Contemporary Drug Problems

Making alcohol and other drug realities

FOURTH
CONTEMPORARY DRUG PROBLEMS
CONFERENCE

PAASITORNI CONFERENCE CENTRE
HELSINKI, FINLAND, 23-25 AUGUST 2017

NATIONAL INSTITUTE
FOR HEALTH AND WELFARE
FINLAND

NDRI
national drug research institute

Curtin University

AARHUS
UNIVERSITY
BUSINESS AND SOCIAL SCIENCES
CENTRE FOR ALCOHOL AND DRUG RESEARCH

Burnet Institute
Medical Research. Practical Action.

Rensselaer

Conference Organising Committee

Kim Bloomfield (*Contemporary Drug Problems* & Centre for Alcohol and Drug Research, Aarhus University)

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Kati Kataja (National Institute for Health and Welfare)

David Moore (*Contemporary Drug Problems* & National Drug Research Institute, Curtin University)

Mark Stoové (*Contemporary Drug Problems* & Centre for Population Health, Burnet Institute)

Host Institutions

Contemporary Drug Problems

National Institute for Health and Welfare

National Drug Research Institute, Curtin University

Centre for Population Health, Burnet Institute

Centre for Alcohol and Drug Research, Aarhus University

Department of Science and Technology Studies, Rensselaer Polytechnic Institute

Venue

Paasitorni, Paasivuorenkatu 5 A, FIN-00530 Helsinki, Finland. For venue queries, please email kati.kataja@thl.fi or telephone +358(0)97089611.

Acknowledgments

Welcome

As Editor of the international journal *Contemporary Drug Problems*, and on behalf of the conference organising committee, I'm delighted to welcome you to the fourth *Contemporary Drug Problems* conference 'Making alcohol and other drug realities'. As with the previous three 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. Interest in the conference has again exceeded our expectations, with a record number of abstracts submitted, and has allowed us to offer a diverse and exciting program, which I hope you will find engaging and inspiring.

Social Program

Welcome reception: Wednesday 23 August, 5.30-7.00pm, at Restaurant Wäiski, Hakaniemenranta 11, Helsinki (http://www.waiski.com/). Complimentary entry for registered delegates. Light refreshments and a complimentary drink will be served; an open bar is available for further drink purchases.

Conference dinner: Thursday 24 August, 7.00pm, at Restaurant Loiste, Kaivokatu 3, Helsinki (https://www.raflaamo.fi/en/helsinki/restaurant-loiste). Entry via pre-purchased ticket for dinner and a complimentary drink; an open bar is available for further drink purchases.

Conference Publication

Following the conference, *Contemporary Drug Problems* will publish a special issue comprising peer-reviewed papers originally presented at the conference. To be considered for the special issue, completed papers should be submitted online at https://mc.manuscriptcentral.com/cdx by 1 November 2017. The special issue will be published in 2018. For further information on the journal, please visit: http://journals.sagepub.com/home/cdx.

Peer Organisation Participation Award

The conference committee acknowledges the significant contribution made by peer organisations to drug research, policy and advocacy, and also recognises the financial challenges peer organisations face in participating in international professional meetings. For these reasons, the committee has granted a Peer Organisation Participation Award to Fiona Poeder from the NSW Users and AIDS Association (NUAA) in order to assist with the cost of her conference attendance. Incorporated in 1987, NUAA is the oldest drug user organisation in Australia and is primarily operated by people who currently use or have a history of using drugs. NUAA has spearheaded the movement for peer engagement and support in a wide range of areas: opioid treatment, needle and syringe programs, hepatitis C treatment, healthcare decision-making, and the reduction of stigma and discrimination. Fiona is the NUAA Special Projects and External Training Coordinator, and has worked with the Australian drug user movement and in harm reduction for well over twenty years. Her experience includes the development of training, resources and systems initiatives with the aim of improving health and social outcomes for people who use drugs. Over the past decade, Fiona has been involved in the development of several resources and initiatives focused on reducing the stigma and discrimination experienced by marginalised communities. We welcome Fiona's participation in the conference.

David Moore
Editor
Contemporary Drug Problems

Common-sense approaches to drugs and their effects usually understand them as self-evident objects that pre-exist the responses developed to address them. However, an emerging body of scholarly work in the social sciences has begun to reverse this understanding, rethinking drugs and their effects as constituted in various forms of practice. Research methods, public policies, treatment protocols and legislative processes all help produce the very phenomena they purport to address. Sometimes called the 'ontological turn', this conceptual shift recognises that processes of studying, treating and otherwise responding to entities such as drugs do not simply 'map', 'reveal' or 'deal with' them; they enact or constitute them as realities.

The insights afforded by the ontological turn offer much to the critical analysis of alcohol and other drug issues. How might these insights reshape epidemiological debates about the methods used to monitor dynamic drug markets, estimate prevalence and map trends and causes, or the ways in which data derived from these methods are interpreted? How might these insights enrich qualitative research on diagnostic instruments, treatment systems, government policies, legal processes, health promotion and popular culture?

Building on *CDP*'s three previous conferences, which have opened up questions of how drugs are problematised; how the complexity of drug use might be attended to and managed; and how drug use might be understood as event, assemblage or phenomenon, we now seek submissions for presentations that critically explore and debate the issues posed when we approach science, policy, treatment, law and other practices as constituting the realities they seek to address.

We welcome research from those working in anthropology, cultural studies, epidemiology, history, public policy, sociology and related disciplines. We also encourage the innovative use of methods, concepts and theoretical tools, including but not limited to those associated with the ontological turn.

Possible topics include consideration of the realities constituted in or by:
- Prohibition and international drug conventions
- Mandated treatment
- Drug courts
- Alcohol and other drug policy
- Education/health promotion in schools and universities
- Harm reduction services and measures
- Neuroscientific approaches to drug effects and addiction
- Monitoring/surveillance systems
- Research on drug trends
- Quantitative measures of alcohol and other drug use
- Qualitative concepts of subjectivity, agency, affect and identity
- Post-qualitative research methods
- Consumer accounts and narratives of drug use, addiction and recovery
- Medical and other forms of diagnosis/assessment
- Treatment models and practices
- Youth and other drug services
- Social media websites and apps
- Popular culture enactments of drug use

DAY 1: WEDNESDAY 23 AUGUST

8.30 – 9.00	REGISTRATION		
9.00 – 9.15	CONFERENCE OPENING & WELCOME | ROOM: SIRKUS | DAVID MOORE & PEKKA HAKKARAINEN		
9.15 – 10.15	KEYNOTE 1 | ROOM: SIRKUS		
	CAROL BACCHI (Chair: Suzanne Fraser) | Deploying a poststructural analytic strategy: Political implications		
10.15 – 10.45	MORNING TEA | SIRKUS FOYER		
	ROOM: SIRKUS	ROOM: TIVOLI	ROOM: TARJA HALONEN
10.45 – 12.45	SESSION | EMERGENT SPACES (Chair: Christoffer Tigerstedt)	SESSION | GENDERING ALCOHOL (Chair: Rebecca Tiger)	SESSION | ARTICULATING TREATMENT (Chair: Torsten Kolind)
	1. TRISTAN DUNCAN Affecting engagement: The emergence and engineering of atmospheres within the drug consumption room	1. DAVID MOORE Erasing masculinities: Performing gender in research on alcohol and violence	1. JOSEFIN MÅNSSON & MATS EKENDAHL Knowledge claims, target groups and discursive tensions in Swedish cannabis treatment for youth
	2. BERND WERSE Links between local policies, gentrification processes and patterns of alcohol and other drug use: An example from the Frankfurt 'open drug scene'	2. MARIA HEROLD Drinking like a man, resisting like a woman? A qualitative exploration of gender equality and alcohol use in the context of Danish youth	2. SHANA HARRIS Narrating the unspeakable: Researching, retelling and re-creating psychedelic experiences in drug treatment
	3. MARGIT ANNE PETERSEN Markets for prescription stimulants: Doctors, dealers and daily peers	3. GEOFFREY HUNT Gender and intoxication: From gender binaries to gender fluidity	3. EMMA WINCUP Discourses of recovery in UK drug treatment
	4. LEE HOFFER The internalised dimension of local heroin markets and why it matters	4. ARTTU SALO Fatherhood, alcohol and masculinities	4. ROBERT MOOSBRUGGER Desired outcomes of drug treatment: Normative and individual meanings and the impact of treatment processes
12.45 – 1.45	LUNCH | PAASIN KELLARI		
1.45 – 3.15	SESSION | ONTO-METHODOLOGIES (Chair: Simone Dennis)	SESSION | YOUTH I (Chair: Matilda Hellman)	SESSION | POLICY/MAKING I (Chair: Fiona Martin)
	1. SUZANNE FRASER Doing ontopolitically-oriented research: Investigating and enacting lives of substance	1. THOMAS FRIIS SØGAARD Recreational drug users: An emerging object of governance in nightlife security assemblages	1. OSKAR ENGHOFF Cannabis, media discourse and policy
	2. DAVE BOOTHROYD 'Flat ontologies' and the world(s) of drugs: How are 'drug problems' constituted, or, what constitutes a 'drug problem'?	2. SHAWNEE HARKNESS Youth mobility and transitional experience: An ethnography of the consumption and exchange of recreational drugs	2. KARI LANCASTER Evaluation as ritual: Re-enacting and stabilising 'evidence-based drug policy'
	3. KENNETH TUPPER Is ayahuasca a 'drug'? Research and policy implications of ontological complexity	3. ANU SIROLA & ATTE OKSANEN Who prefers experience over facts? Experimental insight into young people's reactions to gambling-related online content	3. SUSAN CALNAN Ireland's Public Health (Alcohol) Bill: A critical discourse analysis
3.15 – 3.45	AFTERNOON TEA | SIRKUS FOYER		
3.45 – 5.15	SESSION | MAKING DRUGS (Chair: Kane Race)	SESSION | YOUTH II (Chair: Steve Koester)	SESSION | POLICY/MAKING II (Chair: Kate Seear)
	1. LUCY PICKERING What's new about 'new psychoactive substances'? Reflections on a Scottish study	1. ADRIAN FARRUGIA Effective or ethical? Analysing the unforeseen effects of 'effective' drug education	1. EVA DEVANEY Drug-related intimidation of families: A 'problem' constituted through drug policy
	2. ASHLEY BULLARD What is a cognition enhancer? A discursive analysis of a 'new breed of drug'	2. LEA TRIER KRØLL Students' use of drugs to moderate time in everyday life crises	2. NIKLAS KARLSSON & TUUKKA TAMMI A slowly turning boat: Thirty years of political controversy on needle exchange programs in Sweden
	3. ALEKSI HUPLI Pharmacological enhancement in higher education: Fluid user categories and enhancement of everyday life with neurotechnologies	3. AYSEL SULTAN Narratives of high-risk drug use by adolescents: Cross-cultural perspectives	3. REBECCA HAINES-SAAH Let's not panic (again): Cannabis legalisation, public health and youth prevention in Canada

5.30 – 7.00 | WELCOME RECEPTION Restaurant Wäiski, Hakaniemenranta 11, Helsinki(http://www.waiski.com/)

DAY 2: THURSDAY 24 AUGUST

|	ROOM: SIRKUS	ROOM: TIVOLI	ROOM: TARJA HALONEN	ROOM: KARL LINDAHL
9.00 – 11.00	SESSION | THE BRAIN DISEASE MODEL OF ADDICTION (BDMA) (Chair: Geoffrey Hunt)	SESSION | MAPPING (Chair: Kim Bloomfield)	SESSION | MATERIALISING DRUG EFFECTS (Chair: Carol Bacchi)	SESSION | PUBLIC DISCOURSE (Chair: Christine Griffin)
	1. JOHAN EDMAN Concepts and ideas on addiction: A historical perspective on great mergers	1. LUCY BURNS Philosophy, epidemiology and drug monitoring: How and what are we measuring now?	1. SIMONE DENNIS Remaking smoking in and for the era of smokefree: Plain packaging as constitutive of practice	1. BENJAMIN PETRUŽELKA Making drugs public: The vanity of scientists and the ignorance of the public?
	2. MATILDA HELLMAN Popular promises of progress: The articulation of the BDMA in the media	2. ALEKSANDRA SNOWDEN Exploring violence: The role of neighbourhoods, places and place characteristics	2. NICOLE VITELLONE Rachel's story: The lure of the syringe	2. MAURICE NAGINGTON Queering chemsex
	3. JAAKKO KUORIKOSKI & SUSANNE UUSITALO Putting the brain in its place: Arguments from ethics and the philosophy of science	3. JOHN CUNNINGHAM The experience of prescription opioid use and misuse in a community sample	3. FAY DENNIS Bodily experiments: Making drug-using bodies matter	3. JESSIE DANIELS & JULIE NETHERLAND White women, popular culture and narratives of addiction
	4. MICHAEL EGERER How can ethical concerns surrounding the BDMA be studied empirically?	4. ZSUZSA KALÓ Qualitative epidemiology: How to clarify misconceptions of the prevalence of new psychoactive substance use?	4. ALLISON SCHLOSSER 'They medicated me out': Biomedicine, body alienation and agency in addiction treatment	4. KATARINA WINTER Addiction experts in public arenas: From scientific knowledge to lived experience
11.00 – 11.30	MORNING TEA | SIRKUS FOYER			
11.30 – 1.00	SESSION | PRODUCING PROFESSIONALS (Chair: Fiona Poeder)	SESSION | YOUTH III (Chair: Adrian Farrugia)	SESSION | SCIENTIFIC KNOWING (Chair: Cameron Duff)	SESSION | MEDICALISING DRUG USE (Chair: Robin Room)
	1. STEVE DURANT From opiophobia to over-prescribing: A critical scoping review of medical education training for chronic pain	1. TAMAR ANTIN The 'here and now' of youth: An investigation of the meaning of nicotine and tobacco for counter-cultural youth	1. REBECCA TIGER (Re) Imagining the brain on drugs	1. JULIA REHSMANN Confined live(r)s: Alcohol and the ethics of lists and limits
	2. CHLOE KNOX Mother versus child? Healthcare professionals' perceptions of maternal-fetal conflict in antenatal substance use	2. MARIE BÆRNDT Experiences of transgressive inquiries about sexuality and religion among partying young women with ethnic minority background in Denmark	2. ANNE WHITTAKER The odd couple or a marriage made in heaven? Critiquing 'implementation science' in recovery-oriented treatment	2. SHARON SZNITMAN The medicalisation of cannabis: What does it mean?
	3. NIKI KIEPEK Drug use among students in professional programs: Enhancing performance?	3. ADRIAN BARTON Managing alcohol use amongst young drinkers: Understanding the impact of cultural practices on drinking patterns and practices	3. ANTHONY BARNETT When the brain leaves the scanner and enters the clinic: A critical analysis of the way neuroscience produces 'addiction' in drug treatment	3. FRÉDÉRIQUE BAWIN Supply of cannabis for medical use through cannabis social clubs: An analysis of Belgian practices
1.00 – 2.00	LUNCH | PAASIN KELLARI			
2.00 – 3.30	SESSION | ATTENDING TO PLEASURE (Chair: Lucy Pickering)	SESSION | MULTIPLICITY AND DIVERGENCE (Chair: Vibeke Asmussen Frank)	SESSION | MAKING SERVICE ACCESS (Chair: Kari Lancaster)	SESSION | PRACTISING HARM REDUCTION (Chair: Nicole Vitellone)
	1. KANE RACE Thinking *with* pleasure: Agency and experimentation	1. RAMEZ BATHISH Therapeutic governance and the enactment of multiple subjectivities in contemporary Australian therapeutic communities	1. SIANNE HODGE & FIONA POEDER Language in community-based alcohol and other drugs treatment settings: A matter of person-centredness, not political correctness	1. ELENI THEODOROPOULOU The ontology of harm reduction
	2. WILLY PEDERSEN The pleasures of drunken one-night stands: Assemblage theory and narrative environments	2. FIONA MARTIN Multiplicity and ambiguity in Canadian policy discourse on women's substance use	2. EMMA ATKIN-BRENNINKMEYER Factors concerning access to a potential drug consumption room in Dublin, Ireland: A case study	2. ERIC RATLIFF Am I my lover's keeper? Narrating 'responsibility' as a dialectic of autonomy and care in drug use and HIV prevention
	3. MARIE JAUFFRET-ROUSTIDE Disciplining pleasure through harm reduction policy: Confronting drug users' personal experience of injection in context with professionals' public health expectations	3. CATHERINE HESS Divergent e-cigarette policies in California and the United Kingdom: Influences on perceptions of vaping among young adults in San Francisco and London	3. ELINA VIROKANNAS Limited access to social and health care services from the standpoint of women drug users in Finland	3. ANDY MCAULEY Lived experiences of take-home naloxone: An interpretative phenomenological analysis

DAY 2: THURSDAY 24 AUGUST

3.30 – 4.00	AFTERNOON TEA	SIRKUS FOYER
4.00 – 5.00	KEYNOTE 2	ROOM: SIRKUS
	ADAM WINSTOCK & MONICA BARRATT (Chair: Kim Bloomfield)	The Global Drug Survey: Participatory methods and the making of safer drug realities

**7.00 | CONFERENCE DINNER** Restaurant Loiste, Kaivokatu 3, Helsinki (https://www.raflaamo.fi/en/helsinki/restaurant-loiste)

DAY 3: FRIDAY 25 AUGUST

	ROOM: SIRKUS	ROOM: TIVOLI	ROOM: TARJA HALONEN
10.00 – 10.30	MORNING TEA	SIRKUS FOYER		
10.30 – 12.00	SESSION	DRUGS ONLINE (Chair: Monica Barratt)	SESSION	EN-CARCERATING DRUG USE (Chair: Kenneth Tupper)	SESSION	ALCOHOL AGENCIES (Chair: Willy Pedersen)
	1. JULIE TIEBERGHIEN #Cannabis: A qualitative study of the framing of cannabis on Twitter	1. TORSTEN KOLIND The enactments of drugs in Danish prison drug treatment: Illegal drugs, medicine and constrainers	1. JULIE ROBERT Meeting the sober self, recognising the drinking self: Back to baseline experimentation in temporary sobriety initiatives
	2. CHRISTINE GRIFFIN 'People look completely mortalled and hilarious': Social media marketing and young people's drinking cultures	2. SHELLEY WALKER Connection to family while in prison for young men with injecting drug histories	2. KIM BLOOMFIELD Area level relative deprivation and alcohol use in Denmark: A tale of two problems
	3. LILANI ARULKADACHAM Examining craving and pleasure of coffee using an individualised-ecological momentary assessment protocol		3. ROBIN ROOM Conflicts between social roles in drinking expectations and behaviour as factors in interpersonal harms from drinking
12.00 – 1.00	LUNCH	PAASIN KELLARI		
1.00 – 2.30	SESSION	DRUGS AND IDENTITIES (Chair: Dave Boothroyd)	SESSION	LEGAL ACTIONS (Chair: Fay Dennis)	SESSION	REALISING RISK (Chair: Esben Houborg)
	1. DEAN MURPHY Chemical practices: Experimenting with drugs, and the making of sexual and gender identities	1. KATE SEEAR The chronotope of the community: Producing Aboriginality, alcoholism and addiction in Australian criminal law	1. ALEKSANDRA BARTOSZKO The lethal burden of survival: The making of subjects at risk and paradoxes of opioid substitution treatment in Norway
	2. SIMON HOWELL Both beyond and within: Gangs, drugs and identity	2. ASMIN FRANSISKA Drug threshold quantities in Indonesia law undermine decriminalisation policy	2. SARAH MORTON & LAURA O'REILLY Relationship and risk: Practitioner skills and impact when delivering low threshold substance use interventions within community settings
	3. JENNI SAVONEN & HEINI KAINULAINEN The old school: Social identities of heavy drug users	3. ELIANA SARMIENTO Playing the numbers game: The constitution of 'dependence' through the use of sanctions and rewards in an Australian drug court	3. STEVE KOESTER Controlling homelessness and producing risk
2.30 – 2.45	TRANSITION BREAK		
2.45 – 3.45	KEYNOTE 3	ROOM: SIRKUS		
	CAMERON DUFF (Chair: David Moore)	Making drug realities: From analysis to praxis after the ontological turn		
3.45 – 4.00	CONFERENCE CLOSE	ROOM: SIRKUS	PEKKA HAKKARAINEN & DAVID MOORE		

