenting practices and child development and singles out individual mothers as crucial targets for behaviour change. Few researchers have, however, grounded their analyses within the socio-material and gendered contexts of everyday family life, much less considered how these contexts might contribute to cannabis use experiences. In response, our research seeks to re-think and foreground the complex interrelationships between cannabis consumption, gender, and family life. Drawing on a relational ethics of care approach and digital media 'scroll back' interviews with first-time parents who consume cannabis, our analysis explores how cannabis becomes entangled with the everyday doings of parenting, kinship, and care, transforming specific agential capacities in the process. While for some parents, cannabis consumption became an element in the formation of 'good' parenting practices and subjectivities (including playful, patient, and present child-parent interactions) for others it dulled capacities to satisfy contemporary ideals of parenthood. Importantly, these affects were contingent upon the gendered character of family dynamics and caring responsibilities. Here, we argue that women's positioning as the 'default' carer circumscribed the practice and positive potentials of cannabis use among mothers, while upholding men's capacity to enact pleasurable cannabis experiences. We conclude by contrasting the realities generated through our inquiry with the dominant logics and imperatives of contemporary cannabis research, calling for research approaches and responses that are more closely attuned to the diverse agencies, affects, and gendered inequities implicated in cannabis use experiences.

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Governing parental drug use:

Analysing practitioners talk and the production of child protection risk

Reflecting on our own research practice with participants in a relational ethnographic study exploring the governance of parental opioid use in Scotland and England, we trouble some of the ways in which we generate, analyse, and represent the everyday lives of parents who use drugs within such a highly contentious field. Drawing on the analysis of data that explored how health and social care practitioners produce risk related to parents who use drugs, their children, and structural issues, we demonstrate how certain care practices are afforded (and not others) and how differing risk thresholds and decision-making are produced in relation to child protection interventions. These representations include binaries of acceptable (good enough) and unacceptable ('risky') parents and parenting. Discourses that pathologise and responsabilise parents who use drugs relied on deficit models of parental inadequacies and failures. For example, parents who were constituted as 'risky' were 'chaotic', lacking in 'engagement', faking compliance, concealing drug taking, making bad 'choices', and unable to cope with the demands of drug treatment and family life. Drawing on the work of Bywater, Featherstone, and colleagues, who trouble neoliberal models of social welfare and social work practice, we argue that such discourses function to obscure the socio-economic and political context of drug use and its intersections with parenting, child welfare, family life and the state. We explore the ethics of creating alternative realities through ethnographic research with parents who use drugs and practitioners that could benefit both.

SESSION 5C — PUNISHMENT AND PROHIBITION

CHAIR: KIRAN PIENAAR

ROOM: CYPRES

TOBIAS KAMMERSGAARD,

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Troubling the meaning of 'punishment' in contemporary drug policy

Several studies have demonstrated that the threat of punishment fails in deterring people from using or trading in illicit drugs, and that it carries a wide range of negative consequences for people who use drugs. Nevertheless, the possession of illicit drugs for personal consumption continues to be an offence in most jurisdictions today, where punishment, coercion, and sanctions, whether criminal or administrative, are taken for granted as part and parcel of contemporary drug policy. This raises the question: why does the role of punishment in drug policy seem to be so engrained and how do policy actors argue for its continuation? In this presentation, I will explore how punishment is conceptualized and discussed in contemporary drug policy, based on the discourses of those who were opposed to a recent drug decriminalization proposal in Norway, which ultimately was downvoted in parliament in 2021. This constitutes a particularly informative case for exploring discourses around the use of punishment in contemporary drug policy making, as this was the question dividing those for and against the proposed reform. The arguments mobilized against the reform will be explored based on a thematic analysis of 100 hearing statements submitted to the government from different stakeholders, including municipalities, NGOs, the police, drug treatment centres and educational institutions. The thematic analysis revealed a strong counter-discourse to that of decriminalization where punishment was constructed as a form of 'help' to aid (especially young people) with seizing or avoiding illicit drug use. In that regard, it is explored how those opposing decriminalization of drug possession foregrounded the 'benevolent' rather than the 'punitive' aspects of punishment, and how this understanding of punishment serves to rationalize the continued use of punishment for personal possession of illicit drugs.

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The coloniality of drug prohibition in the US, 1890s-1920s

In the early 20th century, the US created its seminal "prohibition state": a series of policies and police practices prohibiting the use of drugs like opium, cocaine and later, alcohol. This paper explores the imperial, colonial and racial logics that led to the creation of this American prohibition state in the Progressive Era.

Thinking beyond the limits of methodological nationalism and exceptionalist narratives to situate US metropolitan history within a broader imperial frame, it shows how the inter-imperial field and colonial sites like the Philippines served as laboratories for the development of prohibitive powers and directly influenced federal legislation in the US. Empire also influenced the coercive arm of the prohibitive state, contributing to the formation of militaristic police power across America's cities that was deployed to police drugs and alcohol. In short, this address offers a postcolonial analysis of the prohibition state that reveals the coloniality of drug prohibition in the US.

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Norwegian drug reform defeated

In 2018, the coalition government of Norway, led by a conservative party, proposed a full decriminalization of use and possession for use of illegal drugs that suffered defeat in Parliament in 2020. We place the context in a Norwegian historical context and shed light on the debate, with an emphasis on how research was used by different stakeholder groups in the consultation statements that were submitted (N = 247). Norwegian drug policy enjoyed a strong political consensus up to the reform proposal. The existing policy was founded on the vision of a "harmonious cooperation" between health, social services, and justice. However, this vision was challenged by a vocal group of researchers from legal sociology and criminology. Starting from the 1970s, this group emphasized the costs of criminalization, including unreasonable use of penalties and stigmatization of the users. This critical perspective, however, only gained political force after Portugal decriminalized in 2001, when politically active user organizations were founded up in Norway. In the consultation round, these groups emphasized the costs of the existing policy, such as coercion and stigmatization. The police and prosecutors, on the other hand, opposed the reform, arguing that a decriminalization would increase drug use. The reform supporters argued that criminal sanctions are only justified for drug use and possession if there is strong evidence of a clear preventive effect that cannot be achieved using other policy options. The reform opponents, on the other hand, argued that the lack of certainty regarding preventive effects justified a continued criminalization to avoid any risk that use might increase — a concern often substantiated with reference to newspaper op-eds from Norwegian public health researchers. The consultation statements contained few references to Norwegian research on the costs of criminalization, with reform-positive statements instead referencing UN bodies, such as the World Health Organization, and the European Convention on Human Rights and Human Rights Watch.

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Researching people who inject drugs in a prohibitionist environment: How clinical samples might impact the development of harm reduction measures

Despite the introduction of several harm reduction measures in Sweden, injection drug use (IDU) is still associated with major medical and social harms. For increased knowledge about the risks and harms of IDU, and to improve prevention, treatment and policy, professional actors in the field have requested in-depth research in the field. Therefore, in a project developed in collaboration with the Stockholm Needle Exchange Program (NEP), we work to shed light on how risks and harms are understood and can be prevented. The project emanates from different actors' perspectives in response to central aspects of the practical work. With the aim to increase knowledge on how people who inject drugs (PWID) discuss whether and how risks and harms can be prevented, we have interviewed people who visit the NEP. The results indicate that it is not until the lives of our participants assembles in such ways that it seems to block other identities than "drug addict" (e.g., a parent, an employee) that they decide to visit NEP. This raises several methodological questions concerning what groups of users that are represented in our and similar research (dominated by clinical samples), and how this might impact the development of harm reduction measures in a drug policy environment primarily defined by prohibition. In our presentation we will critically discuss and trouble how the development of harm reduction measures might be impacted by the selection of participants in research targeting PWID. For example, how the selection and framing of results based on clinical samples might re-produce definitions of PWID as 'risky' and accidentally further the sanctions imposed in managing 'risky behaviours.' Thus, highlighting the responsibility of researchers in a prohibitionist drug policy field.

1:20 — 2:00 | LUNCH
ROOM: VERRIERE

1:20 — 2.00 | OPTIONAL RESEARCH MEETING

LED BY LUCY BRYANT

ROOM: GLYCINES

Alternative approaches to alcohol-related violence — developing a toolkit for practitioners and others working with and advocating for alternatives beyond criminal justice system

Alcohol-related violence is a significant global harm. Policy responses to this often include interventions rooted in criminal justice systems — e.g., policing operations in night-time economy districts and enhanced custodial sentences for violence committed under the influence. However, criminal justice systems also produce physical, social, and emotional harms, and entrench racial, class, and gender inequalities. While alcohol-related violence and criminal justice system responses may be linked in the policymaker imagination, it is essential that practitioners, researchers, and advocates seeking to address alcohol harm ask what further harm might be done by policing and carceral responses. All interested conference attendees are invited to join this lunch time discussion. The goal of this session is to develop a toolkit which allows individuals and organisations to review any alcohol-related violence policies they consider endorsing — in particular, to assess a) their efficacy; and b) potential associated harms. It is hoped attendees will capture a wide range of academic disciplines and practical experiences, as a diverse set of perspectives is expected to benefit the toolkit greatly. A discussion paper will be circulated prior to the meeting which can be read if attendees wish, although this will be optional. If there are any questions, please reach out the convenor, Lucy Bryant (lbryant@ias.org.uk) who will be very happy to answer.