Sirkus room, Sirkus foyer, Paasin Kellari restaurant & entry to Tivoli room
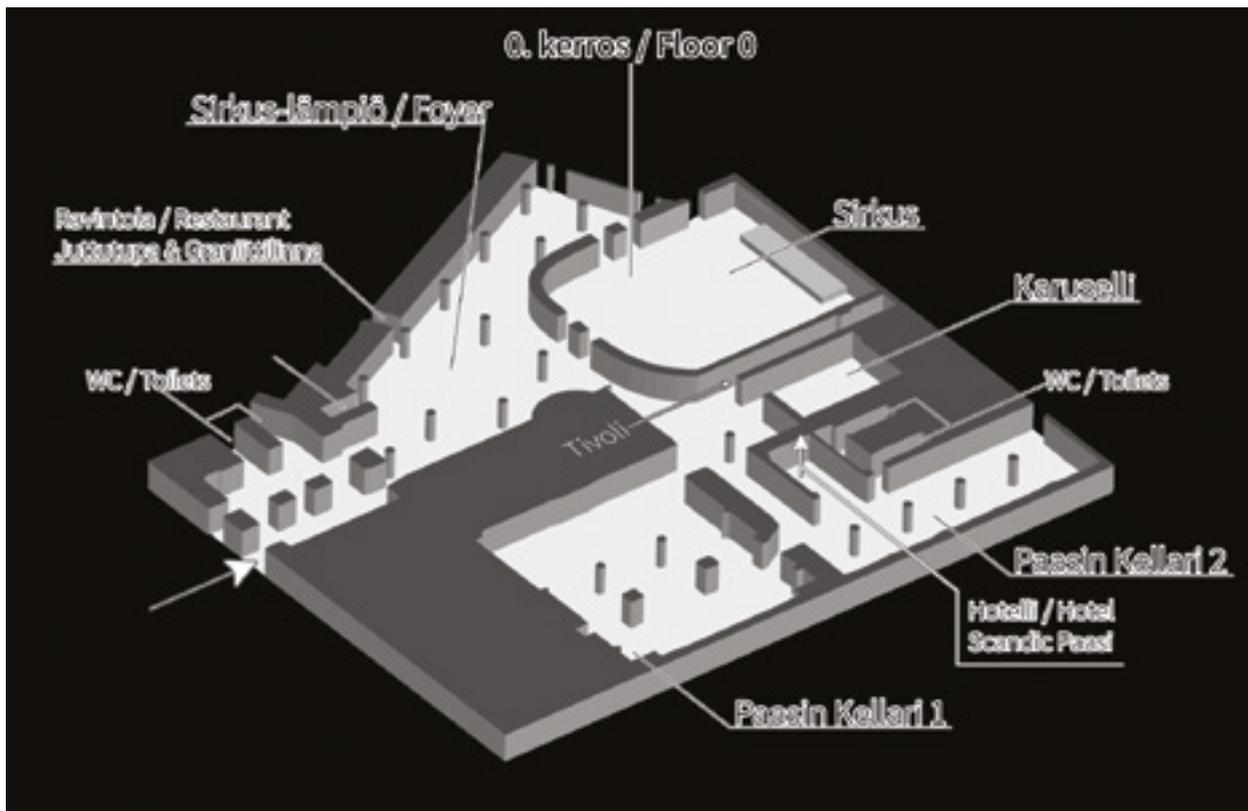
Tarja Halonen & Karl Lindahl rooms
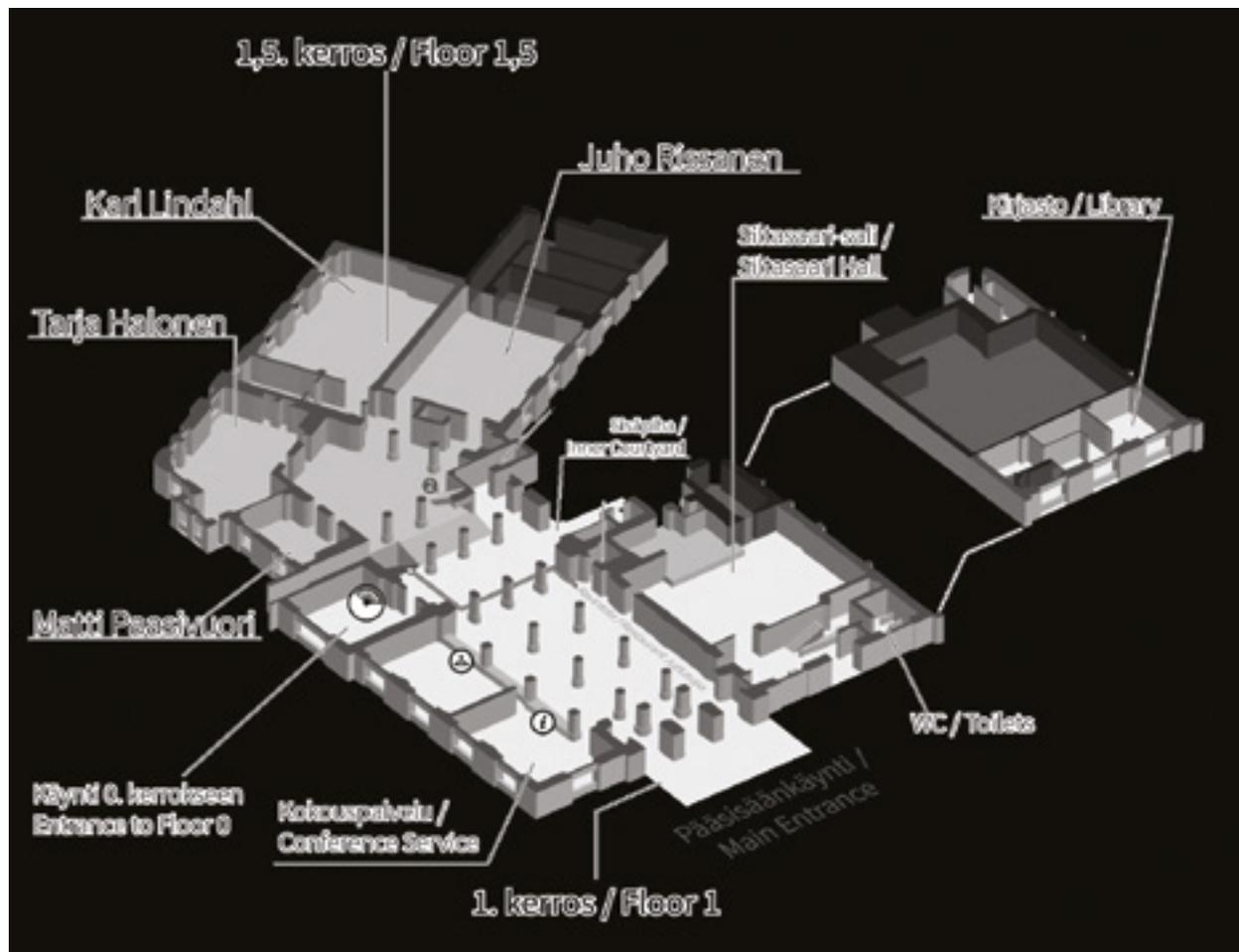
9.00 — 9.15 | OPENING & WELCOME
DAVID MOORE & PEKKA HAKKARAINEN
ROOM: SIRKUS

9.15 — 10.15 | KEYNOTE 1 | CAROL BACCHI
CHAIR: SUZANNE FRASER
ROOM: SIRKUS

Deploying a poststructural analytic strategy: Political implications

This paper puts forward a Foucault-influenced analytic strategy, called 'What's the Problem Represented to be?' (WPR approach), as a user-friendly schema for producing poststructural analysis. Previously applied to the policy field (Bacchi, 1999; 2009), this paper extends the usefulness of the WPR approach to interrogate the full range of governmental and knowledge practices. It also illustrates how, through a primary focus on governmental problematisations, the WPR approach raises critical questions about an assumed 'real'. To illustrate what the WPR approach accomplishes in terms of political analysis examples are drawn from the alcohol and other drug field, and from related research areas, which illustrate how 'subjects' and 'objects', including 'places', are constituted (made to be) through practices. Three themes are pursued: the richness of the concept of problematisation; theories of the 'subject' and practices; and the political usefulness of replacing 'objects' with objectivisations. The paper directs particular attention to the forms of politics facilitated through such an analytic strategy. This mode of analysis, it is argued, is valuable for what it opens up rather than for what it proscribes. A poststructural politics is not concerned with setting agendas or championing particular reforms. Through a practice of continuous questioning along the lines of the WPR approach, it becomes possible to reflect on how specific problematisations limit what can be discussed, and produce 'subjects' and 'objects' with possible deleterious consequences for certain individuals and groups. The importance of applying this form of questioning to one's own propositions and policy proposals is highlighted. Such a practice of self-problematisation assists in identifying how we might inadvertently be sustaining the status quo or undermining declared objectives through adopting taken-for-granted ways of thinking. It therefore alerts researchers and analysts to their participation in making rather than reflecting 'reality'. The ethos of continual criticism, thus promoted, opens up the space for challenge and change.

PROFESSOR CAROL BACCHI is Professor Emerita of Politics at The University of Adelaide. She researches and writes in the fields of policy theory, feminist political theory, embodiment and citizenship, and mobility studies. Her work on policy theory draws on Foucauldian perspectives. Over the past forty years she has encouraged the rethinking of taken-for-granted truths about women's history, equality policy and public policy generally. Major publications include: *Same difference: Feminism and sexual difference* (Allen & Unwin, 1990), *The politics of affirmative action: 'Women', equality and category politics* (Sage, 1996), *Women, policy and politics: The construction of policy problems* (Sage, 1999) and *Analysing policy: What's the problem represented to be?* (Pearson Education, 2009). Her new book, *Poststructural policy analysis: A guide to practice* (Palgrave Macmillan, 2016), written with Susan Goodwin, includes an Appendix, co-authored with Jennifer Bonham, which introduces a new poststructural approach to interview analysis.

10.15 — 10.45 | MORNING TEA

10.45 — 12.45 | EMERGENT SPACES
CHAIR: CHRISTOFFER TIGERSTEDT
ROOM: SIRKUS

1. TRISTAN DUNCAN,
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CAMERON DUFF,
RMIT University
BERNADETTE SEBAR,
Griffith University
JESSICA LEE,
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Affecting engagement: The emergence and engineering of atmospheres within the drug consumption room

An interest in atmospheres has emerged in recent critical drug studies alongside attempts to make sense of and interrogate the more-than-human and more-than-representational dimensions of alcohol and other drug (AOD) use. Proceeding via the notion of 'affective atmospheres', scholars have variously sought to clarify the relational constitution and agentic force of atmospheres as they intervene in events of drug consumption (Duff & Moore, 2015; Shaw, 2014; Wilkinson, 2016). This research has pointed to the active and mediating role of atmospheres in shaping drug use practices and experiences both positively and negatively. Critically, this literature has begun to indicate the grounds and objectives of a mode of harm reduction more attuned to atmospheres and their potential to help mediate less harmful drug use encounters. Despite this promise, research concerning atmospheres and AOD use remains bound by its limited focus on the spaces of the night-time economy. We seek to theoretically and empirically contribute to this emerging body of work through our account of atmospheres encountered in a drug consumption room in Germany. Drawing on 12 months of participatory ethnography at Frankfurt's 'La Strada' drug consumption room, alongside photographic and interview material, we detail the emergence, engineering and proximate force of local atmospheres. Our research calls attention to the ways these atmospheres variously draw in or repel clients from the facility, while shaping client capacities to find repose, safely inject and combat negative affects of paranoia, aggression and distress. Importantly, our analysis reveals the specificity and uniqueness of La Strada's atmospheric qualities. These qualities are not innate to all drug consumption rooms but are an emergent and contingent product of the 'La Strada assemblage', including the spatial, affective and material impacts of its human and nonhuman constituents. In responding to the challenges of the ontological turn in critical drug studies, our account of the consumption room calls attention to the hitherto unacknowledged atmospheres of harm reduction. We conclude with practical suggestions as to how these atmospheres might be modified, 'staged' or 'engineered' (Thibaud, 2015) to further enhance the public health benefits of consumption rooms.

2. BERND WERSE,
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Links between local policies, gentrification processes and patterns of public alcohol and drug use: An example from the Frankfurt 'open drug scene'

Background and aims: Frankfurt's 'open drug scene' is probably the most visible one throughout Germany: the core area is situated in a tiny neighbourhood (Bahnhofsviertel) between the main train station and the inner city. For some years, efforts to gentrify this area appeared to be 'successful', with drug users being 'cornered' into even smaller areas. The shift in the media coverage, influenced by local businesses, also influences local drug policy. As a consequence, a pilot study on a small group of suspected 'troublesome' alcohol-drinking drug users was funded. This research offers some empirical insights into definitions of social problems by different relevant actors. Methods: The group in question lingers around a small and frequented square vis-à-vis the main station (Kaisersack). First, we applied systematic participant observation, with 'persons', 'alcohol/other drugs' and 'space' as main categories. Fifty quantitative interviews were then conducted, using an electronic questionnaire. These interviews were analysed with common statistical procedures and compared to the bi-annual quantitative survey of the general group of 'open' drug users in Frankfurt (N=150). Results: Two main groups in the areas were identified: sellers and buyers of prescription drugs, and persons who stay at the Kaisersack for longer time periods, drinking beer and other alcoholic beverages. No clear distinction could be made between these groups and the 'rest' of the 'open' drug scene: most of the respondents were daily heroin and/or crack cocaine users. However, the use of prescription drugs and alcohol in this group was somewhat higher. This mainly applies to a small sub-group that subjectively distances itself from the 'rest' of the drug scene. Public nuisance coming from these groups was rarely observed. Discussion: The results are in stark contrast to the prior assumptions. Media and some parts of law enforcement and social work expected the Kaisersack scene to be completely separate from the rest of the 'open drug scene', and a bigger threat to public security. This reveals a quite special feature of an ongoing process of gentrification, including the manipulation of public opinion. Since this research was conducted (late 2015), the discussion in local media and local policy has continued, including the invention of new topics.

3. MARGIT ANNE PETERSEN,
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Markets for prescription stimulants: Doctors, dealers and daily peers

The use of prescription stimulants for optimisation purposes among young people has in the last few decades been discussed as an emerging drug problem in much of Western society. Most research consists of surveys on students' demographics and patterns of stimulant use. There are few examples of qualitative work that investigates students' experiences and moral concerns with optimising study skills and academic performance. Furthermore while the use of prescription stimulants seems to be a growing trend, very little attention has been paid to the social contexts within which stimulant use takes place and thereby also the ways in which these restricted pharmaceuticals become accessible to people without medical conditions. The aim of this paper is to connect stimulant use to current consumer culture and the emergence of new technologies of optimisation. By so doing this paper presents three different yet interconnected markets for prescription stimulants through doctors, dealers and daily peers. Drawing on ethnographic fieldwork conducted in New York and Copenhagen, the paper provides insight into different strategies for obtaining prescription stimulants, and thereby the different social realities connected to this drug use. Commonly, the informal exchange of stimulants on university campuses or through social media accounts for much of the distribution of prescription stimulants among students. However, students are sometimes helped by university counselling services to go to a psychiatrist if they are experiencing, for example, problems with concentration. Thus, there exists a formal and an informal market for prescription stimulants directly connected to the university. Outside the university, drug dealers list Adderall and Ritalin as 'study aids' in an online classified magazine, but their customers do not consist of students but rather lawyers and people working in finance. Together these three interrelated 'markets' show that the use of prescription stimulants for optimisation purposes cannot solely be understood as a student drug-phenomenon but must be connected to wider aspects of society including the increasingly blurred lines between treatment and enhancement, and the emergence of neoliberal definitions of self.

4. LEE HOFFER,
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The internalised dimension of local heroin markets and why it matters

Supported by ethnographic and survey data collected in Cleveland, Ohio, this paper presents how people who use heroin provide capabilities essential to local heroin markets and uncover a new dimension of this economy. Descriptions of drug sales have historically dominated narratives of how local heroin markets operate. Drug dealers, dealing organisations and sellers have forever been the key actors in this economy. Most successful dealers exclusively sell heroin in private venues and to customers they know. Such inherent barriers often leave the critical question of how people initially connect to local heroin markets unanswered. As poorly understood is how customers locate someone else selling heroin, that is, reconnect to the market, when the dealer they are using inevitably gets arrested. Finally, a popular assumption is that heroin markets are governed by the same economic laws as their legal market counterparts, yet how heroin buyers acquire local market information is rarely considered. Drug researchers recognise that users become connected to local heroin markets though people they know who already participate in them. Peer networks connect users to the market and transmit information about it. These capacities make people who use heroin essential agents in market operations. One common transaction that initially patterns and repeatedly reinforces this: when heroin users purchase drugs for their peers. When a user buys heroin for another user, they are acting in the same capacity as a heroin dealer and yet to themselves and their peers, their role is not differentiated. A new dimension of the local heroin market surfaces when deconstructing this exchange. Namely, for users the local heroin market becomes internalised in their peer-to-peer relationships and consequently the market is released from the conventional constraints of geography, individual characteristics and reliance on any individual dealer. A broad set of implications for this buyer-oriented perspective are discussed.

10.45 — 12.45 | GENDERING ALCOHOL
CHAIR: REBECCA TIGER
ROOM: TIVOLI

1. DAVID MOORE,
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SUZANNE FRASER,
Curtin University
HELEN KEANE,
Australian National University
KATE SEEAR,
Monash University
KYLIE VALENTINE,
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Erasing masculinities: Performing gender in research on alcohol and violence

In recent years, the issue of 'alcohol-fuelled violence' has been the subject of intense policy debate in Australia. While this debate is certainly warranted, its contours and content have been informed and shaped by a surprisingly narrow range of research resources. Narrow research engagements of this kind warrant scrutiny because they can exclude from consideration crucial issues. In this paper, I identify one such issue, that of gender. The analysis explores key examples drawn from one type of research frequently cited in policy debates: studies of 'alcohol-related' mortality, admissions to accident and emergency departments, and hospitalisations. Drawing on recent scholarly work on the performativity of scientific and policy knowledge and practices, I argue that these influential studies consistently erase the contribution of key gender dynamics, namely enactments of particular masculinities, to violence involving alcohol, even where they simultaneously provide strong support in their data for such a conclusion. Furthermore, they foreground the causal role of alcohol and conflate the drinking of victims of violence with that of its perpetrators. I show how this research is mobilised specifically in support of claims about the causal role of alcohol in violence and of blanket population-level responses to the problem. In the absence of an awareness of gender and power, objects such as alcohol come to appear relatively stable and singular, their operations and nature understood in unexamined ways that actively shape research and policy, their outcomes and, in turn, the realities being addressed. Scrutinising the unexamined assumptions of research and policy is crucial to understanding these political effects and to developing alternative, equitable and credible policy responses.