2.00 — 3.30 | SESSION 6A — TROUBLING DRUG CONCEPTS

CHAIR: KANE RACE

ROOM: GLYCINES

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TIM RHODES, Centre for Social Research in Health, University of New South Wales; London School of Hygiene and Tropical Medicine

Cleaner evidence: Wastewater-based epidemiology and the trouble of drugs

Wastewater-based epidemiology' (WBE) has generated worldwide interest in the drugs field given its promise to provide near real-time data on geographical and temporal trends on the use or presence of illicit drugs. WBE is increasingly regarded as an important adjunct to established drug monitoring tools, complementing methods such as self-report population or household surveys and analysis of crime statistics and drug seizure data. WBE is said to have advantages over other surveillance methods as it promises to provide estimates based on direct capture of the material trace of substances rather than second-hand reports or indirect indicators of use. Thinking-with Latour's concept of 'purification' and Law's work on the performativity of scientific method, we consider the onto-political effects of technoscientific claims made to 'cleaner' and 'faster' evidence in the drug policy field. Mapping the field of WBE and its accretion within and beyond drug policy, we examine how WBE works to stabilise and standardise the 'trouble of drugs'. We consider recent methodological advancements in the field and how these have been narrated as 'cleaning up' the mess and uncertainty of drug consumption and prevalence estimates, for use in policy. We consider how scientific practices of back-calculation and spatiotemporal WBE analyses materialise drugs and their use as comparable objects, even across disparate geospatial locations and detached from entanglements with social worlds and bodies, with molecules themselves becoming-as signals of outbreak or risk within this mode of toxico-surveillance. We argue that the infrastructuring of these comparative methods, through multijurisdictional surveillance projects, data analytics, and platforms, contributes to the globalisation and virtualising of drug problems. In doing so, we aim to trouble claims to purification and technoscientific innovation in the evidencing of drugs, noticing these methods as performative rather than as descriptive of a pre-existing reality.

KYLIE VALENTINE,

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On trying to move beyond describing descriptions of drugs as dull

In her 2019 presentation to the CDP conference in Prato, Helen Keane traced a typically insightful (and self-deprecating) path through a historiography of drugs. She noted the tendency of this scholarship to assume that people change, practices change, circumstances change, but the drugs themselves remain the same: 'in histories of drugs, drugs themselves are a-temporal, outside history, while it is human uses of drugs are historical'. Her paper, and the work of others, asks for critical attention to these assumptions, which could change our understandings of drugs. Rather than tracing the travels of substances over time and space in histories of drug use, she asks, what if 'we gave up the idea of grouping drug practices around substances'? In this deeply unfashionable paper, I argue for the risky practice of taking another route. Rather than concentrating on ways we can build understandings of drugs (and people, practices, circumstances), as unstable and dynamic through space and time; what if we also set our sights towards more accurately describing them? Rather than working to undo all categories, what if we worked towards better (and provisional, limited) categories? In making these arguments to recuperate the disciplinary practices of description, I draw on recent histories of Goffman's sociology, LGBTQIA activism and scholarship, and the social model of disability. I will also probably quote Gayatri Spivak's famous aphorism that 'you can only deconstruct what you love'.

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LENA THEODOROPOULOU, University of Liverpool

MELANIE MANCHOT, Visual Artist

Fabulation: Experimenting with a new method of doing and knowing recovery

In this presentation we consider the theoretical, methodological and policy implications of fabulation and more broadly storying in interdisciplinary research on recovery from drugs and alcohol as an alternative way of making and doing (arts) methods. Embracing fabulation as an interdisciplinary method that opens new paths of inquiry, we follow the formation, re-formation, and transformation of identities through the emergence and circulation of new recovery stories. Drawing on data produced as part of an interdisciplinary research project with the visual artist and film maker Melanie Manchot, social scientists Nicole Vitellone and Lena Theodoropoulou, and research participants from a Liverpool recovery group engaged in the production of Manchot's feature film 'STEPHEN' (2023), the presentation outlines the practice of collaborative film making as a device

for thinking otherwise about how dealings with colleagues from divergent disciplines can lead to new methods, concepts and theoretical tools that interrupt and intervene in recovery research and practice. In so doing the paper develops a methodological account of fabulation as a material and embodied practice of storying that troubles the role of research and the researcher and is transformative of understandings of recovery as a collective experience of reinvention. Such interdisciplinary research, as we shall show, troubles understandings of the concept and methods of stigma research in the sociology of addiction and recovery and develops a new research agenda which points to the ways in which fabulation as a mode of recovery concerns an engagement with telling fables, the production of (un)realities, and creation of a people to come.

SESSION 6B — ETHICS, PROBLEMS AND POSITIONALITY

CHAIR: DAVID MOORE

ROOM: NYMPHEAS

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From a partial insider to partially alienated: Reflections on two polar cases

Reflexivity is an important part of qualitative methodology. Not disclosing relevant experiences contradicts the academic principle of reflexivity. Several layers of potential conflict and issues could be addressed. One example is that a researcher with personal experience of illegal substances may use this experience to connect with the research participants, while also being vulnerable to a professional or personal backlash. Another example concerns generational proximity to the research participants, which calls for a need to further trouble the discussion on reflexivity to include other biographical aspects than personal experience of substances. This presentation aims to discuss reflexivity in two very different research projects, treated as case studies. The first case concerns a project which explored aspects of Berlin as a hub for clubbing, sexual adventures, sexual health, and substance use among Swedish gay men. In retrospect, and drawing on the term 'partial insider', I will discuss the benefits and challenges the project faced during data collection and analysis and revisit the collaborative process we developed within the research group. The second case is my current PhD project where I explore substance use among Swedish individuals born in 2001. Where my entwined academic and personal biographies resulted in a partial insider status in the Berlin case, I am now experiencing a sense of alienation while interviewing individuals who sometimes are described as health-oriented and responsible neoliberal subjects. In this second case, I will discuss aspects of reflexivity when understanding this generation of young adults, whose transitions from adolescence to young adulthood are

very different from mine. This includes critically reviewing the implications this discrepancy may have on data collection and analysis, as well as my own (moral) judgment of a generation that is, from a health perspective, doing everything 'right'.

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Reproducing drug use as a high-profile problem? The challenges of conducting critical research in a turmoil of prohibition, social exclusion, and research ethics

Swedish drug policy has a long history of protecting prohibition, of showing pride in treating the so called "drug abusers" and "drug-dependent", but also of excluding people who use drugs from society. As elsewhere, research funding bodies in Sweden are not separated from such official problematizations and solutions that govern the field. When applying for grants, proposal writers need to acknowledge and buy into the overarching idea of drug use as a harmful treatable problem. In addition to this, there has been a research ethics frenzy in Swedish politics and media during recent years, placing stricter and yet unparalleled demands on ethical vetting, foreseeing future ethical complications and handling sensitive data. These circumstances often rule out, or at least reduce, scholars' ability to study the lived experiences of drug use as they appear in the messiness and unpredictability of everyday life. In the long run, they may also suppress the proficiency of the social sciences to take lead in the pedagogical task of transforming the phenomenon of drug use from a pariah to a natural part of society. In this presentation I recall, contextualise, and trouble some of the scientific problematizations, methodological choices and theoretical interpretations I have made during many years of trying to conduct relevant and ethically sound research in the realm of drug prohibitionism. I will elucidate the dissimilar discursive practices of proposal writing, ethical vetting, and research output and how they can clash and produce outcomes that are potentially unwanted. Examples include projects on youth substance use, relapse prevention and ethnographic work in drug use settings. My ambition is to disclose the "black box" of doing science — from idea to text — but also to show that critical scholars sometimes reproduce the very assumptions about drug use they wish to challenge.

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Towards an ethics of therapeutic community care

Alcohol and other drug therapeutic communities (TCs) are long-term abstinence-based residential settings for the treatment of substance-related problems. While ubiquitous, the impacts of the care delivered within TCs remain contentious. Some studies present TCs as effective approaches that facilitate lasting positive outcomes, while others problematise TCs as responsibilising vulnerable residents. Despite this, scholars have paid little attention to how care is materialised in the expression of 'good care' in TCs. Addressing these openings, this paper draws on conceptual tools from science and technology studies to trace how care practices are enacted at one TC in Eastern Australia. Ethnographic data were drawn from interviews with residents and staff, fieldnotes and documentary analysis. We argue that 'good care' was constituted when care practices (e.g., application of rules, one-on-one and group work, social interactions) were underpinned by situated logics attending to peoples' evolving needs and practiced in ongoing collaborative attempts to attune knowledge and technologies, including addiction models and TC interventions, to these needs. These care practices enacted collective-care (i.e., institutional, group and interpersonal care) and self-care interdependently, fostering long-lasting care relations grounded in novel affective and embodied skills and habits. The argument that TCs are responsibilising and punitive reflects these services' embeddedness within treatment and legal frameworks governed by significant resource restrictions and neoliberal imperatives. Examining TC practices via the imperatives of care, however, shifts the focus to highlight instances of doing 'good TC care', and the complex, time, and resource intensive relations it depends on. It also attunes us to those TC practices focused on people's needs, and the ways they foster collective and self-care relations to enable people to live better lives. Importantly, this logic of care also helps us imagine new ways of enacting ongoing systems of care for people who use drugs in residential treatment and beyond.

**SESSION 6C — COMPULSION, AGENCY,
AND AUTONOMY****CHAIR: KATE SEEAR****ROOM: CYPRES**

SIMON FLACKS,
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A cultural theory perspective**

In this presentation, I explore — using cultural theory — how criminal courts in England and Wales have recently approached the relationship between intoxication, psychosis, and responsibility. I will focus on the well-publicised and troubling 2018 case of *R v Taj*, in which the defendant beat a man unconscious with a tyre lever after mistakenly believing him to be a terrorist. Taj was experiencing paranoia and psychosis at the time and, in a significant departure from existing legal principles, a set of Court of Appeal judges agreed that he was fully responsible for the crime since his psychosis had been brought on by a bout of drinking in the previous days. Importantly, however, he was not intoxicated at the time of the incident. Instead, the judges ruled that he was ‘disordered in intellect’ and this condition was ‘attributable’ to his earlier voluntary intoxication. The case has largely been analysed on the basis that it unduly extended a legal principle of ‘prior fault’. However, instead of attempting to understand the ruling as the (ir) rational or reasonable application of objective rules or precedent, I draw attention to the ways in which the decision about punishment was fundamentally affective. By focusing on judges’ reasoning, I explain how their conclusions could instead be understood as an attempt to manage the social insecurity and anxiety arising from a well-established ‘danger formation’ — that of alcohol/violence/mental health (Garland, 2001; Carvalho, 2022). The decision was therefore directed towards giving us the illusion of control over what may be unforeseeable consequences of a mental health condition, while also focusing attention on the individual ‘agent’ rather than the ‘scene’ (Gusfield, 1981, Moore, 2017). I go on to consider the value of cultural theory for understanding drug law and policy in general.

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KIRAN PIENAAR, School of Humanities and Social Sciences,
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KANE RACE, Department of Gender and Cultural Studies,
University of Sydney**Beyond volition/compulsion: LGBTQ
consumers’ modes of engagement with
service providers**

Recent health policy changes in Australia have seen a move towards ‘patient-centred’ care. In the context of hormone therapy for trans and gender diverse people, the informed consent model now acknowledges the competency of patients in choosing care options without requiring mental-health evaluations. Similarly, current guidelines for prescribing HIV antiretrovirals as prophylaxis assess suitability instead of eligibility and recommend consideration of both current and future HIV risk in discussions with patients. Both models presume an informed, risk-bearing consumer capable of making rational choices, which is at odds with the figure of the irresponsible, chaotic, illicit drug consumer often enacted in health policy and practice. In this article, we analyse interviews with Australian LGBTQ consumers to explore how they navigate this tension in their encounters with service providers. Confronted with opposing impulses toward a model of the autonomous, choosing subject and the omnipresent spectre of addiction, consumers perform a delicate dance to challenge the normative fault/lines at work in health practice. For example, some participants frame requests for ‘dependence-forming’ medications (e.g., Valium®, benzodiazepines) in ‘legitimate’ terms such as managing anxiety, and actively eschew assumptions about such requests as a symptom of ‘compulsive drug-seeking’. Applying insights from scholarship on the normative assumptions underpinning health policy and practice (e.g., Moore & Fraser, 2009; Moore et al., 2017), we suggest that these strategic modes of engagement demonstrate consumers’ highly attuned awareness of how to balance clinicians’ prescribing constraints with the politics of drugs. Such modes of engagement enact consumers as active participants (Fraser et al., 2020) who expertly navigate the contested politics of drug policy and clinical practice. These findings highlight a need for different modes of engagement between health professionals and consumers, ones that do not reinscribe distinctions between the disordered, addicted subject and the autonomous, informed healthcare consumer.

SARAH BROTHERS,
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3.30 — 3.50 | AFTERNOON TEA

ROOM: VERRIERE

Hit doctors at work: The construction of uncredentialed expertise by people who inject drugs

This talk examines the work of “hit doctors,” people who inject other people with illicit drugs for compensation, through the lens of uncredentialed expertise in an informal medical practice. Assisted injection is high-risk and often challenging to perform without injuring the recipient. Drawing on ethnographic observations and interviews from 2013 to 2021 with 80 people who inject drugs in San Francisco, California, this talk describes how people who provide injection assistance attempt to develop uncredentialed expertise to reduce the risk of injury or death for the people who come to them for injection assistance. Hit doctor practices can be considered uncredentialed expertise because these practices arise outside of professional institutions to address the needs of laypeople and include significant technical skill, standardized and generalizable techniques, trustworthiness, as well as authority and autonomy. Hit doctors illustrate how expertise is constructed to fill needs in communities where institutionalized, credentialed care is unavailable. This research offers new insights for theorization on expertise in informal drug use-related practices, where high-risk skills are in demand but not available from credentialed experts.

3.50 — 4.50 | KEYNOTE 2: MAZIYAR GHIABI

CHAIR: NANCY CAMPBELL

ROOM: GLYCINES

On recovery beyond its possibility of being

Through ethnographic encounters in grassroots recovery groups — ‘NA in Iran, which counts several hundreds of thousands of members, and Christian-and-secular groups in Lebanon — and among people using drugs in outwardly moralised/policed settings, I will explore the following questions: What does it mean to pursue recovery in a political and physical environment beyond its possibility of being? How can we make sense of the individual trajectories of people living with, and managing ‘addiction’ in contexts of systemic disruption? Can we attend to such an (im)possible horizon through the unearthing of figures of troubled meaning from outside our West-centric scripts? My keynote addresses these questions through two reflective moments based on my archival and ethnographic research over the past 10 years in the so-called Middle East (aka West Asia). In the first section of the talk, I explore the phenomenological connections between individual life journeys of people using ‘drugs’ and pursuing recovery from ‘addiction’ and the epochal events that transformed their life environments over the past half century. The two settings I engage with are that of Lebanon and Iran. Troubles are in no shortage here: civil war, revolution, displacement, political and sectarian violence, economic and banking crises, infrastructural and health disasters, and the abandonment of hope in the wake of the defeat of popular revolts are parcels of the life of ‘recovery’ in a condition that feels beyond its horizon, its possibility of being. What notions and experiences of recovery are emerging in such troubling conditions? And how we can make sense of them beyond defeat and failure? What happens when we embrace the trouble as a site of meaning and being? In the second part of the talk, I try to respond to (and un-think) the above questions by searching for meaning in other epistemological, ethical pursuits beyond the West. Specifically, I look at the lifeworld of intoxication and ‘addiction’ in Islamic history reviving the figure of the *rend*: a poetical and socio-historical archetype of the intoxicated (to wine, opium, cannabis, and heteronormative love) who lives in ruins (*kharaabāt*) and speaks truth to public authority, the ‘*rend*’ is a generative paradigm to understand ‘addiction’ and ‘recovery’ in states of disruption. In thinking with the *rend* — hence adopting a ‘*rend*’ epistemology — I explore a figure of (im)possibility with the ambivalent potentiality of being ‘beyond recovery’ and yet being ‘ethical’. In conclusion, I argue that this pursuit of non-Western ethical, epistemological paradigms does not only shed light on hitherto forgotten realities, but it has also transformative potential for the understanding of drugs and ‘addiction’ in our disrupted times.

MAZIYAR GHIABI is the current Director for the Centre of Persian and Iranian Studies (CPIS) at the IAIS and Wellcome Trust Senior Lecturer in Medical Humanities and Politics. He is a transdisciplinary researcher working on politics and health using ethnographic and historical approaches interested in life as a biological and as a political phenomenon, in the way we organise and transform our societies not only through laws and formal scripts, but also through the practice of the everyday. His approach to research uses all possible means of analysis, different methodologies regardless of disciplinary boundaries. He joined Exeter thanks to a large Wellcome University Award in Medical Humanities which funds a 5-year research project on ‘Living “Addiction” in States of Disruption: A transdisciplinary approach to drug consumption and recovery in the Middle East’. The project explores addiction through the perspectives of drug users and people in recovery in contexts of war, revolution, and other disruptive historical events. His research is concerned with drugs politics, i.e., how drugs affect state formation and state-society relations; and how the latter transform the phenomenon of drug consumption and drugs policy. He published numerous articles on this subject and is the author of *Drugs Politics: Managing Disorder in the Islamic Republic of Iran* (London: Cambridge University Press, 2019). The book won the MESA Book of the YEAR 2020, Nikkie Keddie Award for outstanding scholarly work on ‘revolution, society and/or religion’. Another important publication that he produced is an edited volume: *Power and Illegal Drugs in the Global South* (Routledge, 2020) with a forward by anthropologist Philippe Bourgois. Before joining Exeter University, he was a researcher in Development Studies at SOAS, University of London, where he coordinated the comparative framework of a multi-year project on drugs and (dis)order in Colombia, Afghanistan, and Myanmar, funded by GCRF-ESRC. He is also very interested in the use of visual methods in the social sciences and humanities, both in the study of ‘digital addictions’ and in providing participatory methods to research participants. Since 2019, he sits on the Editorial Board of *Third World Quarterly* and the *Social History of Drugs and Alcohol* (Chicago University Press).