2. MARIA HEROLD,
VIBEKE ASMUSSEN FRANK & GEOFFREY HUNT,
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Drinking like a man, resisting like a woman? A qualitative exploration of gender equality and alcohol use in the context of Danish youth

While the 'women friendly' Scandinavian discourse of gender equality (Borchorst & Siim, 2008) is a key element within narratives concerning the Danish national identity, it appears that this discourse may in fact be compromised within mixed gender settings, where heavy drinking and intoxication occur. In such settings, whereas intoxicated male behaviour is normalised, intoxicated young women are positioned as un-feminine, indecent or even disgusting. Given this situation, and the extent to which Danish youth are identified as one of the most intoxicated youth populations in the world, with women and men drinking almost uniform levels of alcohol, the aim of this presentation is to examine this apparent tension or potential contradiction, using narrative data from 140 in-depth interviews with young Danish women and men (aged 18-25 years). Within the interview narratives, the young participants often refer to both of these discourses in how they understand, explain and describe their alcohol consumption. Adopting constructionist concepts such as 'situational gender' (Strandell, 2000), 'gender play' (Thorne, 1993) and 'storylines' (Davies & Harré, 1990; Søndergaard, 2002), we will explore in-depth these contradictory discourses, focusing specifically on how the young interviewees discuss 'storylines' around gender equality, while at the same time engaging in alcohol-related settings where a distinct gender hierarchy operates.

3. GEOFFREY HUNT,
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TAMAR ANTIN,
Institute for Scientific Analysis
MAYA SISNEROS,
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Gender and intoxication:
From gender binaries to gender fluidity

Alcohol use and intoxication have long been associated with men and masculinity. Researchers have consistently found significant gender differences in drinking and intoxication prevalence rates. However, more recently, gender differences appear to be diminishing. Nevertheless, while this may be the case, it does not necessarily mean that the *meaning* of drinking and intoxication for young women and men are the same. With this in mind, the overall aim of this paper is to explore recent theoretical developments by feminist researchers to examine gender and intoxication. Much of the more recent research has explored how the boundaries of acceptable and unacceptable behaviour are critically influenced by societal norms about gender performance. While we are fortunate that feminist research has developed and begun to highlight the contradictory discourses about young women's intoxication, there may still remain significant gaps within these research fields if we are to fully understand the role and meaning of intoxication for all young people, not merely for white, middle-class cisgender young people. As a way of exploring the possible limitations of current thinking on gender and intoxication, we will examine the narratives from 51 in-depth interviews with self-identified LGBTQ young people. These interviews were part of much larger in-depth qualitative study of gender and the meanings of intoxication. The analysis of these 51 narratives will explore the relationships between meanings of intoxication and sexual and gender identities, and the extent to which notions of masculinity and femininity influence alcohol consumption and drinking practices among young sexual and gender minority adults. As gender expressions within LGBTQ become increasingly nuanced and fluid, understanding the role of notions of masculinity and femininity may increase our understandings of the ways in which gender influences alcohol consumption.

4. ARTTU SALO,
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Fatherhood, alcohol and masculinities

My research focuses on the cultural and gendered meanings of fatherhood and male alcohol consumption and I try to open up the shared cultural understandings of fathers' alcohol consumption. The alcohol consumption of fathers is considered to be one of the main problems of fatherhood. Although there is a certain tension between fatherhood and alcohol consumption, the masculinity of a father is not necessarily endangered by alcohol problems. The theoretical framework of my research is based on critical studies of men and masculinities. The key idea is that the habits and patterns of male alcohol use and fatherhood create, build and reproduce different types of masculinities. These different masculinities form a hierarchy, and the most culturally acceptable masculinity becomes an ideal that others should aspire to. The hierarchy of masculinities affects how we see and treat different men and fathers. One way to study the hierarchy of masculinities is to examine cultural presentations. In my research, I examine cultural presentations of male alcohol use and fatherhood. My data consist of cultural texts such as rock lyrics and literature. Both literature and rock lyrics can be read as a social diagnosis of our time. I will use the approaches of cultural text analysis and feminist cultural studies as the methodology, and representation and narrative analysis as my method of analysis. Preliminary findings deepen the opinion that the cultural ideals of male alcohol use have changed and diversified, but alcohol remains a crucial part of Finnish masculinity. Traditionally in Finnish culture, male alcohol use has been a crucial marker of masculinity and a heavy-drinking man has been the symbol of Finnish alcohol culture. Currently, heavy drinking has become a marker of working class, under-educated and socially excluded men.

10.45 — 12.45 | ARTICULATING TREATMENT
CHAIR: TORSTEN KOLIND
ROOM: TARJA HALONEN

1. JOSEFIN MÅNSSON,
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Knowledge claims, target groups and discursive tensions in Swedish cannabis treatment for youth

Background: Views on cannabis are changing in many Western countries, encompassing both liberalisation of policy and normalisation of use. In Sweden, however, prohibition is still central in drugs laws, and little suggests future policy changes. Despite comparatively low levels of cannabis use among Swedish youth, domestic cannabis prohibition is rationalised through youth use. It is assumed that adolescents are vulnerable, that their brains may be 'hijacked' by cannabis, and that comprehensive measures are necessary. Still, knowledge about how such interventions are understood by service staff is limited. It is of interest how these professionals relate treatment delivery to the drug problems they seek to solve, and how they approach differing knowledge claims related to target groups, services and surrounding society. Aims: The study focuses on how Swedish interventions for youth cannabis use are legitimised by service providers from within the 'black box' of treatment, and analyses the relationship between described practice and drug prohibition. Theory: We assume that solutions to social problems should be studied as reinforcing problem definitions and constituting target groups, and not just as rational responses to factual conditions. Our analyses centre on concepts such as legitimisation, binary oppositions and subject positions. Methods: We approached a key network of treatment centres for youth substance use in municipalities bordering Stockholm City, Sweden, called 'Mini-Maria' (social services and health care cooperation). Eighteen hour-long interviews with social service staff from six settings were conducted, transcribed and coded thematically. Results: Respondents balanced between describing youth cannabis use as problematic per se or as symptom of dysfunction, and between concentrating interventions on drug use or wider living conditions. We conclude that service providers legitimised their practice, and thereby kept youth cannabis use a high profile problem, by emphasising or de-emphasising the universal and particular aspects of youth characteristics, intentions and behaviour.

2. SHANA HARRIS,
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Narrating the unspeakable: Researching, retelling and re-creating psychedelic experiences in drug treatment

Ethnobotanist and psychedelic advocate Terence McKenna famously described the use of psychedelic substances as an 'unspeakable primary experience', one that is personal, private, transcendental and ultimately indescribable. According to McKenna, the ineffable quality of such a language-exceeding experience, however, does not prohibit nor invalidate attempts to explain it. The struggle to narrate one's experience is instead a necessary endeavour. But how does narration work if the psychedelic experience is truly unspeakable? What kind of narratives are possible? And what challenges does narrating the unspeakable pose to the study of psychedelic use? This paper addresses these questions by analysing the narratives generated through a particular kind of psychedelic use—the therapeutic use of ibogaine for drug treatment. Ibogaine is a naturally occurring psychoactive substance used for 'addiction interruption', as a way to reduce or eliminate cravings for and withdrawal symptoms of opiates, alcohol and other drugs. In addition to drug detoxification, it is used as a tool for self-reflection and introspection that allows one to better understand their problematic drug use and the path out of it. Drawing on ethnographic fieldwork at an ibogaine clinic in Mexico, this paper examines what narration looks like in the context of a psychedelic-based drug treatment program. It pays particular attention to the ways in which patients retell—or struggle to retell—their ibogaine experiences in an effort to make sense of them. The psychedelic experience is, therefore, re-created narratively for therapeutic ends. In the ethnographic moment, this narrative process is also an attempt—sometimes unsuccessfully—to articulate and re-create the experience to the curious ethnographer. As a result, this paper ultimately asks us to consider whether the supposed ineffability of psychedelic experiences limits our ability to study the use of such substances or if it simply creates new ethnographic and analytic opportunities for research.

3. EMMA WINCUP,
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Discourses of recovery in UK drug treatment

There have been significant shifts in drug treatment in the UK over the past decade, although arguably more at the level of rhetoric than practice. A series of policy documents — developed by different governments — have sought to place 'recovery' at the heart of drug treatment. It remains a contested concept — as we will explore in the paper — but in policy terms has become synonymous with abstinence, placing recovery in opposition to harm reduction which has dominated drug policy since the 1980s. The focus on abstinence has been highly controversial but this is not our main concern here. Instead, we will explore how contemporary drug policy constructs a vision of a 'recovered' citizen who is abstinent, engaged in paid work (or at least not dependent upon state welfare without good reason) and actively managing their own health. Underpinning this is a particular understanding of drug use, drug users and drug treatment. We contrast this with three — albeit overlapping — discourses on recovery. We can broadly categorise them as an 'expert' discourse (the UK Drug Policy Commission Consensus Group), which is most closely aligned to the discourse dominating policy; a discourse associated with the emerging but disparate UK drug recovery 'movement'; and a 'critical' discourse which notes the silencing of gender and other social inequalities in debates around recovery. Each of these challenges the dominant discourse and we draw upon the insights of these to reflect upon the need for a revisioning of UK drug policy. The contested nature of drug treatment is not peculiar to the UK. It is intended that the paper will provoke discussion of similarities and differences among recovery discourses prevalent elsewhere.

4. ROBERT MOOSBRUGGER & ALFRED GRAUSGRUBER,
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Desired outcomes of drug treatment: Normative and individual meanings and the impact of treatment processes

Health care service providers are offering solutions to recognised problems. By setting treatment goals and processes they contribute to normative understandings of 'good health' (Anderson, 2012). Institutions impose their symbolic power to achieve the ends they desire (Bourdieu, 1989). Sercu and Bracke (2016) argue that treatment interactions in mental health care are not only influenced by social positions but also the systems of meaning people impose. People holding views on illness and appropriate treatment that deviate from those of the treatment agency may not profit from treatment in the same way. In the context of a five year evaluation of an abstinence-oriented drug treatment facility in Austria, available quantitative data from the patients at the beginning (n=129), end (n=56) and one year after therapy (n=41) was analysed. To gain a better insight into treatment processes, qualitative interviews (n=20) were also conducted with patients (current and former — successful and not successful), professionals associated with the treatment facility and professionals associated with clients after or during treatment. These data allow an approximation to the following questions from different viewpoints: How is desired outcome defined by different actors? To what extent are these definitions in accordance with the 'official goals'? Which processes are regarded as essential for reaching the desired outcome? How are these processes and the outcome affected by different perceptions?

12.45 — 1.45 | LUNCH

1.45 — 3.15 | ONTO-METHODOLOGIES
CHAIR: SIMONE DENNIS
ROOM: SIRKUS

1. SUZANNE FRASER,
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Doing ontopolitically-oriented research: Investigating and enacting lives of substance

Addiction has long attracted intense scholarly, policy and media attention. Despite this, little systematically collected knowledge exists on the experiences of people who consider themselves affected by it. This presentation will discuss a research project that set out to generate new knowledge on these lived experiences. How do people manage this aspect of their lives? What does addiction mean to them? How do they cope with the stigma associated with addiction? These are the questions the project sought to answer, and in doing so, it produced a ground-breaking web site (www.livesofsubstance.org) presenting accounts of such experiences in video, audio and text format. The aim of this presentation will not be to report on these findings or on the website content per se, however. Instead it will attempt to examine the project from the point of view of its ontological politics. As I will argue, the project and its outcomes were fundamentally inspired by the insight that research not only explores and describes realities, it actively constitutes the realities it explores, playing a direct role in reconstituting realities through its conduct, outcomes and communications. I adopt the term 'ontopolitically-oriented research' to describe this approach. The analysis in this presentation will focus on the project's methods, describing the ways the project devised and implemented methods best able to articulate its aims, and the key discussions and steps involved in ensuring these methods were as academically rigorous as they were ontopolitically attuned. Specific areas of consideration will include: the methodological performativity of naming, the ontological implications of recruitment, and the liabilities and limits of 'experience' and 'representation'. In concluding, the presentation will propose a set of features of ontopolitically-oriented research, as well as some observations on the steps, obstacles, priorities and pitfalls ontopolitically-oriented research may encounter in pursuing its aims.

2. DAVE BOOTHROYD,
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'Flat ontologies' and the world(s) of drugs: How are 'drug problems' constituted, or, what constitutes a 'drug problem'?

The conference invites engagement with the 'ontological turn' in critical (or, perhaps, 'post-critical') thinking in relation to the wider and multidisciplinary field it is predominantly concerned with, namely, various forms of socio-political drugs research and intervention. This paper will examine ways in which 'flat' and 'object-oriented' ontologies, varieties of which are proposed, for example, in the writings of thinkers such as Latour, Delanda, Harman, Bogost and Morton, suggest new ways of conceptualising, engaging with and acting within a multiplicity of 'drug worlds', or 'drug environments'. Some familiar drug worlds or environments, are, for example, those shaped and populated by such 'things' as the addict, the pleasure seeker, the medical patient, the drug dealer, big pharma, the back street lab, the rehab center, the shooting gallery, drug paraphernalia, the online drugs forum, the YouTube instructional video, the High Street pharmacy, the dark web market, drug research and experiments, territorial prohibitions, the needle exchange program, multiple genres of drugs and drug use information, and so forth. They are both populated *and* constituted by a diversity of such 'drug objects' (including 'drug practices') that in various ways, through dynamic combinations, constellations and interactions, give rise to prevailing and dominant 'common sense' ideas and perceptions of, and preoccupations with, what 'drugs' and 'drug problems' *are*. The set of all objects constituting any drug world is always a mix of the human and the non-human (e.g. it includes animals, machines, chemicals, as well as natural or technical systems — such as the climate or hydroponics); it constitutes a culture, or an ecology, of drug objects and practices whose relational contingencies are formative of the array of 'drug realities' our human-centered social drugs research and forms of 'drugs activism' are conventionally concerned with. It is also the case with flat ontology/object-oriented ontology approaches to drug worlds, however, that the relatedness of 'drug objects' to one another is no more determined by what is of interest to we humans than it is of their interest (*inter-esse*) in each other. (See for example: http://nyti.ms/2lTxr84.) The aim of the paper is to draw out and explore some of the implications of these approaches for a cultural revaluation of our wider relationship to drugs.

3. KENNETH TUPPER,
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Is ayahuasca a 'drug'? Research and policy implications of ontological complexity

Ayahuasca is a traditional indigenous Amazonian brew prepared from two plants that contain psychoactive chemicals: *Banisteriopsis caapi* (harmala alkaloids) and *Psychotria viridis* (dimethyltryptamine). This presentation explores some of the ontological challenges that the globalisation of ayahuasca drinking practices present for participants and leaders of rituals, scientific researchers and policy makers. There are various competing social constructions of ayahuasca that circulate in contemporary global discourses, including that it is: a vine, a brew, a sacrament, a medicine, a 'plant teacher', a 'drug', a material commodity and an object of scientific inquiry. Unlike many other contemporary modern practices involving the consumption of psychoactive substances, ayahuasca drinking is typically overtly ritualised, often drawing on practices that accord to or at least invoke traditional indigenous Amazonian cultural practices, or follow liturgies of syncretic Brazilian ayahuasca churches such as the Santo Daime or União do Vegetal. Depending on lineage, these various traditions have different names for the plants and decoctions that comprise their versions of ayahuasca, and will put greater or lesser emphasis on its healing, spiritual or educational properties (and hence whether they are consuming a medicine, sacrament or 'plant teacher'). At the same time, it is commonplace among the range of different kinds of ceremonial leaders, as well as participants seeking experiences with ayahuasca, to claim that it is not a 'drug'. However, in many jurisdictions outside South America, drug control authorities uphold a decidedly different perspective, often with the blunt instrument of criminal law enforcement. According to the dominant drug war paradigm of contemporary global drug control norms, ayahuasca is a preparation of a Schedule I substance (dimethyltryptamine) and leading rituals involving the brew is tantamount to drug trafficking. For health and social scientists, these various competing social constructions make researching ayahuasca—even just stabilising it as an object of inquiry—a methodological challenge. Whether or how these competing ontological perspectives may be reconciled will be explored.

1.45 — 3.15 | YOUTH I
CHAIR: MATILDA HELLMAN
ROOM: TIVOLI

1. THOMAS FRIIS SØGAARD,
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Recreational drug users: An emerging object of governance in nightlife security assemblages

In recent years nightlife order has moved to the centre stage in debates about the urban condition and the nature of city governance. In the competition for capital and consumers many cities have implemented safe nightlife policies, and established local-level coalitions or 'safe nightlife partnerships' between public authorities, venue owners and private security actors (Hadfield et al., 2009). Little, however, is known about the interactions, knowledge practices and power struggles between these various network actors, and how such processes shape the construction of nightlife governmental 'problems', and how these are attempted and managed. While existing research suggests that the cultural normalisation of clubbers' use of illicit drugs (Duff, 2005) has been coupled with a relative relaxation in the regulation of drug activities inside venues (Sanders, 2005; Ward, 2011), this presentation points to a growing governmental intolerance of drugs in Danish nightlife, and to the need for more nuanced understandings of nightlife drug policing. Based on interviews with 67 bouncers, 22 venue owners, five police officers and 12 municipal workers, as well as observations at several nightlife partnership-meetings in Aarhus, Denmark, this paper draws on 'assemblage theory' (Delanda, 2006) to explore how nightlife 'drug use' and the 'drug user' are constituted as emerging objects of governance. The presentation provides evidence for how governance of illicit drug use in nightlife settings can be seen as the outcome of provisory security assemblages, involving processes of stabilisation and de-stabilisation between heterogeneous public and private actors, perspectives and governmental technologies. More specifically, the presentation explores how emerging security assemblages articulate recent couplings of drug and criminal policies, resulting in a reconfiguration of nightlife drug users from 'subjects-at-risk' to 'subjects-of-risk' (Lupton, 1999), and how attempts to systematically ban drug users from entire nightlife districts are shaped by processes of network assembling and by local-level power struggles.

2. SHAWNEE HARKNESS,
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Youth mobility and transitional experience: An ethnography of the consumption and exchange of recreational drugs

This paper examines the role of 'recreational' drug use among young adults as they go through periods of significant biographical transition (e.g. home to employment, home to university, etc). Through ethnographic 'anecdotes', revolving around the habitual consumption and sharing of drugs associated with nightlife sociability (alcohol, marijuana, amphetamines, etc), this paper sheds light on the current discourses surrounding these substances from the perspective of their consumers. Using ethnography, not only are we able to observe 'what substances' these youths are using and 'what spaces' facilitate or are associated with this consumption, but also 'what significance' they have in their experience of social interaction, group formation and the 'management' of transitional biographical demands. Cultural examinations of recreational drug use have long been a focus of anthropological inquiry. But such research has usually approached adolescence from the perspective of adulthood, downplaying youth-centred interaction and cultural production. The continued engagement in recreational drug use remains widespread within this demographic, despite efforts in academic and medically informed policies of many Western/industrialised societies. The transition ('social', 'demographic', 'role') is characterised by its attention to the agency of young people. Employing ethnographic research to study the circulation of alcohol and other drugs and their significance in the facilitation of interaction and integration, is crucial to understanding of their consumption among young adults. This research focused on the following research questions: What is the discourse surrounding these substances? In what/which contexts are they being consumed/circulated? What interactions do these substances facilitate? What is the relationship between these drugs and the 'transitional experience' of young adults?