5.45 | MUSEUM VISIT AND CONFERENCE DINNER

LOCATION: MUSEE D’ORSAY,

1 RUE DE LA LEGION D’HONNEUR

**9.00 — 11.00 | SESSION 7A —
DRUG USE AND TREATMENT B****CHAIR: TIM RHODES****ROOM: GLYCINES****GEOFF BARDWELL,**School of Public Health Sciences, University of Waterloo,
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“I don’t feel like any paranoid sense from the machine really”: Biometric opioid dispensing machines, medical surveillance, and transitions from posthuman apocalypse to emancipation?

The growing use of virtual platforms and interactive technologies has blurred the distinction between humans and technologies, destabilizing the contained human condition and expanding toward the posthuman. Braidotti describes this influx as a driver of contemporary capitalism and the posthuman apocalypse. Technologies can be used to surveil individuals, including people who use drugs (e.g., CCTV). Beyond technologies, studies have examined the use of repressive state apparatuses (e.g., drug laws, prisons, police) as well as social surveillance (e.g., social media platforms, vigilantism). Surveillance also extends to pharmacy settings, notably via daily dispensation and witnessed ingestion policies governing opioid agonist treatments. Given the ample evidence regarding the negative effects of surveillance in public, private, and clinical settings, researchers make assumptions about the nature of surveillance and its effects on people who use drugs. Reflecting on the role of assumptions in shaping the questions researchers ask, this paper seeks to trouble our understandings of technological surveillance. A novel safer supply program dispensing opioids via a biometric machine exists in Canada. The machine scans a participant’s hand to verify their identity, it has a built-in camera that records every interaction, and it collects machine usage data, prior to dispensing prescribed hydromorphone. Within a qualitative evaluation, several questions were included regarding participant-machine interactions as they relate to usability, privacy, security, and surveillance. Surprisingly, participants’ response to these questions were the opposite of what was expected, and they were largely apathetic about surveillance. This therefore troubled assumptions regarding technological surveillance of people who use drugs. Compared to negative experiences of surveillance elsewhere, and utilizing narratives from study participants, I consider how we might understand the human-machine relationship differently via Ihde’s concept of alterity relations, and why the experience of surveillance via a biometric machine contrasts to the everyday societal surveillance of people who use drugs.

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De-implementation in the provision of opioid agonist treatment: Considering how processes impact social equity in health

Access to opioid agonist treatment in Australia is often tightly controlled with requirements for treatment including supervised dosing, urine drug screening, and frequent, in-person attendance for review. De-implementation, the removal or reduction of these potentially hazardous approaches to care, was evident in treatment services during the COVID-19 pandemic. This period could be a catalyst for sustained change in the system, but the uneven introduction of flexibilities risked widening social inequities in health. Methods that explore providers’ work in de-implementation can produce knowledge to inform equitable treatment models. Between August and December 2020, semi-structured interviews were conducted with 29 OAT providers in Australia. We used Normalisation Process Theory to explore how providers understood their work during the COVID-19 pandemic as explicitly or implicitly responding to systemic issues that condition opioid agonist treatment access. Four constructs from Normalisation Process Theory are key to understand this work: adaptive execution, cognitive participation, normative restructuring, and sustainment. Accounts of adaptive execution demonstrated the tensions between providers’ conceptions of equity and patient autonomy. Cognitive participation was facilitated by communities of practice, which were more easily formed when providers saw alignment between de-implementation and the organisation’s existing ethos. Normative restructuring was evident where the tasks of de-implementation caused the provider to reflect on their professional identity and what that identity could become in a more person-centred service. In considering sustainment beyond pandemic times, providers expressed discomfort at operating with “evidence-enough” and called for narrowly defined types of data on adverse events (e.g., overdose) and expert consensus on takeaway doses. Researching the sustainment of equitable health services requires new ways of knowing which centre people receiving treatment and challenge providers’ traditional hierarchies of evidence. Normalisation Process Theory looks beyond the intervention and focuses on the providers’ work to understand the healthcare environments that produce social equity in health.

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Making meaning of resistance: A feminist standpoint exploration of opioid agonist treatment during pregnancy

The opioid crisis in North America has placed renewed attention on substance use during pregnancy. Normative expectations about motherhood often limit women's agency and autonomy in making decisions about their own bodies during pregnancy. This qualitative study focused on 15 women in Toronto who used opioids or accessed opioid agonist treatment, like methadone, during pregnancy with the goal of exploring and describing the relations, power and forces that shape these experiences. The interviews included co-creating a visual timeline of their opioid use, pregnancy, and interactions with services. Thematic analysis informed by feminist standpoint theory was conducted using the interview transcripts and timelines. Surveillance and control were commonly described features of substance use treatment and prenatal care. However, despite facing overwhelming structural violence and social inequality, women found ways to assert their agency. They made challenging decisions, including avoiding prenatal care, quitting opioid use without medical supervision, or switching to less stigmatized substances like alcohol. For most women, these acts of resistance were intended to circumvent child welfare involvement. However, these behaviours conflict with medical 'best practice' and in each case can harm a foetus. This research emphasizes the importance of critically examining and troubling prevailing ideas of 'non-compliance,' resistance, treatment adherence, agency, and empowerment in substance use research. Rooting this study in the lived experiences of women who use opioids rendered visible the power dynamics within healthcare and the contradictions in our policies and services. Much of the perinatal drug use research constructs lack of 'retention' and 'adherence' as a personal unwillingness to change, rather than a failure of services. The production and reproduction of depictions of pregnant women who use drugs as non-compliant has contributed to coercive and inadequate services for women using opioids. The results of this study challenge us to think of new ways to support women without resorting to paternalistic control measures.

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Delivering opioid use disorder treatment via community-based harm reduction services: Reflections on the co-construction and impact of a novel intervention in Montreal, Canada

At the heart of Canada's opioid overdose crisis, the COVID-19 pandemic has resulted in widespread disruption to the lives of people who use drugs and to the delivery of health and community services, as well as an urgent push for innovation. The University of Montreal Hospital Centre's (CHUM) Addiction Medicine Department and CACTUS Montreal, a long-standing community-based harm reduction organization, have responded to this dual threat and opportunity by co-constructing a program to make high-quality care for opioid use disorder available remotely from CACTUS'S office. Our program provides opioid agonist therapy (OAT) as well as expanded medication options (such as short-acting opioids) and other health services via telemedicine, with CACTUS workers providing screening and referral, on-site access to needed technology, and holistic follow-up and support. We will describe the rapid co-construction process — our first patient enrolled within a month — and explore the conditions for successful implementation. We will then explore non-clinical patient outcomes through the stories and experiences of 20 participants, collected through in-depth interviews in a mixed-methods evaluation. Participants emphasized the importance of the trust previously established in the community setting and described the development of new therapeutic relationships fostered by the quality of welcome, nonjudgmentally, human warmth, empathy, and consideration they received. These experiences contributed not only to retention and appreciation of the program, but also to reintegration into a health care system where patients no longer felt ostracised but included. Positive interactions with the broader treatment team (CACTUS workers, CHUM nurses, physicians), coupled with positive treatment outcomes, contributed to improved

self-esteem and a renewed sense of possibility. Deploying services in the community does not necessarily require that medical teams be based in community organizations. Rather, it is a restructuring, a rethinking of effective models of care, collaboration and tasks of existing actors that is at stake.