3. ANU SIROLA, MARKUS KAAKINEN & ATTE OKSANEN,
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Who prefers experience over facts? Experimental insight into young people's reactions to gambling-related online content

The amount and use of online gambling sites have increased in recent years, resulting in potential risks for problem gambling, especially to active Internet users such as young people. In addition, these sites serve as a social context for online discussions and content sharing for various parties, including individual online users, health authorities and gambling operators. Earlier studies have pointed out that user-generated online content based on users' personal experiences can be a significant source of influence and more popular on social media than health communication with fact-driven argumentation. Particularly, young Internet users tend to form strong social bonds in online communities, and online peer communication may also have major impact on users' behaviour and decisions. By using a vignette experiment design, this study compares young people's reactions to first-person messages referring to personal gambling-related experiences (experience-driven content) with messages referring to research findings in the third person (fact-driven content). We expect experience-driven online content to be preferred over fact-driven content and that this will be particularly true among active online users who strongly identify with online communities. Our data include about 1200 15-25 year-old Finnish social media users who responded to a 15-minute YouGamble survey. The survey included questions about gambling behaviour, Internet use and social psychological measures concerning the personalities and social relations of the respondents. Our main outcome variables include reactions to the first-person, experience-driven and third-person, fact-driven gambling-related messages in social media vignettes. The main predictors include the range and intensity of social media use and identification with offline and online social networks. We also control for addictive behaviour by using the SOGS-R (problem gambling), the AUDIT-C (alcohol problems), the Compulsive Internet Use Scale (CIUS) and questions concerning drug use. On the basis of our results, we will discuss the status of health information using first-person and third-person perspectives in young people's online behaviour and who are most likely to prefer subjective experience over fact-driven argumentation. This will help us to understand how gambling-related online material is being evaluated in an online context, and further, to facilitate the design of gambling-related social media interventions in the future.

1.45 — 3.15 | POLICY/MAKING I
CHAIR: FIONA MARTIN
ROOM: TARJA HALONEN

1. ESBEN HOUBORG & OSKAR ENGHOFF,
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Cannabis, media discourse and policy

As more and more local and national governments allow their citizens to use cannabis for medical and recreational purposes, cannabis has become an increasingly important topic in public discourse. It is changing from being a topic that interests only a few selected stakeholders to become a topic of wider public interest and with it new ways of articulating what cannabis is, what it can do and how to live with it emerge. In this paper we use critical discourse analysis (Fairclough, 1995) to analyse the Danish public debate about cannabis from 1989 to 2016. We furthermore analyse Danish public policy in relation to cannabis by deploying an approach to policy analysis that focuses on 'problematisations' (Bacchi, 2009). On this basis we show continuity and change in the order of discourse about cannabis in Denmark and we seek to identify inter-discursive relations, or lack thereof, between public discourse and public policy. Methodologically we employ recent innovations in digital text analysis to conduct a thematic full-text analysis of approximately 12,000 articles about cannabis published in a variety of Danish print media publications from 1989 to 2016. We estimate a structural topic model (Roberts, Stewart & Tingley, 2016) of the articles, which allows us to identify and trace 25 distinct and semantically coherent themes (topics) across the entire corpus using both quantitative measures and qualitative interpretations. Analysing the model output within the theoretical framework of critical discourse analysis, we focus particularly on the issue of cannabis legalisation and find considerable changes in the order of discourse relating to cannabis legalisation. Cannabis legalisation changes from being mainly an ideological issue that relates to broad ethical, legal and public health issues to become a much more concrete and pragmatic issue that relates to changes in the cannabis market. Using the same methodology we turn to public policy and analyse policy documents and parliamentary debates about cannabis regulation in Denmark and outline how cannabis is constructed as a policy problem. We delineate the political pharmacology of cannabis (Houborg, 2012), that is, constructions of different versions of cannabis and the reality it is part of when making policy about cannabis. In doing so we investigate possible relations of inter-discursivity between public policy and the public media discourse about cannabis.

2. KARI LANCASTER,
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Evaluation as ritual: Re-enacting and stabilising 'evidence-based drug policy'

Evaluation is a hallmark of 'evidence-based' policy and practice. However, since as early as the 1970s, policy scholars have speculatively suggested that evaluation may function in other ways apart from its more documented and accepted functions. More than just an aid to decision making or as a means of conflict resolution or complacency reduction, evaluation may also function as ritual. Floden and Weiner (1978) suggested that 'evaluation may be seen as a ritual whose function is to calm the anxieties of citizenry and to perpetuate an image of governmental rationality, efficacy and accountability'. Writing from a very different standpoint, somewhat ahead of the ontological turn, through their speculation Floden and Weiner hint not only at the multiplicity of what may constitute the thing we call 'evaluation', but also its constitutive effects.

More recently, science and technology studies scholars have argued that ritual practices stand for, symbolise and reassert the power of larger relations (Singleton & Law, 2013). The repetitive ritual of even seemingly mundane and trivial practices helps to hold steady and stabilise worlds. It is through repetition that realities are generated. Seeing policy evaluation as one such reality-enacting practice, in this paper I ask: in what ways might evaluation as ritual help to steady, stabilise or re-enact the world of 'evidence-based drug policy'? This question will be examined by drawing on two Australian case studies and interviews (n=29) with policy makers, advocates, researchers and clinicians involved in the establishment and subsequent evaluation of harm reduction programs to extend distribution of injecting equipment through peer networks and to make naloxone available for administration by overdose witnesses. Through this exploration, I will consider how the particular reality of 'evidence-based drug policy' might only hold as long as these repetitive ritual patterns of evaluation also hold, and question whether alongside these ritual practices of evaluation there might be other quietly permissive practices that enact different local realities and resistance.

3. SUSAN CALNAN, MARTIN DAVOREN,
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Ireland's Public Health (Alcohol) Bill: A critical discourse analysis

Introduction: The proposal to introduce a Public Health (Alcohol) Bill marks a significant development in Ireland's alcohol policymaking landscape, generating support from public health advocates but also considerable opposition, particularly from industry groups. This case study aims to examine the debate around the Public Health (Alcohol) Bill using the theoretical framework of critical discourse analysis. A key objective is to determine what the current debate tells us in terms of how the alcohol issue is being represented in Ireland at present, but also in relation to the wider politico-economic context. Methodology: Four pieces of text were selected for analysis, two in favour of the Bill and two against. The texts comprised a government press release, a newspaper letter from public health advocates, an industry press release and an industry report extract. Using Carol Bacchi's 'What's the problem represented to be?' (WPR) critical mode of analysis (Bacchi, 2009), a linguistic and thematic analysis of the texts was conducted. Results: The analysis illustrates how alcohol is problematised in markedly different ways in the debates around Ireland's Public Health (Alcohol) Bill and how such representations are often rhetorically enacted. The fact that alcohol can be problematised or constructed in such different ways suggests that other factors interact with such representations, including political, moral and economic considerations. A critical discourse analysis of the chosen texts not only points to different problem representations of alcohol, but also suggests potentially different underlying governing rationalities — that is, a neoliberalist versus more paternalistic governing mentality — although there are tensions too within these positions. Conclusion: Notwithstanding the shift to a more paternalistic approach to alcohol control reflected in the discourses supporting Ireland's Public Health (Alcohol) Bill, there are still signs of a neoliberal rhetoric woven into such discourses. This raises questions about whether the Bill is indicative of a paradigm shift or rather is an example of more paternalistic policies being subsumed into a still overarching neoliberal ethos.

3.15 — 3.45 | AFTERNOON TEA

3.45 — 5.15 | MAKING DRUGS
CHAIR: KANE RACE
ROOM: SIRKUS

1. LUCY PICKERING,
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What's new about 'new psychoactive substances'? Reflections on a Scottish study

New psychoactive substances (NPS) are, by definition, 'new'. This is a descriptive category which did not exist a decade ago, and came into being to fill a conceptual gap. That gap emerged in response to the unprecedented proliferation of hitherto unseen molecular combinations designed and consumed to produce psychoactive effects. It is easy to see the novelty in new psychoactive substances. Their newness is encoded into their name. Yet this emphasis on a shared newness masks their diversity: the category 'NPS' covers substances consumed through different routes of administration, in different quantities, to produce different effects. In being conceptually grouped together under the label 'new psychoactive substances', it is their novelty which is foregrounded over other dimensions of being. And as such, we risk looking for, and thus seeing, only novelty. Drawing on qualitative data collected across Scotland in the spring of 2016 with in-treatment NPS users and recent ex-users, and front line staff who work with them across a range of services, this paper explores the dimensions through which these individuals understood these substances to be 'new'. And often they didn't. These data suggest that there is as much about these substances which speaks of continuity as of rupture. That experientially at least, users do not necessarily group substances together as NPS/non-NPS, but rather locate their substance(s) of choice within more immediately meaningful categorisation such as 'benzos' or ever-increasingly potent forms of cannabis. Those who seek to define or talk about new psychoactive substances as if they exist as a self-evident category of things or social relations, by so doing bring these very categories into being. Attention to that which is not new about new psychoactive substances opens up a space through which to explore the ways in which NPS as a category not only comes into being and is given force, but is also resisted — and occasionally rendered irrelevant.

2. ASHLEY R. BULLARD,
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What is a cognition enhancer?
A discursive analysis of a 'new breed of drug'

Between 2002 and 2009, 'a new breed of drugs' emerged (and then faded) on the UK policy agenda termed 'cognition enhancers'. Over this period, this new breed of drugs provoked interest from policy practitioners rather than demands for prohibition. In this paper I interrogate this category of drugs and why the policy response was so different from previous responses. Through this I challenge the assumption that the properties of drugs emanate from the drugs themselves; that they are self-evident. Utilising a discursive analysis of cognition enhancers, I examine the scientific literature; use-based research literature; bio-ethical and philosophical debates; and policy recommendations, to explore how cognition enhancers are constituted in different articulations. This analysis reveals there to be no fixed means of determining the category of cognition enhancers, but that their identity as a reality is predicated upon an association of their putative effects with a culturally aligned normativity (i.e. they are an able-bodied, white, middle-class and masculine object/subject). This epistemological move helps explain why cognition enhancers received such a different societal and policy response. I suggest that it is this identity that produced different policy responses as policy is formulated around idealised state identity projects. This exercise has lessons for understanding the cultural embeddedness of drug policy responses and the identity alignments of recreational drugs.

3. ALEKSI HUPLI,
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Pharmacological enhancement in higher education: Fluid user categories and enhancement of everyday life with neurotechnologies

The non-medical use of psychoactive compounds such as prescription pharmaceuticals methylphenidate (Ritalin™) or dextroamphetamine (Adderall™), hitherto used mostly to treat children with AD[H]D (Attention Deficit [Hyperactivity] Disorder), has been increasingly researched especially among university students wishing to improve their academic performance. Based on 35 interviews with users of enhancement drugs, which were analysed using a 'crowded theory' approach (Bröer et al., 2016), we discovered that students in the Netherlands and Lithuania, both with and without a medical diagnosis, used a great variety of substances to enhance mostly their time management and concentration, were aware of the safety and efficacy of the substances, and sought a balance between risks and benefits. Our collaborative interpretation of the data, which also included an online survey of 113 student respondents, was published in 2016 (Hupli et al., 2016). In this paper, we take a science and technology studies (STS) approach towards a dichotomy between pharmacological therapy and neuroenhancement which is often depicted in recent academic literature on enhancement drug use. We adopt a critical distance from the bioethical enhancement debate as well as examine empirically the dichotomous relation between treating illnesses and enhancing normalcy with psychoactive substances. Through our qualitative interview data, we argue that categories of 'medical/therapeutic' and 'nonmedical/ enhancement' drug usage are fluid, especially in the context of adult ADHD and higher education. Our qualitative data also show that the term 'cognitive enhancement' does not reflect the complexity of user experiences. These findings have implications for current prescription and harm reduction practices and future STS research on the use of pharmacological enhancement technologies.

3.45 — 5.15 SESSION | YOUTH II
CHAIR: STEVE KOESTER
ROOM: TIVOLI

1. ADRIAN FARRUGIA,
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PETA MALINS,
RMIT University

Effective or ethical? Analysing the unforeseen effects of 'effective' drug education

Due to the controversial nature of drug education, researchers in this area appeal to notions of an objective evidence base that establishes what effective drug education is and how it works. However, aside from general appeals to a notion of harm reduction, existing scholarship does not closely consider the political effects that stem from the notion of effectiveness produced in evidence to support drug education. Effectiveness, usually defined as a reduction in alcohol and other drug consumption or a reduced intent to consume, tends to be approached as uncontroversial and measurable. In contrast, we draw on insights developed in science and technology studies to approach effectiveness as something that does not precede research practices. In this sense, we analyse the notion of effective drug education as something that is produced or enacted by specific research practices. From this perspective, concepts of effectiveness used in drug education research work to shape the evidence produced to support these interventions in important ways. In this paper, we analyse a select number of Australian studies claiming to have established what effective drug education practices are. We ask how the notion of effectiveness mobilised in these studies shapes their results and more broadly how the assemblages of methods used (RCTs, surveys, etc) work to co-produce their data and results. From here, we present a series of Australian drug education texts for an alternative political and ethical analysis. We map harmful accounts of gender and responsibility, stigmatising notions of young drug consumers and a simplistic articulation of a stable drug object enacted in drug education documents. These realities are produced in drug education and, we argue, reproduced in research on its effectiveness. Importantly, current research on effectiveness does not address these harms and, as such, can be traced in drug education currently considered effective. We conclude by offering a renewed ethical orientation for understandings and mappings of 'effective' drug education that are more sensitive to the potential to produce harm in efforts to reduce it.

2. LEA TRIER KRØLL,
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Students' use of drugs to moderate time in everyday life crises

Within the last decade, scholars have started to pay attention to the uses of prescription drugs, especially among young adults, for purposes other than those initially prescribed. This type of non-prescribed use appears to have been generated both by increases in the availability of prescription drugs and an increasing societal emphasis on individuals' capacity to compete, adapt to uncertainty and exert ever more intimate forms of self-discipline. Although conceptualisations of these developments vary considerably, the literature tends to conceptualise this type of drug use by the supposed purposes of use, such as enhancement or self-medication. However, little research has as yet examined the situated lived experiences of such young people. This presentation utilises data drawn from 29 in-depth qualitative interviews with Danish young adults (aged 18-30 years) who have used prescription drugs for purposes other than those prescribed while enrolled in university or college. The interview analysis emphasises the situational aspects of students' embodied and temporal experiences and uses the notion of 'time work' to examine students' active engagement with drugs as a form of temporal appropriation. The presentation focuses specifically on how students employ drugs to 'gain time' in situations where they either lack the energy or motivation to perform the work perceived necessary, or where they want to deepen their work engagement. The paper also examines how this 'work on embodied time' among students is initiated in situations characterised by feelings of being in a 'state of emergency'. Thus, 'crisis'-temporalities facilitate an entrée into practices of drug use that students otherwise feel is contrary to their moral principles.

3. AYSEL SULTAN,
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Narratives of high-risk drug use by adolescents: Cross-cultural perspectives

This paper will report on my PhD project which explores the social meanings of drug use narrated by adolescent high-risk drug users from Azerbaijan and Germany, as they mark a transition in different stages of adolescence and patterns of drug use. Participant accounts are regarded as strategy — Bourdieu's version of agency — to demonstrate how social, political and cultural nuances emerge in the evolving cultural narratives of adolescent high-risk drug users. The study, in parallel, seeks to understand the nexus between the lived experiences of adolescents and drug policy in two countries while striking a balance in the comparison between post-welfarist governmentality and post-Soviet liberation. The study relies on an initial hypothesis based on four suggestive dichotomies enclosing national drug discourse (institutional welfare systems, drug policy) and insider perspectives. These are (1) the lack of family-based interventions versus traditional, extended family networks; (2) reinforcement of individual responsibility versus externalisation of responsibility; (3) reliance on ambulant health care settings versus avoidance of seeking professional help; and (4) a harm-reduction approach and adequate normative, institutional system versus a strictly medicalised approach. The methods for this study involve narrative interviews with high-risk drug users (aged 16-21 years) in Germany and Azerbaijan. Data collection was carried out in four cities: Frankfurt am Main and Hannover in Germany, and Baku and Lenkaran in Azerbaijan. Using purposive and snowball sampling methods, participants were recruited from various in- and out-patient treatment facilities, recovery schools and through an online call for participants. Finally, the paper discusses preliminary results with regard to the initial set of hypothetical assumptions being tested. Further implications are that possible adaptation of German social work practice in Azerbaijan could draw upon culturally nuanced descriptions of adolescent perspectives. So far, data suggest that drug policy reforms are crucially needed for Azerbaijan, whereas culturally nuanced and family-based prevention and intervention could enhance the long-term recovery cases for German adolescents in treatment for high-risk drug use.

3.45 — 5.15 | POLICY/MAKING II
CHAIR: KATE SEEAR
ROOM: TARJA HALONEN

1. EVA DEVANEY,
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Drug-related intimidation of families: A 'problem' constituted through drug policy

Drug-related intimidation of close relatives of individuals owing a drug debt is an unintended consequence of a 'war on drugs' approach to drug policy and extremely challenging to address. It is under-reported and under-recorded, and has received limited attention in the literature. Most national drug polices do not address the issue; however, it is given priority in Irish drug policy, and the 2013 EU Action Plan on Drugs calls for research to be carried out on drug-related intimidation, its impacts and responses. In this paper I aim to interrogate how drug-related intimidation is constituted as a 'problem' in Irish drug policy and how this problematisation affected family members as objects of knowledge and subjects of governance. I conclude by considering the discursive, subjectification and lived effects of the particular problem representation. Drawing on a Foucauldian theoretical framework and applying Bacchi's (2009) 'What's the Problem Represented to be?' approach to policy analysis, I analyse the 2009 Irish National Drugs Strategy and related documents. I also draw on data from interviews with eight professionals in research, advocacy, policy making and policy coordination roles, and nine service providers working in treatment, family support and police settings. My analysis of interview data adopts a poststructural approach proposed by Bacchi and Bonham (2016). In policy, drug-related intimidation is represented as a 'problem' of under-reporting to authorities. Affected family members are constructed as 'victims' needing a targeted intervention in the form of a 'Drug-Related Intimidation Reporting Programme'. Discourse on class, gender, place, drug markets and legacies (e.g. relations between individuals, communities and the police) is absent. This problem representation has individualising and responsibilising effects. Analysis of interview data offers insights into the lived effects. Complex power relations are revealed as attempts are made to govern drug-related intimidation, family members and professionals. The way that the 'problem' is represented precludes alternatives, such as understanding the 'problem' of drug-related intimidation as constituted through drug laws and policy.

2. NIKLAS KARLSSON,
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A slowly turning boat: Thirty years of political controversy on needle exchange programs in Sweden

Swedish drug policy has been long known for its reluctant stance towards harm reduction policy. Needle and syringe exchange programs (NEPs) have been the most controversial harm reduction measure and the government was for a long time strongly against or indifferent to the idea. However, the policy line has been slowly changing during the last decade. Sweden's first law for NEPs came into effect in 2006. It was preceded by extensive debates in both the political world as well as in the research community. This law, however, did not yet enable the diffusion of NEPs as it included a possibility of a political veto by the municipalities. No NEPs were started due to local unwillingness. In 2016, a new law proposal suggested that NEPs should be available wherever deemed necessary and the municipal veto was to be erased from the law. In January 2017, the parliament approved the new law. It is probable that the number of NEPs will now increase rapidly. The presentation will answer two questions: why NEPs were not adapted before, and why are they adapted now? The analysis is based on close reading of drug and health policy documents over a 30 year period. Based on these data, we reconstruct an overall picture of gradual policy development in which Swedish drug policy is eventually moving from a one-track policy model to a dual-track model similar to most Western countries. The analytical focus is on situational factors and triggering effects (drug use patterns, viral epidemics, old and new actors in the policy field, the growing research consensus, relevance of international discussions, developments in parallel policy areas, and so forth) that eventually made the policy change occur in Sweden.

3. REBECCA HAINES-SAAH,
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Let's not panic (again): Cannabis legalisation, public health and youth prevention in Canada

This paper is situated within the context of pending federal legislation to legalise cannabis in Canada, which is expected to be tabled in the spring of 2017 and called into force in 2018. In the context of this policy change problematic discourses around the 'risks' of youth substance use have been amplified in discussions of cannabis among politicians, researchers, health professional organisations and the general public in Canada. Much of the debate about the potential for increased youth prevalence and harms from use under legalisation has been centred around understandings of the emerging neuroscientific evidence about the effects of cannabis on the 'developing adolescent brain', and how this is being communicated and translated in both scientific and lay communities. It has formed the rationale for recommendations that youth under the age of 25 abstain from use and that they should be denied access in the context of a legalised market for cannabis. In this way, contemporary discussions around youth prevention have reinstated the 'Just Say No' (abstinence-only) and 'This is your brain on drugs' (irreversible harm) mantras of eras past; unhelpful and outdated approaches that do little to educate or empower youth decision-making in the name of 'protection'. Referring back to Hall and Jefferson's (1993) theorisation of 'moral panics' around the persistent production of youth as 'deviant others', the intent is to consider how any substance use by persons under legal age is constructed as a social problem, delimiting policy options. My aim is to bring discussions of youth prevention and education into the realm of public health and harm reduction, without neglecting the need to consider how youth experiences of pleasure, intoxication, identity-making and social connection configure the social context for cannabis use — but are neglected in the context of both the abstinence-focused prevention approach and risk reduction public health messages. Drawing from a pilot qualitative interview study with parents of adolescents who have experienced problematic cannabis use, I will also unpack the commonsense approach from drug education that 'parents are the best prevention', as it reinstates normative ideas about 'family values' and the responsibilisation for health, to the neglect of how prevalence of use and so-called 'risky use' are socially constituted and linked to health and social inequities.

5.30 — 7.00 | WELCOME RECEPTION
RESTAURANT WÄISKI,
Hakaniemenranta 11, Helsinki (http://www.waiski.com/)

9.00 — 11.00 | THE BRAIN DISEASE MODEL OF ADDICTION (BDMA)

CHAIR: GEOFFREY HUNT

ROOM: SIRKUS

1. JOHAN EDMAN,
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Concepts and ideas on addiction: A historical perspective on great mergers

I aim to present a synthesising study of medical explanatory models' application to behaviours described as 'misuse'. Empirically, I will examine descriptions of, for example, alcohol and other drug consumption, and shopping, gambling, sex and tobacco consumption during the years 1923-2013. The analysis focuses on both the medicalisation processes and resistance against these processes as well as the systematic de-medicalisation of certain behaviours described as misuse. These investigations are executed on the conceptual, institutional and practical problem-solving levels. The medical explanation model's qualitative variations — as a bodily or mental illness; as a competitor or complement to other explanations; as a comprehensive explanatory model in the later decades' brain disease model of addiction (BDMA) — are put in a social and historical context based on the empirical investigations. The presentation is a part of the proposed session 'Political and ethical implications of the BDMA' where we intend to discuss the BDMA's increased popularity as a causal explanation for behaviours described as 'addiction'. My contribution is a historical background and serves to show the social and historical complexity of medicalisation processes. What role does research play in the launch of the BDMA and other medical perspectives in the addiction field? What role, for example, can be attributed to the institutional framework of alcohol and other drug policies, and how do these differ between countries and over time? What other institutional and cultural framework can explain the development of medical explanatory models in the addiction field? What influence do, for example, various professional groups, economic interests and client organisations have on the development of competing explanatory models?

2. MATILDA HELLMAN,
Centre for Research on Addiction, Control and Governance, Department of Social Research, University of Helsinki, matilda.hellman@helsinki.fi
ANNA ALANKO,
Nordic Welfare Centre

Popular promises of progress: The articulation of the BDMA in the media

The brain disease model of addiction (BDMA) narrative holds science fictional appeal with great penetration in media reporting on progress towards solving addiction. This study is concerned with popular media constructs of addiction as a brain disease. The presentation accounts for the first raw analysis of international online media material (N=450) that looks into the main structures of the solution narratives and what they imply for the mediation of ideas on addiction as a phenomenon. The data were categorised according to substance and problem type, and analysed according to three dimensions of epistemic work: (a) ontology; (b) actors' identification and (c) norms and ideals. The theoretical framework of 'epistemic governance' (Alasuutari & Qadir, 2014), developed within sociological neoinstitutionalism, was especially suitable for the study of an evidence based, yet tacit, homogenising of polices across socio-geographical space. Popular media narratives of the BDMA pushes forward the overall progress myth by bridging progress in neuroscience with everyday human problems. The implications of this for society are discussed in light of other contemporary progress mythologies and their popular spread.

3. JAAKKO KUORIKOSKI & SUSANNE UUSITALO,
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Putting the brain in its place: Arguments from ethics and the philosophy of science

Background: The brain disease model of addiction (BDMA) emphasises the pathological changes in the brain and relies heavily on neuroscientific evidence in explaining addiction and addictive behaviour. At the same time, there is a wealth of other kinds of empirical evidence of addicted individuals' actions as making choices and records of successful recoveries. These two accounts are often unnecessarily polarised even though there have been attempts to mediate the two accounts. Issues to be discussed and argument: In this presentation we argue that the polarisation is unnecessary, as the integration of evidence of pathological changes (mal/functions) in the brain into accounts of more or less functional agency of addicted individuals, and of the social scaffolding required by normal agency, is possible and even ethically desirable (in contrast to the arguments that it increases blame and stigma which are seen detrimental to recovery). We also discuss the key conceptual and ethical difficulties in such integration due to the problems in mapping the neuroscientific accounts neatly to our folk-psychological accounts of agency and social interaction. Key proposition: We outline a perspective for relating the neuroscientific account(s) of addiction to broader psychological and social factors in terms of social and psychological mechanisms, and diagnose the recognised limitations of BDMA as being instances of the well-known biases of reductionist research heuristics. This kind of account bears relevance to the realities of addicted individuals, as it steers clear from the ethically problematic practice of seeing the agency of addicted individuals in overly simplistic terms, that is, as reduced or limited in some important senses, the typical danger found in BDMA.

4. MICHAEL EGERER & MATILDA HELLMAN,
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How can ethical concerns surrounding the BDMA be studied empirically?

Brain research uses up a considerable part of the world's research funding in the addictions field. It has become highly influential with governments and is continuously reinforced in prestigious scientific journals. The popularity of the brain disease model of addiction (BDMA) stems partly from beliefs that its application eliminates or at least simplifies some of the ethical issues involved in dealing with addictive behaviours. In this the BDMA shares the pitfall of the traditional disease model of addiction, which was also introduced with hopes for abolishing moral concerns. The BDMA, however, also involves new facets of the illusion of scientific objectivity beyond morals. Many critical voices, also from within this science field, have been raised regarding great gaps between perceived and actual usefulness. Furthermore, societies seem unprepared for some basic ethical concerns that adhere to this model. The overall objective of this presentation is to discuss the ways in which the implementation of BDMA can be studied critically and empirically. We exemplify this with three approaches: (a) stakeholder group analysis (staff, clients and epistemic communities); (b) case studies (e.g. prevention projects with translations of the model into practice), and (c) critical reviews of popular representations of the model. Detecting, treating and governing addiction problems with the help of neuroscientific tools calls for critical engagement by citizens and politicians through democratic processes. There is a need for knowledge on the practical and ethical limitations of the BDMA in handling substance use and other addictive behaviours.

9.00 — 11.00 | MAPPING
CHAIR: KIM BLOOMFIELD
ROOM: TIVOLI

1. LUCINDA BURNS, AMANDA ROXBURGH,
COURTNEY BREEN & MICHAEL FARRELL,
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Philosophy, epidemiology and drug monitoring: How and what are we measuring now?

In the past 10 years a radical change in the nature of drug markets has occurred through (1) globalisation of drug markets through the Internet and (2) the move to chemically synthesised rather than plant-based substances. This signals a critical point for assessing how we measure and understand drug use in society. This presentation traces historical changes in drug use in Australia, and how these changes have been understood and quantified. Firstly a broad overview of the philosophical and statistical models underpinning the way drug use has been measured will be presented followed by an analysis of current approaches and methods of measurement. The presentation will outline major changes in schools of thought. The development of inductivism in the 17th century, where inductions or generalisations were made from human behaviour to general laws of nature, will be outlined followed by moves to apply a logical basis to scientific reasoning. Logical positivism (logical empiricism) developed such that that all scientific statements were verifiable or at least confirmable by observation and experiment. Conjectures were made and hypotheses could be refuted. Hypotheses were based on a particular doctrine or theory that was 'truth'. However, 'truth' was defined by the scientific community and this was argued to hobble the imagination and repress freedom of ideas. This led to the development of approaches that were based not on the evaluation of truth but the evaluation of knowledge. Statistical methods came to the fore in the 1970s and acknowledged that uncertainty exists and nothing is ever truly proved, as knowledge is never complete. Drug use is a highly complex and multifactorial phenomenon, with multiple pathways and confounders. Our understanding and measurement of the issue reflects changes and advances in philosophical thinking as noted above. The second component of the presentation will provide an overview of the nature and circumstances of drug use in Australia in this context. Work from the Australian Drug Trends program will be outlined and current patterns of drug use discussed. Finally, a potential 'gold standard' model for monitoring contemporary drug use will be presented, taking into account the changes in epidemiological thinking to incorporate the changing nature of drug markets and the use of new and emerging technologies including the Internet and other forms of social media.

2. ALEKSANDRA SNOWDEN,
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Exploring violence: The role of neighbourhoods, places and place characteristics

Interpersonal violence is a serious social and public health threat in the United States. Interpersonal violence is not evenly distributed across the nation, however, and some cities are more violent than others. For example, recently named as one of the top ten most violent cities in the United States, Milwaukee's violent crime rate of 1,340/1000 is 3.6 times higher than the overall United States violent crime rate. This serious social and public health threat creates a need for evidence-based approaches to better understand and address the causes and correlates of violence. An emerging area in criminological research has focused on place-based understandings of violence, including the role that alcohol retail establishments play in neighbourhood violence rates. In this paper, I draw upon rich primary and secondary data to argue that while place-based approaches to understanding violence are important for advancing our knowledge of the relationship between alcohol retail establishments and violence, they tell us little about the nuances of this relationship. Instead, a systematic social observation of place characteristics may be better suited for providing a clearer understanding of the role that various places, including alcohol retail establishments, have in nearby violence. Therefore, in this paper I estimate Spatially Lagged Regression (SLR) models and Exploratory Spatial Data Analysis (ESDA) to better understand the causes and correlates of interpersonal violence patterns in urban contexts. The results of the SLR models confirm that some places, such as alcohol retail establishments, have an important role in interpersonal violence. The results of the ESDA identify the specific characteristics of places and can help explain the relationship between alcohol retail establishments and violence. The findings of this paper have the potential to be of interest to local stakeholders and have important policy implications for local alcohol availability.

3. JOHN CUNNINGHAM & BRUNA BRANDS,
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The experience of prescription opioid use and misuse in a community sample

In North America, much attention has been paid to opioid poisoning related deaths, particularly in metropolitan city locations. However, prescription opioid use is common in all demographic strata, and in both urban and rural settings. We sought to widen the perspective on prescription opioid use and misuse by recruiting a community sample of frequent opioid users and following them over time. Methods: Online advertisements were used to recruit current prescription-strength opioid users. A baseline assessment was completed that assessed type and frequency of prescription opioid use, misuse of opioids (e.g. using opioids for reasons other than pain relief), and experience of opioid overdose symptoms. Participants who used opioids once a week or more often, and indicated that they had misused opioids at least once in the last year, were recruited to complete a three-month follow-up survey assessing similar themes. Preliminary Results: A total of 274 participants were recruited, of which 117 used some type of prescription opioids at least once per week (mean age = 39; 58% female). About half (45%) had used pain relievers that had not been prescribed to them. Experience of overdose symptoms was common with 50% having experienced at least one symptom in the last year. A majority (71%; n = 83) endorsed misusing opioids in some fashion. Of these 83 participants, 68 agreed to be followed up in three months (to be completed in April 2017). Discussion: This project presents a snapshot of frequent prescription opioid users recruited from a community setting. While the results are not representative of the general population, they do emphasise the widespread use of prescription opioids, the sources of these drugs and the ways that they are misused. Attempts to address prescription opioid misuse need to widen their focus beyond high-risk opioid users in large metropolitan settings to encompass the larger population of prescription opioid users who are also at risk of harm.

4. ZSUZSA KALÓ, KATALIN FELVINCZI,
JÓZSEF RÁCZ & ZSOLT DEMETROVICS,
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Qualitative epidemiology: How to clarify misconceptions of the prevalence of new psychoactive substance use?

Background: The use of new psychoactive substances (NPS) in Hungary is controversial. The big population reports (e.g. ESPAD) are not showing remarkable change on the drug market. However, according to fieldworkers' experience and data, it is widespread among socially marginalised users where intensified and problematic drug use is common. According to some media reports rural areas are infected by NPS; complete villages are using it, and their usage shows regular and intergenerational patterns. The tools that were used to measure the severity of drug usage are not that precise for many reasons. The users do not know what they are using; the chemical components of the sold NPS are very different according to the manufacturer; the names of the NPS are various; and the same names do not cover the same NPS. Without a mixed-method approach it is very difficult to make any meaningful progress in responding to this new drug phenomenon. Aim: The main aim is to find the best methodology to measure the prevalence of NPS use and to comprehend the NPS phenomenon in Hungary, and to establish a systematic approach which understands the user-in-context (applying the 'person-in context' ethnoepidemiology approach of Agar, 2003). Methodological concept: The user-in-context approach has an ethnographic rationale that highlights the role of observation and spending time with participants. The qualitative-epidemiology data collection covers participatory observations, (active or semi-structured) interviews and informal conversations with different participants (users, non-users, dealers, professionals). The data analysis is based on a narrative ethnographic approach (Gubrium & Holstein, 2008). The triangulation of data collection methods, and the different perspectives on 'what they are doing' and 'what they are saying they are doing', can lead to clarification of misunderstandings about the prevalence of NPS use.

9.00 — 11.00 | MATERIALISING DRUG EFFECTS
CHAIR: CAROL BACCHI
ROOM: TARJA HALONEN

1. SIMONE DENNIS,
Anthropology, College of Arts and Social Sciences,
Australian National University,
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Remaking smoking in and for the era of smokefree: Plain packaging as constitutive of practice

Taking as foundational the well-established anthropological idea that material things can be determinative of expectations and practice, in this paper I argue that plain packet legislation designed to respond to and curtail smoking is, in fact, constitutive of it in the era of smokefree. Smoking takes on specific form in the era of smokefree in which it is purposefully denormalised. I track and trace the constitutional force of the packet in making smoking anew via sensory means. I attend firstly to the role presently accorded to vision in the Australian government's public health 'view', which assumes a stark separation between the cigarette packet and the 'respondent' smoker. I advance instead a version of vision on the move, that reveals the intertwinement of packet and person, and the subtle means by which the materiality of the packet impacts smoking practice. The adoption of a sensory analytic approach permits access into the minutiae of smoking practice that make it a substantively different experience for smokers than it might once have been prior to the introduction of packet and other legislation. With this foundation in mind, I explore, for instance, how auditory analyses of smoking reveal new respiratory rhythms that observe a prescription for the exhalation of cigarette smoke in public: smokers now exhale in congruence with the idea that it is dangerous to exhale into the respiratory right-of-way of non-smoking others in public. This subtle set of sounds, available to the acoustically attuned ethnographer, can be traced back to legislative interventions into smoking that have had the effect of distinguishing it as peculiar to the era of smokefree.

2. NICOLE VITELLONE,
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Rachel's Story: The lure of the syringe

This paper investigates the biographies of the syringe. Focusing on Rachel Whitear's death from a heroin overdose in Britain in 2000, the photograph of Rachel's dead body clasping a syringe that was released to the press, the school video education campaign 'Rachel's Story' that followed, representations of Rachel's Story by a contemporary artist in the Saatchi Gallery exhibition New Blood and a British National Party campaign, and evidence from two inquests into Rachel's death, I compare the contrasting knowledge claims of Rachel's experience of heroin addiction. In assembling Rachel's Story I show how the syringe becomes central to defining the technical problem of injecting drug use and the solutions of how to deal with it. In positioning harm reduction relationally beyond the body I suggest Rachel's Story situates the syringe as a controversial object that challenges real and imagined accounts of what happened. What's at stake here are not just epistemological and ontological accounts of Rachel's heroin addiction but what Isabelle Stengers refers to as a symbiotic event that agitates, puzzles and transforms the governmental problem of the syringe in novel ways. By situating Rachel's Story through an entanglement with the syringe this paper demonstrates the inventive power of the object to question and contest the law, policy, populism and science.

3. FAY DENNIS,
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Bodily experiments:
Making drug-using bodies matter

Drug-related deaths in the UK are currently at their highest levels on record, with those related to opiates rising by 107% between 2012 and 2015 (ONS, 2016). There is a strong sense that drug users are failing to matter, or rather, matter in the right way. Extending a notion of how 'matter is made to matter' (Barad, 2007; 2012), this presentation will explore findings, thoughts and challenges from two creative projects on drug use and addiction in relation to how this mattering takes place, and how alternatives may be formed. The first project, which formed the basis of my PhD, explored injecting drug use through interviews and participant observation, but most importantly for this presentation, body mapping. More than representation, the body maps intervened and made possible new ways of thinking and doing drugs based on how bodies coalesce in certain ways. Defined by their ability to 'affect and be affected' (Deleuze & Guattari, 1987), I looked at the ways bodies in relation to others, human and nonhuman, including drugs, become in/capacitated to act. We do not *have* a body, rather this is *done* in relation to others, and thus a responsibility for how these bodies get done is inevitably a concern for a 'social science for harm reduction'. Advocating for such responsibility, how can we start to make bodies in better ways? My new project hopes to explore this further. Still in its infancy, by the conference I hope to have explored methods for making drug-using bodies matter through a series of creative workshops. These will bring those with personal and professional (from psychology, neuroscience, philosophy, treatment service provision) experiences of addiction, in order to think about what drug-using bodies are, how they are felt, experienced and known. This will constitute a kind of 'experimental entanglement' (Fitzgerald & Collard, 2015), or 'bodily experiment', in which new modes of 'mattering' can take place.