SESSION 7B — OVERDOSE AND HARM

CHAIR: CARLA TRELOAR

ROOM: CYPRES

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Fentanyl, migration, and misinformation: A media analysis

Trouble is omnipresent and seemingly on the rise. In the context of rising political polarization and misinformation, academic research shows a troubling dearth of direct, rapid response to fallacious media narratives that take hold. Illicitly manufactured fentanyl continues to be the main driver of a worsening overdose crisis in the United States. Most illicit fentanyl enters the US through legal channels, e.g., mail and legal ports-of-entry, though misinformation abounds. Literature exists describing how panic about fentanyl may be affecting misinformation about undocumented migration. We utilized the Media Cloud to identify mainstream media content related to drug importation/trafficking, migration, and the US-Mexico border, 2018-2021. Articles were read in their entirety and coded by two researchers as “factually inaccurate,” “misleading,” “partially corrective,” “neutral,” or “corrective.” Media stories were also coded qualitatively for contextual factors related to their publication. Of n=461 articles assessed, 20.6% of articles were coded as factually incorrect, 24.5% misleading, 24.3% neutral, 10.4% partially corrective, and 20.2% corrective. Inter-rater-reliability was high (concordance of 97.8%). Nearly half, 45.1%, of all media stories were either unambiguously false or misleading. Pieces correcting or debunking misinformation fell dramatically after President Biden assumed office, illuminating the trouble with the focus on who is speaking more than what is being said. There is broad empirical consensus that most illicit drugs enter the US through legal channels. Yet misinformation improperly linking drug importation to unauthorized immigration is increasingly prevalent. Under the Trump presidency, a mix of factually incorrect and corrective stories were seen, however in the post-Trump period, misleading stories have continued to proliferate, while corrective pieces have largely disappeared, as other politicians are less likely to receive fact-checking and narrative correction in media.

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“This is just the beginning”: Drug induced homicide, a test case, and the construction of death-worlds in the U.S. overdose crisis

The United States (U.S.) continues to struggle with a drug overdose crisis, surpassing 100,000 overdose deaths in 2021. While efforts to frame drug overdose as a public health problem have gained momentum, the criminal legal system remains deeply involved in responding to overdose death punitively. Drug Induced Homicide (DIH), a prosecutorial strategy that charges people who sell or deliver drugs to another person who dies of an overdose as manslaughter or homicide, has become a prominent legal response. Criminal legal and public health safety representatives justify this approach by framing people who are charged with DIH as “kingpin” drug distributors, despite available data suggesting that they are often friends or family of the deceased. Ohio, a state in the Midwestern U.S. hit especially hard by the overdose crisis, pursues more DIH charges than all but one other state in the country. DIH cases are often covered in local news, circulating discourses that define some drug market actors as “villains” and others as “victims.” These representations provide opportunities for compassion or derision and social belonging or exclusion. This paper examines a 2015 case in which an Ohio woman was charged with involuntary manslaughter and “corrupting another with drugs” after the overdose death of a friend to whom she delivered drugs. This was considered a “test case” of the viability of DIH convictions. I draw on Mbembe’s theory of necro-politics to examine the influence of local drug overdose prevention organizations and news reporting about the case and explore its implications for the co-construction of life and death in the overdose crisis. Specifically, I argue that DIH cases create what Mbembe calls “death-worlds” that aim to redeem the social belonging of the deceased as they confer upon the accused the status of the living dead, creating new forms of social life and death.

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JULIA DICKSON-GOMEZ, Medical College of Wisconsin

Knowledge and perceptions of US Good Samaritan Laws among people who use drugs

The United States has a storied history of criminalizing drug use. This bred zero tolerance drug policies and a staggering increase in drug-related arrests and charges. Good Samaritan Laws (GSLs) have been enacted across the U.S. as a contemporary fix to punitive policies by establishing protections that increase the likelihood that a person who uses drugs (PWUD) will call 911 (emergency response dispatchers) in the case of an overdose. Current literature is mixed on the effectiveness of GSLs. We conducted a

mixed methods study, including a survey and in-depth interviews, with PWUD in three U.S. states. Survey questions asked about respondents' legal status (i.e., probation or parole), harm reduction practices, experiences with overdose, and their perceptions of the effectiveness of laws/policies. The semi-structured interviews asked participants to describe their overdose experiences and perceptions of whether GSLs would protect bystanders who were using drugs from arrest. Most survey participants were aware of the GSL. Race and ethnicity, and whether someone was currently justice-involved, were significantly associated with GSL knowledge. Personal arrest after calling 911 was associated with someone being on probation or parole. In qualitative interviews, participants were mixed as to whether they trusted that the GSL would protect them. Personal or anecdotal experience, fear of arrest, altruism, and access and use of harm reduction services shape the willingness and perceived necessity to call 911 among PWUD. Findings suggest that effectiveness of GSLs are shaped by the interplay between micro and macro-level factors. Overdose response is a unique phenomenon where punitive and harm reduction practices intersect, often placing law enforcement at the crux of this intersection. Policymakers should consider limiting law enforcement response to overdose calls and including additional protections for probation/parole revocation and arrest to foster PWUD trust and willingness to call 911 in an overdose emergency.

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Strong control and weak service: Enforcing drug treatment programs in China

The proliferation of drug treatment services, crafted under harm reduction and evidence-based principles, is touted as a "benevolent" approach to people who use drugs (PWUD), foregrounding their rehabilitation and reintegration to the community and embodying the ideal of penal welfare. Despite extant studies on their functional effectiveness on PWUD who relapse or recidivate, little research has situated the operative significance of drug treatment programs within a broader project of the authoritarian state's efforts to govern a rapidly modernizing society. To bridge this gap, this study examines drug treatment's implementation in the Chinese justice system by unpacking the processes and logics that assemble strong control and weak service in practice. The analysis suggests that Chinese drug treatment programs both reflect and reinforce the state-centric logic of the Chinese approach to social governance, functioning to enhance the state's legitimacy and strengthen its capacity of social control. We contend that when state interests and political ideologies are prioritized over PWUD's recovery, concerns and needs of drug offenders are downplayed and the rehabilitative efficacy of those programs is diminished. Future research and policy implications for ameliorating drug treatment programs are also addressed.

SESSION 7B — DRUGS AND SEX

CHAIR: RYAN MCNEIL

ROOM: NYMPHEAS

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Undoing minority stress: Theorising queer and gender-diverse drug consumption

The higher rates of drug and alcohol use found among LGBTQ+ people are typically hypothesized to be a function of 'minority stress'. In this paper I suggest that disinhibition provides a better frame for grasping the significance of the chemical practices of sexual and gender minorities than prevailing models of 'minority stress'. In *Undoing Gender* (2004), Judith Butler suggests that the process of developing a critical relation to gender norms 'presupposes a distance from them, an ability to suspend or defer the need for them, even as there is a desire for norms that might let one live' (p. 3). The discourses of disinhibition that queer and gender-diverse drug consumers frequently cite to account for what they like about drug practices (and their significance for gendered and sexual self-formation) invest drugs with just this capacity to 'suspend or defer' the stifling effects and cramping impacts of sexual and gender norms on their felt sense of sexual, social, and self-possibility. Disinhibition draws attention to the pragmatic and performative dimensions of intoxicant consumption while keeping the material constraints associated with the stigmatisation of non-normative sexual and gender expression in view. Rather than producing queer people and drug users as passive victims of these forces (as we see in 'minority stress'), they are enacted as active and reflexive agents who can interact effectively with society. Drawing on qualitative interviews conducted with LGBTQ+ drug and alcohol consumers in Australia as part of a collaborative research project (with Drs K. Pienaar, D. Murphy, and T. Lea), I discuss how queer and trans cultures of sex and drug experimentation activate the mode of play and playfulness to enact practices of queer world-making that seek to counter the material pressures of gendered/sexual 'inhibition'.

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The moral lessons of chemsex

Many authors have noted for some time that there has been a moral panic about chemsex, culminating with the 2015 film *Chemsex* who's moral legacy lives on through consistent attempts to limit and eliminate chemsex. Drawing from a tradition of scholarship that views queer sub-cultures as having pedagogical value for all of society (Goss 2004, Ward 2020), this paper explores how to reverse the moral critique of chemsex, where instead of normative moral frameworks being used to challenge chemsex, the reverse

becomes true: chemsex can challenge normative morals and provide both gay men, and society at large alternative insights into pressing moral concerns. To explore the moral lessons that chemsex offers I centre my analysis of longitudinal interviews and cultural representations of chemsex within a Butlerian approach to morality, summarised as critiquing “the norms by which ‘humans’ are permitted to conduct liveable lives” (Salih 2004, p4). In doing so rather than being always in defence of itself, chemsex can teach about the morality of norms governing everything from the intimate relations of bodies to socio-political grand narratives such as capitalism. By doing this, moral lessons can be learned that are rooted in (rather than taught to) those on the margins of society’s norms, and the onto-political reaches of critical drugs research can be confidently expanded.

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Intoxicated sexual experiences:

Embracing the trouble of ambiguous expression

In ‘The anthropology of experience’, Victor Turner and Edward Bruner suggested that the relationship between experience and its expressions is always problematic. Acknowledging the dialogical and dialectical relationship between ‘mere’ experience, ‘an’ experience and ‘typical’ experience, this paper engages with the trouble of ambiguous expression in the form of narratives about intoxicated sexual events from young adults in Danish nightlife. The paper argues that by embracing ambiguity — unclear, contradictory, or conflicting expressions — we gain both methodological and analytical insight, not only into our participants’ stories but more generally into how individual experience shapes and is shaped by social and cultural dynamics. Our study is based on in-depth interviews with 28 women and 22 men between 18-26 years and investigates the role intoxication plays in processes of consensual and non-consensual sex. While both women and men are clear about those experiences that are pleasurable and those that are regrettable, many participants (mainly women but also some men) often describe situations which are more fluid and difficult to categorize. While some emphasize the ambiguities of the experience as a way of making it easier to deal with, others describe how they modify their understanding or perception of it over time or because of who they speak to. Even in the interview situation, notions of ambiguity become prominent as the researcher seeks to understand the relation between what participants’ have experienced and how they narrate it. With this paper, we suggest that ambiguous expression may play an important role in managing and empowering the self, allowing on the one hand, young women to navigate the fine line between considering oneself and being considered by others either as a

‘victim’ or a ‘slut’, and on the other hand, allowing men to balance own and others’ notions of victimhood and notions of masculinity.

MARCUS GRIFFIN,

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They seek him here, they seek him there, researchers seek him everywhere: Overcoming biases in recruiting chemsex practitioners

Recent academic scholarship on chemsex has tended to focus on linking substance use and unprotected sex with onward HIV transmission (Hakim, 2019., Maxwell, Shahmanesh, and Gafos, 2018). As such, it has not only reflected but also contributed to the dominant discourse of a “Gay Men’s Health Crisis”. If we are to challenge this partial, negative discourse and gain a much broader insight into chemsex practices and experiences (e.g., by uncovering alternative narratives), then we need to address the discursive barriers of dominant public, academic and medical accounts which may silence autonomous, critical community voices. Chemsex practitioners are often clandestine in nature due to the general stigmatisation of their activities. However, we do know they become more ‘visible’ to researchers in institutional settings (such as hospitals) when seeking treatment and rehabilitation. This creates a significant bias in terms of who is recruited for research. Sample populations in previous studies have predominately reflected those who have sought help and subsequently changed their attitudes towards chemsex, as treatment tends towards total abstinence. Recruiting from such groups will likely maintain narratives of chemsex that align with the dominant medical/academic viewpoint mentioned above and reinforce reports of negative impacts from chemsex. My paper will explore the practical and ethical challenges of recruiting chemsex practitioners in the UK when seeking to engage those who go against the grain of dominant discourse. It will report on the problems encountered; what methods were used to overcome them; what worked well, what did not; and present a series of recommendations for future research practice. In doing so it will offer much needed insight into recruitment strategies that engage a more diverse range of participants to share their ‘truth’ and contribute to the literatures on methodology and research design involving marginalised or hidden populations.

11.00 — 11.20 MORNING TEA

Room: Verriere

**11.20 — 1.20 | SESSION 8A — PSYCHEDELICS
AND PSYCHOACTIVE SUBSTANCES****CHAIR: ALEJANDRA ZULUAGA****ROOM: GLYCINES**

LIAM ENGEL,School of Medical and Health Sciences, Edith Cowan University,
liam@themescalinegarden.com**Psychedelic cacti, conservation, and reform:
The mescaline garden**

Mescaline cacti are a novel and increasingly popular drug category, with interest driven by the psychedelic renaissance, trends in self-sufficiency, gardening, and legal cultivation status. In this presentation, mescaline cacti are used to explore conflicting advocacy approaches in the intertwined psychedelic and plant medicine movements. Unlike common psilocybin mushrooms, mescaline cacti are troubling because some are especially vulnerable. Peyote varieties have become extinct before our very eyes. Conservationists call for the prohibition of mescaline cacti consumption, but this can undermine harm reductionists. To make things more complicated, some First Nations people, whose families have been consuming cacti for thousands of years, do not endorse replanting or any outside involvement with endangered plants, while other First Nations people value the economic opportunities associated with psychedelic tourism. Drawing on their own ethnobotanical exploits, and a unique dataset from the 2022 Global Drug Survey's mescaline cacti module, Liam will highlight the diverse advocacy positions concerning San Pedro and Peyote amongst consumers, gardeners, clinicians, and other stakeholders in the psychedelic community.

SHAWNEE HARKNESS,

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**Troubling psychedelics: Navigating the
convergence of the psychedelic renaissance,
capitalism, drug research and policy**

"The first wave of psychedelic research was disrupted by conflict between cultural and political forces. The current wave of psychedelic research could be susceptible to an emerging conflict between entrepreneurial enthusiasm and scientific deliberation" (Journal of American Medical Association). In relation to the slow but welcomed progress of drug liberalisation policies around the world, we are amid an explosion of excitement around psychedelics — characterised by more entrepreneurs, corporate involvement, and investment dollars available. Alongside a plethora of clinical trials publishing the advantages of these drugs for treatment-resistant mental disorders and addiction recovery, public interest in hallucinogenic drugs has never been higher or more mainstream. The psychedelic industry and its stakeholders

are setting themselves up to set record profits. Dozens of start-ups have raised billions to commercialise various psychedelic drugs and experiences with the psychedelic market expected to reach \$7.03 billion in 2026. Key players: North American tech giants (Silicon Valley), Big Pharma and the wellness sector. The "psychedelic community" is broad, from doctors to crystal-healers, researchers, reform advocates, and general psychonauts. What unites this disparate group of people is a shared belief in the value of psychedelic drugs. However, for many powerful players and newcomers, this value is monetary. The rise of psychedelics is uniquely capitalist and will, undoubtedly, have unique repercussions as regulation and legislation lags behind the upwards momentum of a market overwhelmed with psychedelic "experts" with slick marketing and large fan bases. Growing ethical concerns of the commercialisation of psychedelics among the research community include increased risk to users, consumer and cultural exploitation, accountability and entrepreneurial integrity, emerging extremist ideologies, misinformation on social media, etc. This presentation is a call to action for researchers, community members, harm-reduction advocates, and policy makers to reflect on our roles in creating a more ethical, responsible, and accountable version of our psychedelic future. In the increasingly trippy and interconnected world we're living in, we must be proactive in troubling our preconceived concepts and methods of research dissemination, communication, and political socio-economic action to better inform the commercialisation of psychedelics.

OLIVER DAVIS,

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**Reconceptualizing the political trouble
with psychedelics**

'Now my thoughts are troubled and at times quite confusing, but they are all of an honest nature, and of wondering. I know what I want to be and I am sincere in my own mind when I say I will try very hard to make it so.' (Stafford & Golightly 1967, 110) These words were spoken by one inmate at the Massachusetts Correctional Institution, who participated in the 1960 psilocybin trial conducted there by Timothy Leary's team, in which 'it was found that those who participated were able to detach themselves from their everyday roles and recognize constructive alternatives to their formerly limited lives.' (109) Following in the footsteps of the ongoing 'psychedelic renaissance' (Sessa 2012) of interest within psychiatry in these especially troublesome psychoactive substances, we should anticipate the redeployment of psychedelics, in conjunction with 'therapy', in a range of social situations in which people are expected to change their minds and behaviour, probably including prisons. This is an ethically and politically troubling prospect. This paper will envisage such a scenario while at the same time responding to a growing chorus of concern among scholars in the psychedelic humanities (e.g., Piper 2015; Langlitz 2020; Pace & Devenot 2021; Tvorun-Dunn

2022) about the potential for psychedelics to be deployed in furtherance of a range of authoritarian and coercive right-wing projects. The paper will critique this line of thought and focus instead on the propensity of psychedelics to trouble some of the 'games' and 'roles' on which neoliberal capitalism depends, in particular the 'game' of competition. The paper argues that, in fact, psychedelics are inherently disruptive of authoritarian forms of political organisation, including those implicit in neoliberal capitalism, and accordingly that there is reason to hope they will reinvigorate our democracies and institutions.

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OSKAR ENGHOF, Centre for Alcohol and Drug Research,
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What's the trouble with 'bad trips'?

Psychedelics are gaining increasing interest and attention, not only in clinical studies showing potential in psychiatric treatment, but also in various aspects of mainstream culture and among lay people worldwide. But psychedelics are subject to many different practices, settings, and beliefs, and are thus not a straightforward phenomenon to research and understand. In our research, the notion of 'bad trips' provides a case through which this complexity might be conceptualized and discussed. So, what is the trouble with 'bad trips', and how does embracing this 'trouble' provide analytical and methodological insight, not only in relation to psychedelics, but in the study of illicit substances more generally? Based on surveys, interviews, focus groups and online data, this paper delves into how young people in Denmark talk about, understand, and deal with that which falls under the category of 'bad trips' but which, when unpacked, may be understood, handled, and talked about in very different ways. Throughout several years of data collection, the 'bad trip' stereotype, i.e., a delusional state of panic, has often been opposed by participants referring to the therapeutic value of challenging, fearsome, and turbulent psychedelic experiences. While some understand 'bad trips' as destructive, others see them as important lessons meant to be. Thus, some take extensive measures to prevent these troubling experiences, while others embrace them as opportunities for development. Regardless of their understandings and experiences with so-called 'bad trips', our participants all seem to engage actively with 'potential trouble', as there is a general awareness that challenging experiences can arise with the use of psychedelics. Examining a wide spectrum of conceptualizations of psychedelic 'trouble' and associated approaches to engage with this trouble, provides a deeper understanding of how psychedelics — and sometimes other substances — are part of current political and personal struggles to pursue a good life.