4. ALLISON SCHLOSSER,
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'They medicated me out': Biomedicine, body alienation and agency in addiction treatment

Addiction, a cultural construct long framed in moral, psychological, and social terms, is increasingly understood as biological and treated with medications. In the United States, methadone, buprenorphine and a variety of psycho-pharmaceuticals are now commonly used to treat addiction alongside longstanding approaches such as 12 Step mutual aid. These biomedical interventions re-shape the very condition they attempt to eliminate, influencing the ways clients understand and experience addiction. Clients often experience medication treatment in tension with embodied practices of addiction: bodily routines, sensory experiences and temporalities of use. In this paper, I examine these tensions in relation to client subjectivity, socio-political belonging and agency. This work is based on a 20-month ethnography of client experiences in and after treatment at 'Sunrise' residential centre in northeast Ohio. Sunrise merges medications with 12 Step, psychological and juridical approaches. I examine how biomedical practices alter client bodies and subjectivities, promoting body alienation at stark odds with the intense bodily connection established through drug use. This alienation results from the rapid weight gain, blunted sexuality and heavy sedation clients attribute to medication effects, as well as mandated medication and adherence practices that strip clients of a sense of control of medication use. Many clients describe feeling 'medicated out' of life; estranged from treatment peers and kin who oppose medications, counsellors and other powerful authorities who demand their undivided attention, and friends who they are unable to relate with when heavily medicated. Clients, however, do not passively accept this estrangement. They alter their bodily experiences by leveraging embodied practices developed during drug use. Through practices such as selectively taking medications based on moment-to-moment bodily experience and becoming illegal drug 'testers' in the underground economy, clients re-assert bodily connection and control, deriving a modicum of power—albeit constrained and risky—in a treatment system that strictly limits it.

9.00 — 11.00 | PUBLIC DISCOURSE
CHAIR: CHRISTINE GRIFFIN
ROOM: KARL LINDAHL

1. BENJAMIN PETRUŽELKA,
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& Department of Sociology, Faculty of Arts,
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Making drugs public: The vanity of scientists and the ignorance of the public?

In Western societies, the reality of drugs is constructed by different actors in public arenas. One group of actors are scientists and experts. However, in comparison with other actors, they are rarely subjected to the analysis of their practices. Thus, the aim of this contribution is to outline the analysis of scientific practices with special attention to the relation of scientific practices to public debate. Scientists claim to have knowledge (objective truth), which is produced in a form of objective 'modern facts' — numbers and quantitative procedures — that are superior to commonsense knowledge. This objectivity and superiority of science is taken-for-granted. I argue that these claims have consequences not only for the practice of science but also for public debate. The limitations of models slip the mind of scientists. In addition to that, the limitations, which are based in the environment of science, are not reflected. It is forgotten that the results of studies are dependent on the social background of researcher, on public discourses, and on the organisation of society (funding, public policy documents, data from criminal justice system, etc). Concerning public debate, objective science has a communication problem. The objective data (numbers) are frequently overlooked by politicians and 'misinterpreted' by journalists. The stress on numbers hinders the use of stories produced by qualitative researchers to attract readers outside academia. Furthermore, the objectivity and superiority claims plausibly result in the ignorance of different actors towards scientific results because 'averages' presented in public arenas are in contradiction with lived experiences. A current example of this phenomenon is the notion of 'post-truth' and 'alternative facts'.

2. MAURICE NAGINGTON,
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Queering chemsex

Despite various claims of a 'chemsex epidemic' in the UK and beyond, the phenomenon of gay men using drugs alongside their sexual practices is far from new. Additionally, evidence that it is 'fuelling an HIV epidemic' and that it can primarily be traced to 'internalised homophobia' is weak, and distracts us from the broader political inaction on HIV prevention. With these headline claims in mind, I wish to explore how meanings and significations are produced and obfuscated in relation to the gay male subject who uses drugs whilst having sex. To begin with I will critically examine the notion of 'chemsex' by using queer theoretical approaches to analyse two films: the recent documentary *Chemsex* (2015), and the pornographic film *Slammed* (2012). The former is a directed by Fairman and Dogarty (two white, straight, heterosexual men) who tantalisingly (one may even say voyeuristically) edit together interviews and fly-on-the-wall footage from a sexual health clinic recorded by themselves, with footage recorded by a pornographer, Liam Cole of Treasure Island Media. *Slammed* is a film produced by the same Liam Cole (a white, gay man), portraying the 'odyssey' of Jon Phelp's chemsex fuelled weekend. I will analyse how chemsex is made visible and/or invisible in the films, as well as performing close readings of scenes to demonstrate how different affective relationships are crafted. I will then briefly explore how the films have been utilised to portray a particular 'message' and draw in data from my ongoing interview project which is undertaking in-depth, longitudinal qualitative interviews with gay men about 'chemsex'. The paper will end with discussion of how and why the narratives presented by gay men about chemsex are structured by or challenge the filmic representations.

3. JESSIE DANIELS,
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JULES NETHERLAND,
Drug Policy Alliance and John Jay College,
City University of New York

White women, popular culture and narratives of addiction

The United States war on drugs has, for decades now, systematically targeted communities of colour. This sustained attack on people of colour is accomplished through the use of whiteness. Recently, the opioid crisis has captured the attention of mainstream news media and elected officials. In October, 2015 a *New York Times* headline blared, 'In Heroin Crisis, White Families Seek Gentler War on Drugs' (October 31, 2015). While some may see this 'gentler war on drugs' as a welcome change, we take a more critical view of 'white drug exceptionalism'. Specifically, we analyse the role of white women in two popular television series that feature narratives of addiction. We conducted a systematic analysis of a narrative television show, *Law & Order*, and a reality-based show, *Intervention*, using nine seasons over the same time period (2000-2010). *Law & Order* is a courtroom procedural that often features storylines that involve drugs or drug culture; *Intervention* uses an elaborate artifice to trick participants into agreeing to enter drug treatment. We logged details, including race and gender of each character on each episode; and, for the qualitative analysis, we watched each episode and took extensive notes. In *Law & Order*, white women were featured prominently as part of the carceral state, both as police detectives and as prosecutors. Occasionally, white women are portrayed as victims of drug culture. On *Intervention*, the majority of all characters are white, and the audience is invited to view drug use through a white lens that tells a particular kind of story about addiction. The carceral model promoted by *Law & Order* and the therapeutic model valorised by *Intervention* both rely on neoliberal regimes of citizenship that compel us all toward 'health', 'sobriety' and for white women, particular notions of womanhood. Such regimes, we contend, presume and reinforce whiteness.

4. KATARINA WINTER,
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Addiction experts in public arenas: From scientific knowledge to lived experience

How does one solve social and health-related problems in society? Many would endorse the approach that proper and sound knowledge about the problem in question is crucial to enable relevant and suitable solutions. Arenas that put scientific and expert knowledge in contact with public debate and understanding are fundamental for spreading such knowledge to the society. Such arenas and their often popular scientific representations are important and useful means for communication to and interaction between actors of health-related problems: other researchers, practitioners, clinicians, patients and the public. But what is this knowledge? And whose knowledge is appropriate? This study investigates an arena positioned as an initiative for collecting research and expert knowledge to create better interventions and solutions for problems of addiction. The analysis focuses on power relations in the coproduction of knowledge, and emphasises primarily two things. First, the typical problematic addicted actor is bundled off to the periphery in favour of a new target group: children. Second, the expert role is contested; the traditional expert and scientific knowledge is partly fading and muted in favour of experience-based knowledge when NGOs' and certain lay persons' knowledge is magnified. This brings a change in the scope for future interventions and their recipients: from scientific and expert knowledge addressing interventions for persons with addiction-related problems to the lived experience of laypersons addressing all actors operating in the addiction field.

11.00 — 11.30 | MORNING TEA

11.30 — 1.00 | PRODUCING PROFESSIONALS
CHAIR: FIONA POEDER
ROOM: SIRKUS

1. STEVE DURANT & FIONA WEBSTER,
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From opiophobia to over-prescribing: A critical scoping review of medical education training for chronic pain

Increasing rates of opioid addiction and overdose deaths create a number of considerations for medical education. In general, medical learners are strongly encouraged to provide patient-centred care and be empathetic. However, the risks and regulatory issues surrounding opioids involve objectives that can be seen as competing with this imperative. In particular, discourses of 'drug seeking' and 'diversion' of medications can be seen as competing directly with a logic of trust and collaboration in patient encounters. To explore opioid issues in medical training, we conducted a critical scoping review of the medical education literature. Going beyond — and complicating — the usual scoping objective of establishing a 'map' and identifying 'gaps' in the literature, we sought to 'make strange' the concepts, evaluation strategies and ontology of this area. Within our archive of studies published in the 21st century, we noticed a shift from concerns about over-estimation of the risk of addiction, described by some authors as 'opiophobia', to the current focus on risks and dangers of inappropriate prescribing. A discourse of 'opiophobia' looks very strange from the present, yet just a decade ago, it was being described as a pressing issue among physicians and trainees. We also found a persistent focus on the perceived inadequacy of the training landscape. To the extent research has addressed this, it has largely been through curriculum evaluation and self-reported experiential data among trainees. Interestingly, these tend to show opposite results, with trainees as well as medical schools evaluating the extent and quality of training much more positively than education researchers. There has been very little research into the 'hidden curriculum' pertaining to the social construction of risk, addiction and 'drug seeking'. In education practice, there appear to be few efforts to encourage students to reflect on the tensions and emotional impact of responsibility for opioid prescribing.

2. CHLOE KNOX, CAMILLE STENGEL,
SARAH MOXON & NEIL AITON,
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Mother versus child? Healthcare professionals' perceptions of maternal-fetal conflict in antenatal substance use

Background: Substance use in pregnancy is a common health issue in the UK. Healthcare workers supporting women using substances in pregnancy are exposed to the contrasting discourses of child-centred policy and woman-centred practice. This study explores healthcare workers' perceptions of their primary duty-of-care when providing support for pregnant women engaging in problematic substance use and whether they experience conflict between maternal and child rights in their role. Materials and methods: Semi-structured interviews were conducted with six healthcare workers in June and July 2016. Participants were recruited from within a hospital-based clinic on the south coast of the UK. Framework analysis was conducted, using four models of the maternal-fetal relationship to inform the key themes: Woman Centred, Fetus Centred, Mother and Fetus as Distinct Individuals, and Pregnant Embodiment. Results: Healthcare workers providing care for women using substances in pregnancy experience conflict from numerous sources. Participants felt there was tension between their personal ideology of motherhood versus their professional experience and struggled with the distinction between 'fetus' and 'baby'. Alcohol was perceived as distinct from the other substances used by pregnant women. Whilst harm reduction approaches and drug replacement programs were advocated in the case of illegal substances, total abstinence from alcohol was supported by participants. Conclusion: In order to provide supportive care and minimise personal experiences of conflict, healthcare workers must negotiate the contrasting discourses of policy and practice, continually constructing and adjusting their own model of the maternal-fetal relationship. Provision of care to this population is generally mother-centred, though this may be further strengthened by providing additional postnatal support to promote the health of substance-using women and their children. The distinction between alcohol use and other substance use in pregnancy expressed by participants also requires further exploration, to establish if this is unique to antenatal care providers.

3. NIKI KIEPEK, BRENDA BEAGAN, JONATHAN HARRIS, JOY MUNROE & MARISA BUCHANAN,
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Drug use among students in professional programs: Enhancing performance?

Introduction: While there is convincing evidence regarding the unique patterns and prevalence of drug use among various professions, there is relatively little information about the social processes and contexts that influence drug use. Processes of professional socialisation influence types of substances used, patterns of use and estimations of normality. Objective: The main objective of this study is to better understand, from an insider perspective, the meanings and experiences of substance use within the professions. This project seeks to understand patterns of substance use among professionals and students in professional programs in Canada, understand incentives and rationales for use, impact on professional practice, identify strategies to manage use and minimise negative consequences, and identify factors within education, professional culture and workplace that influence decisions about use. Method: This pilot project used mixed methods methodology, integrating ecological momentary assessment (EMA) and qualitative interviews. The app-based EMA instrument facilitated real-time data collection about the nature of drug use. Participants were English speaking professionals and professional students in Canada who used at least one psychoactive drug. Twenty participants were involved in the EMA and interview; 15 people engaged in the EMA section only. Results: There were 873 discrete reports of drug use. Predominant reported drug use effects included: (i) enhanced experience of an activity (e.g. cannabis), (ii) enjoy a mundane activity more (e.g. MDMA), (iii) school/work performance improved (e.g. antidepressant), (iv) socialising enhanced (e.g. cigarette), (v) clarity improved (e.g. caffeine), (vi) concentration/focus improved (e.g. benzodiazepine), (vii) energy improved (e.g. cocaine), (viii) withdrawal avoided (e.g. anti-depressant), (ix) anxiety/stress reduced (e.g. alcohol), (x) feel awake/alert (e.g. caffeine) and (xi) feel calm/chilled/relaxed (e.g. antihistamine). Undesired effects were reported to a lesser extent, including: (i) school/work performance reduced (e.g. anti-depressant), (ii) impaired driving (e.g. alcohol) and (iii) missing school/work/obligation (e.g. cannabis). Qualitative and quantitative data will be presented. Conclusions: Professionals are highly educated and skilled at accessing information and evaluating evidence; they may discount the fear tactics that underlie traditional education and dominant discourse about substance use. Social conceptualisations of substance use have important implications for the design of policy and regulation, legal decisions and professional image, yet the experiences of professionals have been absent from research about substance use.

11.30 — 1.00 | YOUTH III
CHAIR: ADRIAN FARRUGIA
ROOM: TIVOLI

1. TAMAR ANTIN,
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GEOFFREY HUNT,
Institute for Scientific Analysis

The 'here and now' of youth:
An investigation of the meaning of nicotine and tobacco for counter-cultural youth

The aim of this presentation is to examine the relative invisibility of youth studies within research on nicotine and tobacco, especially in the United States. Given the extent to which sociological and cultural studies of youth have examined the role and meaning of alcohol and other drugs, this absence is surprising. We will address the invisibility of these perspectives in nicotine and tobacco research in the US, where youth are often considered passive and malleable, particularly in terms of their susceptibility to both industry and peer manipulation as well as to tobacco prevention messaging. This analysis is based on the narratives elicited from two ethnographically informed studies of nicotine and tobacco use among youth — one focused on vaping (or not) among a diverse group of youth and another focused on meanings of smoking and stigma among Lesbian, Gay, Bisexual, Trans*, and Queer identifying youth. Across these two studies, we conducted 100 in-depth interviews with youth living in the San Francisco Bay area, to probe questions of identities, meanings of smoking and vaping, the stigmatisation of smoking and perceptions of California tobacco control policies. We will discuss how marginalised youth groups or youth identifying with counter-cultural or 'outcast' groups ascribe meanings to nicotine and tobacco, and how those meanings illustrate their agencies, especially in terms of the ways in which youth construct their identities. Unlike studies of youth that consider adolescence as 'an uneasy occupation of a developmental way station en route to' adulthood, we will show how the lived experience of these youth are shaped by the 'here and now' and should not be solely interpreted in terms of how they relate to an eventual transition to adulthood (Bucholtz, 2002, pp. 531-532). Implications of these theoretical insights for nicotine and tobacco control policy will be discussed, particularly as they relate to the potential for unintended consequences for some youth groups.

2. MARIE BÆRNDT,
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Experiences of transgressive inquiries about sexuality and religion among partying young women with ethnic minority background in Denmark

Within research on partying, alcohol consumption and gender in Denmark, sparse attention has been paid to ethnic minorities. This paper addresses how young ethnic minority women with Muslim cultural backgrounds experience nightlife and urban spaces characterised by different forms of interpersonal contact in the context of alcohol consumption. I argue that both their gendered and ethnic appearances/bodily markers contribute to their regular experiences of being approached by other youngsters with inappropriate and transgressive inquiries of religion, sexuality and virginity. Based on interviews and still ongoing ethnographic fieldwork among ethnic minority women, these experiences are investigated as part of the culturally hyphenated lived worlds of youngsters with ethnic minority backgrounds in Denmark. On this basis, I go on to discuss how 'the Muslim woman' is an unavoidable and problematic figure, which is continuously articulated as the young women narrate their nightlife experiences. Regardless of their religious beliefs, these women have to deal with and respond to the figure of 'the Muslim woman' in this context, because they are often confronted with her in their peers' expectations of them — again these expectations largely stem from an interpretation of bodily markers such as dark hair and dark eyes. These observations correspond with the methodologically interesting experiences I have had recruiting women with 'Muslim cultural backgrounds', which led to a diverse group of interviewees including religious and non-religious women, as well as ethnically mixed women — who might only have in common how they are forced to deal with the figure of 'the Muslim woman'. In the analysis I will draw on intersectional approaches and explore ethnicity as a fluid and situational accomplishment, while incorporating how gender and age intersects this accomplishment. The paper will add to the limited research on the ethnic and gendered dynamics of nightlife experiences.

3. ADRIAN BARTON,
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Managing alcohol use amongst young drinkers: Understanding the impact of cultural practices on drinking patterns and practices

The British relationship with alcohol has always been difficult: witness the succession of moral panics and legislation about alcohol consumption; The Alehouse Act 1552; The succession of Gin Acts and moral panic around gin drinking in Georgian London; the emergence of the Temperance movement in 1820; and the more recent concerns over 'binge drinking' and 'pre-loading' to name but a few. At the heart of all these pieces of legislation has been the difficult question of how to control the consumption of a substance which is legal, pleasurable, socially sanctioned and relatively cheap. But what is meant by 'control' needs clarification as 'control' implies much and in the case of alcohol actually delivers very little: formal state 'alcohol control' is relatively good at controlling access but relatively powerless in the control of levels of consumption, as consumption tends to take place in private or semi-private spaces. Added to this, the commercial interests involved in the selling of alcohol have a conflicted interest in control, wishing to maximise sales whilst wishing to be seen to adhere to the will of the state. To that end, both the state and commercial interests have focused on applying legislation around controlling access rather than attempting to control consumption, meaning the control of alcohol consumption is often left in the hands of the consumer. Thus, control of access to alcohol is formal and regulated; control of consumption is informal and cultural. These different forms of control work well in isolation but often come into conflict when they meet: when those who have over-consumed seek access to more alcohol in semi-private spaces such as pubs or clubs or who use public spaces in an inappropriate manner. Using data from three studies that looked at the drinking habits of young people, this paper explores those areas of tensions between and across formal and informal control of alcohol use.

11.30 — 1.00 | SCIENTIFIC KNOWING
CHAIR: CAMERON DUFF
ROOM: TARJA HALONEN

1. REBECCA TIGER,
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(Re)Imagining the brain on drugs

Brain imaging plays a crucial role in contemporary neuroscientific constructions of addiction. The National Institute of Drug Abuse's educational material often juxtaposes images of 'normal' and 'addicted' brains to reinforce the dominant idea that addiction is a biological disease measurable by the visual transformations that accompany habitual drug use. Digital brain images bolster a long-standing belief that addiction is an abnormal state and that abstinence is the key way drug users can return to (tenuous) normality. Thus, neuroscience contributes to the longstanding focus on addiction as a biological disease that relies on a conceptual distinction between the 'addicted' and 'sober' self. And yet, brain imaging invites a contradictory reading of its own evidence, allowing for multiple interpretations of the transformations it visually represents. Drawing on Vrecko's (2010) call for sociological engagement with neuroscience, I will explore the implication of the turn toward the brain disease model of addiction. I will use the lack of consensus among neuroscientists about what addiction really is to consider the normative assumptions in the field's multiple and often conflicting theories. Juxtaposing the intertwined histories of the ideas of 'addiction' and of 'drug', I will show their interdependence in creating the hegemonic interpretation that demonstrable brain changes are disruptions that should be ameliorated rather than transformations worth theoretical consideration. To do so, I will show how images of the 'addicted brain' can be read as the depiction of a newly constituted subjectivity imbued with the potential to disrupt the moralising gaze and demands of addiction medicine.

2. ANNE WHITTAKER,
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The odd couple or a marriage made in heaven? Critiquing 'implementation science' in recovery-oriented drug treatment

There is now an imperative to implement so called 'effective' psychological interventions in order to achieve more ambitious outcomes for individuals and families within a recovery-orientated drug treatment system. Drawing on constructionist theory, this paper analyses evidence from an ongoing feasibility study of behavioural couples therapy (BCT) with drug dependent parents in Scotland. The study itself aimed to implement BCT with discordant and concordant couples prescribed opioid substitution therapy, who had at least one child living in the home, in order to establish whether a larger effectiveness evaluation could be conducted. In the UK, BCT is recommended by the National Institute for Health and Care Excellence (NICE, 2008, 2011) for the treatment of alcohol and other drug problems, despite there being little or no evidence of its effectiveness outside the US where it was developed. This paper questions the utility of 'implementation science' to explain the findings, given that implementation and uptake of these interventions are shaped by wider contextual issues such as differing governing policies and ideologies, dissimilarities in populations, treatment environments and sociocultural contexts. Thus the comparative analysis between countries where interventions originate and where they are transposed is distorted.

3. ANTHONY BARNETT, MICHAEL SAVIC,
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CRAIG FRY,
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WAYNE HALL,
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ADRIAN CARTER,
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When the brain leaves the scanner and enters the clinic: A critical analysis of the way neuroscience produces 'addiction' in drug treatment

Neuroscience promises to uncover the neural basis of addiction by mapping changes in the 'diseased brains' of people with 'drug addictions'. It hopes to offer revolutionary treatments for addiction and reduce the stigma experienced by those seeking treatment for a medical, rather than moral, condition. Drawing upon poststructural ideas and informed by the emergent discipline of 'critical neuroscience', we analyse how neuroscience constitutes addiction in clinical practice. Our study examines what happens when the brain leaves the scanner or medical journal, and enters the addiction clinic — that is, how is neuroscientific knowledge employed or resisted, and how does its use by clinicians problematise addiction treatment? Drawing upon interviews with 20 Australian clinicians, ranging from physicians in clinics to 'recovering addicts' in therapeutic communities, we argue that neuroscientific enactments 'neuro-medicalise' addiction, making it the doctor's problem to be solved, contained and treated. While many clinicians considered addiction neuroscience to be a technical discipline outside their own expertise, certain concepts, notably 'neuroplasticity', appear to be freely employed by clinicians, although not by prominent authors of addiction neuroscience. Finally, we scrutinise the ways that metaphors, such as 'hijacking' or addiction as 'playing the piano', enact addiction and make certain subject positions possible. We argue that such enactments, in light of the developing field of addiction neuroethics, have important consequences for clients' agency and treatment experiences.

11.30 — 1.00 | MEDICALISING DRUG USE
CHAIR: ROBIN ROOM
ROOM: KARL LINDAHL

1. JULIA REHSMANN,
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Confined live(r)s: Alcohol and the ethics of lists and limits

According to the *Merriam-Webster Dictionary*, a limit is 'something that bounds, restrains, or confines'. In my paper, I examine limits of different qualities and departures and explore their role in compiling waiting lists for liver transplants. These limits refer on the one hand to individual limits of patients with a history of alcohol (ab)use and on the other hand to medico-structural limits which restrain those patients. I discuss how, where and when flexible, personal limits are negotiated and handled in relation to the inflexible, structural limits of transplant medicine. Transplant medicine in Germany, structured by regulations about eligibility for treatment, serves as a promising empirical background to explore the complexity and ambiguity of limits and lists. Waiting lists — tools to distribute the scarce good of donated organs as transparently, fairly and impartially as possible — are organised by numbers based on laboratory values. Nevertheless these lists raise highly ethical questions, as categories of eligibility exclude certain groups of patients from a possibly life-saving treatment. As there exist specific rules for patients with a history of alcohol (ab)use, which other patients do not have to adhere to, the former's chance of treatment gets limited and their lives become more precarious than others. Drawing on ethnographic fieldwork in transplant clinics, and on interviews with medical professionals, transplant recipients and patients waiting for one, I discuss how medical practice and morality are intertwined in the context of alcohol (ab)use and accessibility to a life-saving medical treatment. By discussing the moralities of liver transplant medicine in relation to alcohol-related liver conditions, this paper sheds light on how intimate experiences of alcohol (ab)use, the sociality of alcohol consumption and medico-structural regulations constrain and facilitate each other.

2. SHARON R. SZNITMAN, DANA ZARHIN,
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The medicalisation of cannabis: What does it mean?

Background: Despite the frequent use of the phrase 'medicalisation of cannabis', it is not clear what it means to different stakeholders involved in medical cannabis (MC) policy development. This report examines Israeli stakeholders' understandings of how cannabis should be medicalised. Methods: Following principles of constructivist grounded theory method, we analysed different Israeli policy documents related to MC policy and legislation. Results: There was support for cannabis medicalisation across the various stakeholders. Nonetheless, controversies remained surrounding how cannabis should be medicalised. Specifically, whereas most actors argued that cannabis should be medicalised as a medication by relying on the biomedical model of medicine, others contended that cannabis should be medicalised as a treatment, akin to how complementary or alternative treatment has been coopted by medicine. Biomedicalising cannabis was the dominant frame, and was supported by the Ministry of Health, which has been entrusted to oversee the MC program in Israel. Conclusion: Israel is recognised as a leading actor in the global MC arena, and other countries look to Israel for innovative MC policy. It is therefore possible that other countries will follow Israel's lead in its path to the biomedicalisation of cannabis.

3. MAFALDA PARDAL & FRÉDÉRIQUE BAWIN,
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Supply of cannabis for medical use through cannabis social clubs: An analysis of Belgian practices

Introduction: Cannabis social clubs (CSCs) are non-profit associations of adult cannabis users that collectively organise the supply of cannabis among their members. While initially oriented towards the supply of cannabis among recreational users, CSCs currently also serve members using cannabis for medical purposes (self-medicated and/or prescribed). This paper aims to unveil the particular features of Belgian CSCs as suppliers of cannabis for medical use. Methods: In this paper we draw specifically on data gathered through face-to-face semi-structured interviews with the managing staff (n=19) of seven currently active Belgian CSCs, and with members of CSCs using cannabis for medical reasons (n=18). In addition, these data are complemented by an analysis of the Belgian CSCs' internal documents (e.g. by-laws, membership forms and house-rules). Results: We present Belgian CSCs' practices, building on an adapted version of the health services analytical framework proposed by Belle-Isle et al. (2014). We discuss: (1) how CSCs accommodate medical members' needs (e.g. quality production standards, medical staff within CSCs); (2) CSCs' accessibility for medical members (e.g. CSC location, admission criteria); (3) cannabis availability for medical members (e.g. frequency of distribution, quantity supplied, types of products); (4) affordability (e.g. membership costs, price per gram); and (5) issues around acceptability of medical cannabis use (e.g. social activities within CSC). Discussion: In light of the current debate about cannabis policy, it is important to understand the range of policy options available (Kilmer & Pacula, 2016). The CSC model is a 'middle-ground' option (Caulkins et al., 2015), and one that might play a role in terms of harm reduction (Belackova, 2016). Nevertheless, little is known about whether and how CSCs have sought to adapt their practices to meet the needs of medical cannabis users. This paper contributes to fill that knowledge gap by providing an overview of the features of Belgian CSCs as suppliers of cannabis for medical use.

1.00 — 2.00 | LUNCH

2.00 — 3.30 | ATTENDING TO PLEASURE
CHAIR: LUCY PICKERING
ROOM: SIRKUS

1. KANE RACE,
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Thinking *with* pleasure:
Agency and experimentation

Drug use is motivated by the desire for self-destruction — or so we are typically told. Perhaps this is true in some instances — but this is not always the same as a death wish. In the field of harm reduction, key scientific authorities are largely unmoved by pleasure, consigning it to irrelevance or otherwise disregarding it. Meanwhile, queer theory insists on a rather polarised distinction between the pleasures of self-confirmation and the pleasures of self-shattering — *plaisir and jouissance* — reifying the latter in a critical gesture that becomes impracticable for public health. But pleasure can also be approached as a conjunctural event in which new objects, identities and ways of relating to the world emerge. Inspired by French pragmatist thought, this paper experiments with prepositions to outline its proposals for drug research. Thinking *with* pleasure is different from thinking *about* pleasure, thinking *of* it, or even thinking *through* it. It foregrounds the relation between the researcher and researched, suggesting each party has the capacity to affect/ be affected by the other in generative, surprising, but relatively autonomous ways. While this confers some symmetry on the practices of the researcher and the researched, their respective projects should not be confused. Each is engaged in their own process of self-transformation — though both risk seeking out encounters that put established habits of thinking, feeling and being-together to the test. It is well established that 'experimenting with drugs' may be informed by concerns about safety — that's hardly news. Indeed, many such experiments are specifically designed to put particular ways of avoiding harm and/or displeasure to the test. By conferring research participants with agentive potential that is at once collaborative but non-identical, thinking with pleasure gives people who use drugs the credit they are due and in so doing, aims to multiply collective capacities to acknowledge and realise such potentials. *Thinking with pleasure* might also spark curiosity about the sociomaterial arrangements that constitute the infrastructure of these intimate experiments, not to mention the criteria of value and distinctions used by those assessing their effects. The better we get at articulating how these makeshift experiments are energised and informed by everyday, practical, intelligible concerns, the more capable we will become of enacting new realities of healthcare, co-operation, transformation, wellbeing and respect.

2. WILLY PEDERSEN,
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SÉBASTIEN TUTENGES & SVEINUNG SANDBERG,
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The pleasures of drunken one-night stands: Assemblage theory and narrative environments

Assemblage theory downplays the ontological differentiation of individuals and contexts and focuses instead on how encounters produce agency. In this study, we use an assemblage theory framework to investigate the link between alcohol use and one-night stands. Data are qualitative interviews with participants in the night-time economy (N = 102, 50% female, with a mean age of 25 years). We show that: (i) alcohol-fuelled sexual *explorations* are key elements of a night out, and include flirting, sensual dimensions and imagination, as well as sex acts; (ii) what may be called sexualised *territories*, such as institutionalised rural feasts, the backseat of cars and holidays abroad play a key role; (iii) contrary to the findings of previous research, one-night stands were often linked to *pleasure*, sometimes because they entailed breaking norms. Stories of drunken one-night stands were often framed as 'crazy' or 'wild' and told in a humorous tone. We conclude that the unique assemblages of alcohol, emotions, specific sex acts, time and place contribute to the pleasures of a one-night stand. Moreover, these experiences must be seen as produced by — and interpreted within — a narrative environment that appreciates and expects 'sex stories' as part of a night out.

3. MARIE JAUFFRET-ROUSTIDE,
ALEXANDRE TRUC & AUDE WYART,
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Disciplining pleasure through harm reduction policy: Confronting drug users' personal experience of injection in context with professionals' public health expectations

Drug policy rarely considers the question of pleasure, even though it constitutes a major motivation for drug users. We seek to analyse the way harm reduction professionals negotiate the question of pleasure in their daily social interactions with injecting drug users, based on an investigation of the AERLI program. AERLI, implemented in France since 2011, sets out to support and educate drug users about injection-related risks. Each session of this program includes one live injection during which the user will prepare her/his product and inject it in the presence of two harm reduction professionals. Afterwards, professionals and drug users have an opportunity to discuss vein searches, bacterial infection prevention, consumption management and psychoactive effect maximisation. Unlike other harm reduction programs, AERLI cannot avoid the question of pleasure because the user injects him/herself and experiences the effects of the substance in the context of the program. We used a qualitative methodology based on 80 ethnographic observations of sessions and 30 interviews with drug users and professionals from 2015 to 2016. We interrogate the way professionals strive to build expertise that takes into account experiential knowledge in practice and in context while dispensing sanitary recommendations. Defining a professional stance that is neither of moral judgment nor of promotion or trivialisation constitutes a major challenge. In practice, the AERLI program faces tensions between attaining its sanitary and educational goals and allowing users to live fully their experience of pleasure. The intimacy of the observation setting introduces complex factors of misunderstanding and discomfort on the part of both users and professionals. AERLI is therefore a typical example of the tensions that harm reduction is confronted with in practice. While harm reduction theoretically eschews moral judgment of drug consumption in its principles, it runs the risk of reshaping that judgment into one of good practice use from the point of view of infection prevention. We analyse the tensions at the core of this program based on the theoretical framework of Michel Foucault's biopolitics, or the use of power with the aim of maintaining a certain population's livelihood. Such power also constitutes a form of governmentality, meaning a power exerted not by constraint, but through the interiorisation of precepts and techniques that invite individuals to become experts in themselves and to control their body. The question of pleasure significantly impacts the transmission of sanitary precepts, and introduces other lines of questioning, such as that of unveiling/revealing the legitimacy of seeking pleasure.

2.00 — 3.30 | MULTIPLICITY AND DIVERGENCE
CHAIR: VIBEKE ASMUSSEN FRANK
ROOM: TIVOLI

1. RAMEZ BATHISH & MICHAEL SAVIC,
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Therapeutic governance and the enactment of multiple subjectivities in contemporary Australian therapeutic communities

Alcohol and other drug (AOD) treatment is commonly thought to respond to pre-existing AOD 'problems' and 'disordered/ pathological' subjects. However, an emerging body of critical scholarship has unsettled this taken-for-granted logic, and has illustrated how 'addiction' and 'addicted' subjects emerge through treatment practices, clinical tools and clinical encounters. One treatment modality that has not been subject to much critical attention is the therapeutic community (TC), despite being a common treatment modality in AOD treatment systems. Contemporary Australian TCs, like their forebears, offer drug-free residential rehabilitation and purport to treat 'AOD problems' by addressing the disorder of the 'whole person' through 'right living' and by fundamentally re-ordering people's identities and lifestyles. Yet TCs have evolved over time, resulting in a juxtaposition of traditional TC philosophies and practices alongside a range of other treatment practices, which are not always aligned. It is unclear what effects such developments have given rise to in terms of how, and what, subjectivities are enacted through TC treatment. This paper draws on post-structuralist ideas to analyse a range of qualitative data drawn from five TCs in eastern Australia including programmatic content and interviews with TC residents. We examine the relationship between evolving discourses and treatment practices (among other human and non-human actors) at work in contemporary TCs, tracing their effects on the experience of treatment, subject formations and the governance of TC residents. We argue that the complex entanglement of discourses, practices and other actors at work in the contemporary TC constitute drug users multiply and, at times, in contradictory ways. As treatment modalities emerge in different ways, we suggest a need to examine how different and often competing treatment philosophies and practices 'hang together', to critically reflect on their effects, as well as consider how treatment might be attuned to a more diverse range of subjectivities.

2. FIONA MARTIN,
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Multiplicity and ambiguity in Canadian policy discourse on women's substance use

This paper examines how substance use by pregnant women is currently framed in Canadian drug treatment policy. Previous studies suggest that the higher the level of controversy surrounding a particular social or health issue, the more value-laden and less 'evidence-based' policy responses will be. Others demonstrate that policy is one of the primary techniques used to police, and in some cases punish, substance-using pregnant women. This paper argues that policy in this particular domain is a somewhat more contested space, inhabited by multiple participants and multiple understandings of what is problematic and worthy of policy intervention, than previous studies suggest. Drawing on the findings of an ethnographic content analysis of Canadian drug treatment policy documents, the paper identifies the different meanings attached to ostensibly uncontested concepts such as 'harm', 'stability', 'recovery' and 'gender-sensitivity' across and within policy documents. The paper goes on to discuss this multiplicity, and the ambiguity it generates, in relation to the comparatively narrow range of strategies used to address pregnant women's substance use in Canada.

3. CATHERINE HESS,
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Divergent e-cigarette policies in California and the United Kingdom: Influences on perceptions of vaping among young adults in San Francisco and London

Introduction: In the US and UK, most adults who vape are current or former smokers, many of whom credit e-cigarettes for success with smoking cessation. Younger adults may also use e-cigarettes for smoking cessation, though there is legitimate concern in both countries that adolescents could become addicted to nicotine through e-cigarette use and go on smoking cigarettes. The two countries diverge in the way in which e-cigarettes are depicted and interpreted by public health officials. In the US, among the stated concerns of national public health organisations is the fear that e-cigarette use will either become normalised in and of itself, or that it will renormalise smoking, and that it may interfere with smoking cessation efforts by perpetuating nicotine addiction among e-cigarette users. California is perhaps the clearest example of the US treatment of e-cigarettes in the public health domain, discouraging use of e-cigarettes, even among young smokers. Conversely, the UK has adopted an approach centred on harm reduction. In 2015, Public Health England released a report declaring e-cigarettes as 95% safer than cigarettes. Since then the agency has encouraged the use of e-cigarettes among current smokers wishing to quit and expressed concern that adults in the UK appear to believe that e-cigarettes are as harmful as cigarettes. Fears that smoking will be normalised via e-cigarette use have not been a concern expressed by UK public health agencies. Our project involves an investigation into the ways in which young people perceive and use e-cigarettes, both as a result of and independently of public health messages. We conducted semi-structured pilot interviews with young adult smokers in San Francisco and London. Based on a pattern-level analysis of participants' narratives, we argue that differences in the way in which e-cigarettes are socially positioned among young adults — and, in the case of the UK, legitimised by public health agencies — has led to differences in the way in which these products are perceived and used by young adults. Implications for tobacco control policy and prevention will be discussed.

2.00 — 3.30 | MAKING SERVICE ACCESS
CHAIR: KARI LANCASTER
ROOM: TARJA HALONEN

1. SIANNE HODGE,
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& FIONA POEDER,
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Language in community-based alcohol and other drugs treatment settings: A matter of person-centredness, not political correctness

In contemporary society, language strongly influences our attitudes towards substance use and how we treat people affected by alcohol and other drugs. It also impacts how people who use alcohol and other drugs view themselves and their access to treatment. Language is powerful. The words we use can empower or disempower, engender compassion and understanding, or devalue and dehumanise. Research has found that health professionals are a common source of stigma. Stigma discourages help-seeking, diminishes clients' hope and self-efficacy for change, and contributes to poorer treatment outcomes. Commonly used terms, such as 'addict' and 'abuse', have been shown to propagate stigma, yet they remain part of the treatment lexicon. While the evidence base for person-centred language is growing, there is a paucity of evidence available on what is appropriate in an Australian context. In 2016, the Network of Alcohol & other Drugs Agencies and the NSW Users & AIDS Association partnered to develop a series of resources aimed at promoting use of person-centred language in community-based alcohol and other drugs treatment settings. Focus groups were conducted to examine key terminology and to develop guidelines for person-centred communication. Our attitudes towards substance use and how we respond rests on the concepts and language we use. We need to be less ambivalent, and more mindful and deliberate about avoiding pejorative terms. Changing our language is not a matter of political correctness; it may very well be the key to a more person-centred approach to treatment, and to reducing the stigma and marginalisation of people who use alcohol and other drugs.