SESSION 8B — TROUBLING LEGAL CONCEPTS

CHAIR: MAZIYAR GHIABI

ROOM: NYMPHEAS

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Of crack houses and supervised consumption sites: Overdose and the politics of (false) equivalency in the United States

Supervised consumption sites (SCS) are spaces where drug use takes place under the supervision of trained staff who monitor for overdose and administer needed medical assistance. Coupled with the provision of sterile drug use equipment and referrals to services, SCS are vital apparatuses for reducing overdose, transmission of bloodborne infections, and other harms associated with drug use. Nearly 200 SCS operate in 14 countries, yet the United States — the world's largest consumer of illicit drugs — is behind the curve in the sanctioning of these facilities. At present, only two authorized SCS operate in the United States, both of which opened in 2021 in New York City. Another SCS was poised to open two full years earlier in Philadelphia until the organization managing it, Safehouse, was sued by the federal government. The lawsuit, *United States vs. Safehouse*, claims that the establishment of the SCS would violate a provision of the Controlled Substances Act known colloquially as the "Crack House Statute," which prohibits owning or operating a facility for the purpose of drug use or sales. The lawsuit argued that Safehouse would knowingly provide a place for people to use controlled substances unlawfully if it operated a SCS, which the government saw as equivalent to a crack house. In this paper, I examine this court case and the ongoing litigation against Safehouse to discuss the effects of equating SCS — an established harm reduction intervention — with the pejorative "crack house" at heart of the moral panic around crack cocaine of the late 20th century. I argue that the U.S. government weaponizes drug policy against SCS by engaging in a politics of (false) equivalency. By illustrating how this politics is an extension of the War on Drugs, I demonstrate the high stakes of this false equivalency on overdose prevention in the United States.

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Indonesian drug threshold model: Criminalization towards people who use drugs through numbers

In Indonesia, drug Threshold Quantities (TQs) are viewed as a magic tool to solve public health issues to criminal sanction for all drug use and possession activities. The drug TQs use to differentiate drug trafficking and drug use. However, there is no clear understanding of whether the result of the TQs evaluation will guarantee the penal or administrative sanction instead of consistency imposing the minimum of four years imprisonment. The drug TQs ruled under Supreme Court Circulation Letter Year 2010 that defines the quantity and quality threshold requirement. However, it fails to show the scientific arguments regarding the standard of the TQs. In the end, the result is the overcrowding of a population above 100-120% in most Indonesian prisons are populated by the people who use drugs and forced rehabilitation regardless of the type of drugs, the drug use experiences, and treatment necessity. The research focuses on the development and legal history of Indonesian Drug TQs and the related human rights abuses and the scenarios of the drug TQs that could support the new development of decriminalization towards people who use drugs. Drug TQs will contribute strongly when firstly, drug TQs are one of the factors and do not solemnly decide the differences between drug offenders and drug users. Secondly, the calculation combines users' and drugs' social and economic determinants. Thirdly, Drug TQs established based on scientific research with several scenarios to calculate the cost-effective implication of the policy. The Drug TQs viewed with harm reduction approach. Based on those criteria, Indonesian Drug TQs do not fulfill the scientific reasons and are unable to develop proper research on Drug TQs. Indonesian government fails to overcome human rights abuses, prison overcrowding, and prevention programs for new users or the public. The research uses qualitative methods through historical legal research and reviews with data-gathering analyses.

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Examining the construct of 'harm' in Canadian law and judicial decision-making

Existing laws, conventions, and policies are heavily influenced by populist politics now considered antiquated and repressive. The United Nations calls for more humane and effective "science-based and evidence-based policy decisions." In this paper, we examine the extent to which legal decisions pertaining to the 'harm'

of drugs are evidence-based. In the context of decriminalisation, 'harm' is referred to in three divergent ways: i) personal and societal harms that arise from the effects of drug use, cultivation, and distribution; ii) the effectiveness of harm reduction approaches; iii) an unintended outcome of the enforcement of drug laws and policies. The intent is to explore how 'harm' is constituted in Canadian court cases pertaining to possession, production, and trafficking of drugs, framed through legal and scientific arguments. Westlaw, Lexis Nexis, and CanLII databases were used to search Canadian drug-related cases where the terms 'harm principle' or 'harm to society' were present. N=170 cases were selected for preliminary analysis. Deductive and inductive approaches were used to develop codes using Atlas.ti 20. Analysis included: semantic analysis of harm; intertextual analysis of legal citations and scientific evidence substantiating judicial arguments; historical analysis of how harms related to specific drugs changed over time. The construct of 'harm' in legal cases is narrowly defined, rhetorical in nature, imbued with moral judgement, and lacking scientific merit. Personal use of drugs was less vilified, whereas trafficking was presented as a "pernicious scourge in our society" (R v Grant, 1993) and traffickers as "the very worst offenders in our society" (R v Burke, 2008). The threshold for criminalizing a drug based on societal harm is low, with the minimum harm established to be "reasoned apprehension of harm" to society, even if hard evidence is unavailable or inconclusive (R v Malmö-Levine, 2003).

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Representations of alcohol and drug use in the Finnish legislative reform on the rights of social and health care customers

Discourses of alcohol or/and drug (AOD) use have been studied in various policy contexts, but less attention has been paid on the law drafting. This study zooms into a Finnish law drafting process, which sought to reform the Act on the Rights of the Social and Health Care Customers in 2018. The study asks: how did the reform represent social and health care customers who use AOD? The issue is topical as people who use AOD are often stigmatized and discriminated across societies, also in social and health care institutions. As the data, the study uses a draft on the government proposal and stakeholder comments produced in the reform. The study applies Carol Bacchi's 'What is the problem represented to be' (WPR) -approach as the theoretical and discourse analytical framework. From this perspective, legislation and other policies do not objectively intervene society external to them but reproduce the ideas of the societal 'problems'. As the result of the analysis, the study discerns three representations of a social and health care customer who uses AOD: (1) a person with AOD related problems

and a need for special services, (2) a human with certain rights, (3) a risk customer needing to be controlled. The study concludes that although rights and need for service are addressed, none of the representations construes the issues through the experiences of the people who use AOD themselves. The study discusses whether and how critical research could help the future (Finnish) law drafting processes open to the perspectives of the lived effects of people who use AOD.

SESSION 8C — OVERDOSE RESPONSE

CHAIR: EMILY LENTON

ROOM: CYPRES

NYSSA FERGUSON,

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Remaking the angry Narcanned subject: Affording new subject positions through take-home naloxone training

This paper examines how naloxone's reputation is managed within take-home naloxone (THN) training and how this process affords new subject positions for training participants. THN programs involve teaching non-medically trained people to respond to opioid overdose events by administering naloxone, or 'Narcan' as it is known in some contexts. While naloxone is a life-saving drug, certain administration practices can increase the likelihood of distress and, at times, interpersonal conflict during revival (Parkin et al., 2020). More recent research suggests that naloxone administration events afford multiple possibilities, including revival, conflict, and care (Farrugia et al., 2019a; Farrugia et al., 2019b). However, little sociological research focuses on the training programs and practices that make up a key aspect of THN initiatives in Australia and elsewhere. Informed by Latour's theorisation of technological 'affordances', which suggests that technologies are co-produced within social relations, and 'afford' rather than determine specific actions, possibilities, and subject positions, we analyse data drawn from 23 observations of THN training in Victoria, and 12 in-depth interviews with consumers who have attended training. We argue that what we call the 'angry Narcanned subject' has come to hold a powerful position in understandings of naloxone. We highlight that the peer trainers we observed spent a large component of THN training focussing on troubling these connections that make simplistic causal links between naloxone, conflict, and distress, and on reconstituting naloxone's reputation for producing conflict and related subject positions, especially that of the angry Narcanned subject. In

troubling these connections, we argue that this process of reconstitution affords two new subject positions for consumers: (1) the 'capable administrator' and (2) the 'calmer revivee'. We conclude that THN training affords multiple, new subject positions for consumers and that this aspect of the initiative deserves greater recognition.

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Expanding the reach of overdose education and naloxone distribution in communities: Variations by rural location and organizational type

Community-level efforts to mitigate the ongoing opioid overdose epidemic in the United States are needed. Overdose education and naloxone distribution (OEND) reduces opioid-related mortality, but achieving sufficient reach of OEND in communities remains a challenge. As part of the HEALing Communities Study, we developed an OEND implementation approach utilizing a centralized hub for dispensing intranasal naloxone with a team of implementation facilitators who provide ongoing technical assistance. This study examines OEND reach, compares OEND reach in rural and urban areas, and tests whether OEND reach varies by organizational type. Internal databases tracked naloxone dispensed to and distributed by community partners in eight Kentucky counties. Community partners were coded for rural location and by organizational type (medication for opioid use disorder (MOUD) treatment, non-MOUD treatment, community corrections, overdose response, jails, social services, healthcare, or syringe service programs). Rural location and organizational type were included in negative binomial regression models of number of units dispensed and number of units distributed. Between May 2020 and December 2022, 167 community partners (38.9% rural) implemented OEND, 55,445 naloxone units were dispensed, and 48,524 units were distributed to community members. On average, HCS dispensed 332.0 units (SD=849.3) to partners, who then distributed 290.6 units (SD=827.0) to community members. Controlling for organizational type, rural partners were dispensed significantly fewer units and distributed fewer units. Compared to MOUD treatment, dispensing and distribution were significantly lower for non-MOUD treatment, community corrections, and healthcare organizations, but significantly greater for syringe service programs. Although a substantial number of community partners for OEND were recruited, there was significant variation by rural

location and organizational type. Future efforts may benefit from real-time data monitoring to identify such differences early and to respond with additional strategies for implementing OEND.

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Department of Interdisciplinary Studies

L. STEINHAUER, Western Aboriginal Harm Reduction Society

Indigenous Peoples experiences with overdose and response in Vancouver, Canada's downtown eastside

Despite the implementation of North America's most comprehensive set of harm reduction interventions, Indigenous people who use drugs (IPWUD) have been disproportionately affected by this crisis. In Vancouver, Canada, and elsewhere, these drugs related harms are framed by the historical and ongoing trauma related to settler colonialism and is most acutely visible in Vancouver's Downtown Eastside (DTES) — a low-income neighbourhood that is a site of Canada's largest street-based illicit drug scene, characterized by high rates of poverty, substance use, violence, and homelessness. This study seeks to examine IPWUD experiences with and perspective on opioid and stimulant use and related interventions, including harm reduction and addiction treatment programs and to situate their experiences within the context of colonialism. Embedded in the theoretical and methodological frameworks that seek to meaningfully engage IPWUD, Indigenous peers led the study design, data collection and analysis. The research team for this project included the Western Aboriginal Harm Reduction Society (WAHRS), and academic researchers from the British Columbia Center on Substance Use (BCCSU), as well as an Indigenous Research Coordinator. Qualitative interviews were conducted with IPWUD between May 2019-February 2020. The Indigenous-led interviews identified three key themes that illustrated the experiences IPWUD in the DTES (a) drug poisoning as genocide; (b) IPWUD experiences of distrust and adversarial relationships with law enforcement; (c) the importance of culturally relevant, peer-led harm reduction services. Our work demonstrates that IPWUD experience vulnerability to drug-related harms, framed by the historical and ongoing traumas of colonization. IPWUD narratives located the efforts to displace IPWUD from the neighbourhood alongside the historic displacement of Indigenous peoples, enforced through routine law enforcement practices, such as zone surveillance and "street sweeps". Participants stories further revealed substance use stigma within their home communities, emphasizing the need for culturally safe harm reduction care.

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KELLY KNIGHT, University of California

ANDREA LOPEZ, University of Maryland

Harm reduction, health justice, and overdose vulnerability of people co-using fentanyl and stimulants

North America's overdose crisis is increasingly being driven by polysubstance use, particularly the use of fentanyl and stimulants (cocaine, crack cocaine, methamphetamine). In 2021, fentanyl and stimulants were detected in most overdose deaths in both the United States and Canada. Drawing on qualitative research in British Columbia, Canada, this presentation will deepen our understand of the emerging dynamics of fentanyl-stimulant polysubstance use and their role in driving racial and socio-economic disparities in overdose outcomes. Specifically, this presentation will examine the following: (1) how co-use of stimulants and fentanyl is shaped by the desire for pleasure and survival strategies amidst the unrelenting structural violence inflicted on structurally vulnerable people who use drugs; (2) how fentanyl-stimulant polysubstance use has emerged as an adaptive response to drug supply changes, including as a perceived strategy for managing overdose risks; and (3) how harm reduction approaches, including existing stimulant safer supply interventions, are failing to meet the needs of this population and reproduce inequities in the overdose response. This presentation contends that the overdose crisis requires a tailored approach responsive to drug market dynamics and underlying social-structural drivers of fentanyl-stimulant use, compounded by racism and other forms of social exclusion. In the absence of these approaches, we consider opportunities for harm reduction to address the impacts of fentanyl-stimulant polysubstance use on morbidity and mortality and how to imagine what constitutes a harm reduction health and racial justice approach to fentanyl-stimulant polysubstance use.

1.20– 2.00 | LUNCH

ROOM: VERRIERE

**2.00 — 3.00 | NARCOFEMINISMS
BOOK LAUNCH AND SPECIAL EVENT**

CHAIR: ADRIAN FARRUGIA

ROOM: GLYCINES

Introduction to the collection

FAY DENNIS, KIRAN PIENAAR & MARSHA ROSENGARTEN

Narcofeminist reflections

*ALLA BESSONOVA, *ELIZA KURCEVIČ, MARIA PLOTKO

A feminist autoethnography on drugs

JUDY CHANG

Refusing recovery, living a 'wayward life':

A feminist analysis of women's drug use

FAY DENNIS & KIRAN PIENAAR

The drinking at home woman: Between alcohol
harms and domestic experiments

HELEN KEANE

Technologies of abjection: The possessive
logics and performative sovereignty of
NSW drug dog operations

KANE RACE

Narcofeminist 'chemsex': Rethinking sexualised
drug use in pandemic times

LYU AZBEL

Pleasure, drugs, materiality, and tensions
in harm reduction in practice: The case of
education to safer injection programs

MARIE JAUFFRET-ROUSTIDE

Ambivalent pleasures:

Towards narcofeminist alterlife

NANCY CAMPBELL

FOLLOWED BY A Q&A**3.00 — 4.00 | KEYNOTE 3 —
ANNIE MADDEN AND ZOE DODD**

CHAIR: KYLIE VALENTINE

ROOM: GLYCINES

Of resistances and reckonings in a time of war

In his 2018 book on drug user activism and the war on drugs, Zigon proposes the idea of "war as governance", whereby war has become the "contemporary condition of things" (Zigon, 2018, p.7). In thinking about the 'war on drugs' as both a generalised state of being and, as a 'thing' that is being fought against people (not countries), we will critically consider some of the ethico-political dimensions of being anti-drug-war-activist/researchers in a time when war is everywhere and all around us. Drawing on research with other anti-drug-war-activists globally, as well as events and encounters in our everyday work, we will engage in a critical conversation about being anti-drug-war-activists' and doing anti-drug-war-activism in spaces and atmospheres that routinely engage in practices that are at best, careless and at worst, actively hostile, even violent towards us. In addition, our conversation will consider some of the more affective, embodied and ethico-political consequences of how things are being done and made possible in these settings (including the psychological and physical harms that can come to activists who are 'just doing their job'). We will specifically explore how dominant drug policy discourses and governing practices associated with the war on drugs work to de-legitimise, render invisible, make silent and remove evidence of dissent. But despite all these troubling practices, we will also show how anti-drug-war-activists have not just endured in these constraining environments, but are engaging in (sometimes small, but always important) practices and techniques of disruption, subversion, and resistance to these dominant ways of doing things. We will finish therefore, with some thoughts on the potential of these activist-driven reckonings and resistances to shift us towards new social and political imaginaries, ones that open-up possibilities beyond 'war as governance'... beyond the war on people who use drugs.

ANNIE MADDEN is the Executive Director of Harm Reduction Australia, which is a part time role she holds alongside a part time role as a Project Lead with the International Network of People Who Use Drugs (INPUD). Annie has provided technical expertise to UNODC, WHO, UNAIDS and has been a member of Australian Government delegations to the UN General Assembly. Until April 2016, Annie was CEO of the Australian Injecting & Illicit Drug Users League (AIVL) CEO of the NSW Users & AIDS Association (NUAA) from 1994 to 2000. She recently completed a PhD at the University of New South Wales in Sydney into 'Drug User Representation in High Level Policy Contexts'. In 2019, Annie was made an Officer of the Order of Australia for her decades of work promoting the health and human rights of people who use drugs globally.

ZOE DODD has worked in harm reduction for almost 20 years as a program coordinator, organiser, and advocate. Dodd was named MAP's inaugural Community Scholar for 2021/22. Dodd joined MAP from the South Riverdale Community Health Centre, where she coordinated the Hep C Program. She has a Masters degree in Environmental Studies focusing on the experiences of people who use drugs with mandated drug treatment. She has served as a member of the provincial Opioid Task Force as well as the Toronto Overdose Prevention Society, the Toronto Drug Strategy Implementation Panel, and many other committees.

4.00 | CLOSING

KATE SEEAR, KYLIE VALENTINE

AND MARIE JAUFFRET-ROUSTIDE

ROOM: GLYCINES