2. EMMA ATKIN-BRENNINKMEYER,
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Factors concerning access to a potential drug consumption room in Dublin, Ireland: A case study

Drug consumption rooms have been a harm-reduction method employed by 10 countries worldwide but this method is currently illegal in Ireland. Each consumption room has its own access rules and regulations suited to its local drug using community. This project asked a range of stakeholders — service users, staff, medical professionals and policy makers — about what the access rules and regulations should be in a potential Dublin service, and who should be able to access these services and why. There were 19 participants in total, semi-structured interviews were held with service users, medical professionals and policy makers, and a focus group was held with staff members. Each participant discussed their experiences, knowledge and opinions, alongside evaluating the viability of established drug consumption room rules and regulations for Dublin. They identified key issues within drugs services, or as/for drug users, which affected them directly or indirectly. Participants placed emphasis on the need for improved drug services, especially when responding to overdose, and issues surrounding drug-using parents and younger users. This study concluded that although all stakeholders supported a drug consumption room, there are real concerns around access. All participants also agreed that there are major issues in Dublin's drug and health services that need to be addressed prior to the opening of a drug consumption room.

3. ELINA VIROKANNAS,
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Limited access to social and health care services from the standpoint of women drug users in Finland

There is a huge reform going on in Finland concerning health and social services and regional government. The reform affects every citizen, especially those who are dependent on public services resulting from poor economic, health and societal conditions. One major aim of the reform is freedom of choice, which means that service users will be able to choose the service provider from either the public or private sector. This requires knowledge and social and economic resources that people in vulnerable life situations often do not have. Thus, the reform project has been criticised for ignoring the complicated life situations of marginalised people, such as drug users, who have severe health, financial and housing problems, when planning the reform for standard circumstances. In this presentation, I will analyse barriers affecting access to social and health care services from the standpoint of women drug users. The institutional ethnography of Dorothy Smith is used as a theoretical background and the study takes the standpoint of excluded people at its starting point. However, individual experiences are not the main interest but provide an entry point into exploring how people's lives are bound up in so called 'ruling relations', which organise their experiences. The data consist of 10 group discussions with 13 different women aged 25-55 years and were gathered between August 2015 and August 2016 in Helsinki. Every participant had engaged in heavy drug use at some stage in their life. Some of them had a multitude of problems in several areas of their lives. They have needs for different services, including medical, financial and social ones. The findings highlight the barriers women face in accessing services and the reasons for not receiving support as presented in women's group discussions and how the ruling relations seem to coordinate women's experiences. In addition, I consider how the experiences of women could or should be taken into account when planning future reform projects.

2.00 — 3.30 | PRACTISING HARM REDUCTION
CHAIR: NICOLE VITELLONE
ROOM: KARL LINDAHL

1. ELENI THEODOROPOULOU,
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The ontology of harm reduction

Discussions on harm reduction range from the understanding of the approach as a bottom-up initiative to its analysis as a governance technology, mobilised for the regulation of the drug using population. By taking one step back, the aim of this account is to trace and analyse drug users' shifting practices in response to harm reduction, and question the adoption of the approach as uncontestably beneficial for their well-being. I do so through the analysis of the British printed press during the years of the HIV/AIDS epidemic, focusing on cases where drug users have used syringes to injure or threaten to injure the 'general population'. The printed press, as one of the actors that contributed to the production of the self-evident facts that have accompanied the history of harm reduction, provides a valuable insight to the complex and multi-layered socio-political context within which drug treatment emerges. The press reports considered in this account demonstrate how the syringe, harm reduction's primary object of concern, becomes a device for thinking about the consequences of the approach, when actively used to increase, rather than to reduce harm. Through this exploration, and following a line of thought opened up by the ontological turn in the study of drug use and recovery, the ways of understanding, talking about and acting upon drug using subjectivities are brought into question. By revisiting the birth of harm reduction, the aim is to rethink its application in the present and its effect on drug users' lives and bodies. The problematisation of harm reduction as a historical product, and the study of its impact on the constitution of drug using subjectivities, provides an example of the new lines of thought that the close and systematic analysis of current treatment models can create.

2. ERIC RATLIFF,
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Am I my lover's keeper? Narrating 'responsibility' as a dialectic of autonomy and care in drug use and HIV prevention

The concept of 'responsibility' is commonly deployed in public health messages to foster changes in high-risk behaviours and subjectivities by establishing and maintaining normative expectations. Yet these messages often constitute perceived realities in contradictory ways, generating dialectical processes people must reconcile in their everyday interactions. For example, public health directives enjoin people at risk for HIV to assume personal responsibility for their own actions as an expression of autonomy, while also encouraging social responsibility for preventing transmission to others as an expression of care. The dialectic arises where efforts to enact care for another might violate that person's autonomy to make decisions regarding their own well-being. The difficulties of expressing care and/ or autonomy are further compounded in cases where persons use intoxicating substances that are often viewed as diminishing one's responsibilities. For this study, I draw upon 50 semi-structured interviews from a sample of African Americans who use crack cocaine in Houston, Texas. In analysing these interviews, I used a narrative approach to study subjects' expressions of responsibility at the intersections of drug use and HIV transmission among sex partners. Participants' personal accounts demonstrate the complexity in which they interpret and enact responsibility, often resisting public health efforts to impose a normative medico-moral reality on their sexual relationships. To illuminate these dialectical interactions, I present vignettes from three individuals who narrated their (ir)responsibility as an ongoing process of confronting myriad obstacles that challenge their efforts to be more 'responsible' for self and others. I also reflect on their narration as a form of responsibility insofar as they are accounting for their perceived failures to live up to expectations.

3. ANDY MCAULEY,
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Lived experiences of take-home naloxone: An interpretative phenomenological analysis

Background and aims: The supply of the opioid antagonist naloxone to people who inject drugs (PWID) for lay administration (i.e. 'take-home naloxone') has been championed for over 20 years. Despite this, little is known about PWID experiences of take-home naloxone administration and how the drug is managed by individuals day to day. This study aims to address this gap by presenting one of the first in-depth qualitative explorations of the lived experiences of individuals prescribed naloxone for the prevention of drug-related death. Methods: Qualitative interviews were undertaken with individuals known to have used take-home naloxone in an overdose situation. Interpretative phenomenological analysis was then applied to the data from these in-depth accounts. Results: Three superordinate themes emerged from the main analysis. In the first, 'psychological impacts of peer administration', the feelings participants encounter at different stages of their naloxone experience, including before, during and after use, are explored. In the second, 'living with naloxone', the impacts naloxone has on the day to day lives of those who are prescribed it are considered. In the third, 'role perceptions', the concepts of role legitimacy, role adequacy, role responsibility and role support are addressed. Finally, novel application of Rogers' diffusion of innovation theory to the findings highlights how the concept of take-home naloxone is an innovation which has relative advantages for both those administering and receiving it, and is compatible with PWID willingness to save their peers in overdose situations. Conclusion: This study demonstrates that responding to an overdose using take-home naloxone, both practically and emotionally, is complex for those involved. Although protocols exist, a multitude of individual, social and environmental factors shape individual responses in the short and longer terms. Despite these challenges, participants generally conveyed a strong sense of therapeutic commitment to using take-home naloxone in their communities.

3.30 — 4.00 AFTERNOON TEA

4.00 — 5.00 | KEYNOTE 2 | ADAM WINSTOCK & MONICA BARRATT
CHAIR: KIM BLOOMFIELD
ROOM: SIRKUS

The Global Drug Survey: Participatory methods and the making of safer drug realities

The Global Drug Survey (GDS) is the world's largest survey of people who use psychoactive drugs. Its mission is to make drug use safer regardless of the legal status of the drug. The annual web survey reaches over 100,000 participants, is translated into 10 languages and is promoted in 20 countries. We ask participants about their use of over 150 different drug types, making GDS a uniquely comprehensive dataset on the use of new and emerging drugs. We have also been at the forefront of research into emerging drug market trends, including the purchase of drugs from websites and the darknet. GDS involves partnerships with researchers and harm reduction organisations in over 20 countries. It is self-funded through the provision of data reports to governments and health organisations as well as offering digital health apps to deliver brief screening and intervention (e.g. www.drinksmeter.com). Like its forerunner, the Mixmag surveys, the GDS adopts a specific orientation towards the target population, with a focus on non-treatment-seeking or 'recreational' drug users and an emphasis on curating information that is useful for people who use drugs. Our participatory approach to the recruitment of the GDS sample is predicated on accepting that people's decisions about drug use prioritise experiencing pleasure over avoiding harm, although supporting harm reduction remains a key aim. We share our findings rapidly with the broader community: in journal articles and the mainstream media. In return for their participation, GDS offers people a suite of apps with which they can compare their use to others of a similar demographic and learn about various harm reduction methods. In the context of understanding research as one of the ways in which drug realities are made, this presentation reflects upon the GDS and the meanings that we co-construct with our participants, partners and media contacts. We trace this process of co-construction in relation to several examples: the genesis of an idea for a survey component, the process of recruitment, the data 'cleaning and crunching' process following recruitment, the offering of digital health apps, the release of media stories and the way in which the findings are used in the public sphere. Through closer examination of this cycle of data production and dissemination, we examine the kinds of drug realities being produced, and ask where in the process other kinds of drug realities are silenced.

DR ADAM WINSTOCK is the founder and director of the Global Drug Survey, the world's largest annual survey of drug use trends, and a Consultant Addiction Psychiatrist based in London. He was previously Consultant Psychiatrist at the Maudsley Hospital and Senior Lecturer at the Institute of Psychiatry, Kings College London. Dr Winstock has published over 100 research papers and has developed particular clinical and research expertise in the areas of cannabis, new drugs and chemsex. He is also the architect of the world's first harm reduction guide voted for by people who use drugs (https://www.globaldrugsurvey.com/brand/the-highway-code/), online and smart phone apps (www.drugsmeter.com, www.drinksmeter.com), and www.saferuselimits.co, an ultra-brief feedback and assessment tool for cannabis use.

DR MONICA BARRATT is a member of the Global Drug Survey's Core Research Team and a National Health and Medical Research Council Post-Doctoral Fellow in the Drug Policy Modelling Program, National Drug and Alcohol Research Centre, University of New South Wales, Australia. Her research examines the social and public health implications of digital technologies for people who use illicit and emerging psychoactive drugs. Research topics emerging from this interest include online drug markets, or cryptomarkets, and policy responses to the evolution of novel psychoactive substances. She specialises in engaging hard-to-reach networks and groups in digital spaces in conversations about research and policy in order to inform policy change. Dr Barratt also serves as an associate editor at the *International Journal of Drug Policy*, and as the Director of Research at the international drug harm reduction community www.bluelight.org.

7PM | CONFERENCE DINNER
RESTAURANT LOISTE,
Kaivokatu 3, Helsinki (https://www.raflaamo.fi/en/helsinki/restaurant-loiste)

10.00 — 10.30 | MORNING TEA

10.30 — 12.00 | DRUGS ONLINE
CHAIR: MONICA BARRATT
ROOM: SIRKUS

1. JULIE TIEBERGHIEN,
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#Cannabis: A qualitative study of the framing of cannabis on Twitter

Traditional mass media has been considered an important player in constructing drug narratives, often fuelling 'moral panics' (e.g. Goode & Ben-Yehuda, 1994). With the explosion in the popularity of social media in recent years, people have now been given the opportunity to share their opinions and interests more than ever before. As such, social media are a new arena of public and policy debate where (drug) discourses are produced and negotiated through interaction (Boothroyd & Lewis, 2016). Critical accounts on how particular (il)licit drugs are framed in the online environment focused on drug discussion fora, websites or blogs (e.g. Barratt et al., 2014; Ekendahl, 2014). However, the open, transparent and low-threshold exchange of information and personal/societal practices that Twitter allows also shows great promise for a reconstruction of discourses (Thompson et al., 2015). Apart from some work quantifying the proportions of tweets that are pro- or anti-drugs (e.g. Cavazos-Rehg et al., 2014; Lamy et al., 2016), very little is known about discursive or visual meanings and constructions of drug use on Twitter (Dwyer & Fraser, 2016). To fill this gap, this paper aims to explore how the topic of cannabis is framed on Twitter, and what lessons can be learned for future drug research.

2. CHRISTINE GRIFFIN, JEFF GAVIN,
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ISABELLE SZMIGIN,
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'People look completely mortalled and hilarious': Social media marketing and young people's drinking cultures

The expansion of digital and mobile technologies amongst under 25s has led the drinks industry to invest heavily in social media alcohol marketing (SMAM) to young people. Developing robust methods to analyse this material and investigate its impact on young people's social lives and drinking cultures presents researchers with a substantial challenge. This paper reports on a study funded by Alcohol Research UK analysing current SMAM practices and how they are taken up by young people. This involved an analysis of current SMAM practices by selected alcohol brands and licensed venues in southwest England. Marketing by bars and clubs seldom figures in research on youth drinking cultures and social media practices, but they have a highly interactive online presence and are less visible beyond their youthful clientele. The second phase of this study involved a qualitative analysis of focus group discussions and individual interviews with 58 young people aged 16-17 and 18-25 years (above and below the legal age for purchasing alcohol in the UK). This explored how participants engage with SMAM, examining the relationship with young people's alcohol consumption and the pervasive culture of intoxication. Social media posts by alcohol brands publicised branded spaces at music events and festivals, as well as competitions and consumption suggestions. Posts by venues infiltrated young people's social lives more effectively, employing a narrative that operated across social media platforms, publicising events, providing information about 'cheap deals', asking young people to join 'guest lists' and posting images of consumers at events. Social media marketing by venues was more interactive, exhorting young people to display themselves 'having fun' in highly gendered and sexualised ways: 'responsible drinking' messages scarcely featured in any marketing content. We end by considering how such digital marketing practices reinforce the pervasive culture of intoxication amongst young people in the UK.

3. LILANI ARULKADACHAM,
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Deakin University & The Cairnmillar Institute
PETRA STAIGER,
Deakin University
NICOLAS KAMBOUROPOULOS,
Deakin University

Examining craving and pleasure of coffee using an individualised-ecological momentary assessment protocol

The relationship between wanting (craving) and liking (pleasure) is central to a biopsychological theory of addiction termed the incentive sensitisation theory (IST). According to IST, over a period of time and repeated substance use, wanting and liking can become dissociated. However, the limited research examining these constructs has heavily relied on retrospective data collection, often laden with numerous disadvantages (e.g. recall bias). The aim of this study was to test the dissociation between wanting and liking in daily coffee users, using a unique individualised-ecological momentary assessment (I-EMA) protocol. A sample of 81 daily coffee users (male=31 and female=50) aged between 18 and 57 years (M=25.08, SD=7.95) were instructed to download and install an application to their smartphones. The application was to be used for 12 consecutive days. On days 1-4, a standard ecological momentary assessment was used, where participants were instructed to manually complete a short survey via the app (examining craving, pleasure) every time they drank coffee. In addition to this, participants were provided with semi-random notifications to complete the survey. On days 5-12, an I-EMA protocol was used, where participants were automatically prompted to complete multiple surveys surrounding specific times at which they would typically consume coffee. The findings of this study are not completely in line with IST. We argue that it is possible that caffeine functions differently at the neurological level compared to other drugs (e.g. cocaine and alcohol), perhaps explaining the lack of dissociation emerging in coffee users. Nevertheless, the methodology used in this study illustrates a unique, powerful and precise data collection strategy using modern day technology that should be incorporated in future studies examining various addictive behaviours, psychological constructs and mood.

10.30 — 12.00 | EN-CARCERATING DRUG USE
CHAIR: KENNETH TUPPER
ROOM: TIVOLI

1. TORSTEN KOLIND,
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The enactments of drugs in Danish prison drug treatment: Illegal drugs, medicine and constrainers

Drugs are an increasingly salient concern in many European prisons. Drug policies are made, drugs are controlled, used, sold and prescribed, and drug use is treated and sanctioned. In fact, the everyday life of prisons is in many ways dictated by drug issues. However, one cannot automatically assume that drugs in prison settings are unambiguous, unproblematic or uncontested matter existing independent of the settings and situations in which drugs are handled. In light of the growing significance of drugs in prison life, the paper analyses the different ways drugs are enacted and come to life in Danish drug treatment programs. The analysis is based on data from two qualitative research projects conducted between 2007 and 2010 and between 2011 and 2014. In all, eight prisons were involved in the two studies. The analysis reveals three distinctive drug enactments characterised by rather different practices, discourses and narratives: drugs as *illegal substances*, as *medicine* and as *constrainers*. Furthermore, the paper examine how policy makers, prison officers, health personnel, counsellors and prisoners contribute to the construction and organisation of these three enactments, along with the practical and discursive domains in which this work takes place. The paper concludes by assessing some of the implications of these different enactments of drugs for prisoners' subjectivities.

2. SHELLEY WALKER,
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Connection to family while in prison for young men with injecting drug histories

Young men (aged 18-24 years) represent 17% of the Australian adult prison population and are more likely to return to prison than any other age group. Those with injecting drug use (IDU) histories have even higher rates of recidivism. The benefits of retaining contact with family whilst in prison for improving post-release outcomes, including recidivism, is well documented and represented in criminal justice policy. Despite this, little is known about the experience of family connections for young men with histories of IDU whilst incarcerated. This paper aims to develop an understanding of their experience of ties with family whilst in prison. Twenty-eight young men (aged 19-24 years) with IDU histories were recruited in three prisons in Victoria, Australia. Face-to-face qualitative interviews were undertaken after release. Audio data were transcribed and thematically analysed. Although the importance of family visits for interviewees was a recurring theme, many did not receive these visits. Drug-related behaviour in prison intersected with their opportunities (or lack thereof) for maintaining important family ties. The institutional imperative for correctional systems to manage risks related to drugs entering prisons meant that losing contact visits was a typical response to drug-related behaviour; some young men also opted for no visits to avoid the painful process of non-contact visits. The policy and practice realities of balancing the safety and security priorities for prisoners, visitors and prison staff with interventions aimed at preventing re-incarceration, reducing drug-related harms and improving post-release transition outcomes produced inherent challenges for prisoners with drug offending histories and related in-prison behaviours. Juxtaposing realities exist; while operationally designed to manage risk and incentivise positive behaviours, the narratives of young prisoners clearly frame losing visits in the context of negative impacts for themselves and families, potentially re-producing the very issues they aim to address.

10.30 — 12.00 | ALCOHOL AGENCIES
CHAIR: WILLY PEDERSEN
ROOM: TARJA HALONEN

1. JULIE ROBERT,
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Meeting the sober self, recognising the drinking self: Back to baseline experimentation in temporary sobriety initiatives

Temporary sobriety initiatives (TSI), month-long campaigns in which people quit drinking to raise money for charity, are an increasingly popular phenomenon for both philanthropic organisations and groups promoting more responsible drinking practices. The enforced break from normal patterns of alcohol consumption posits everyday habits and states of mind, where participants are open to having a drink, as the norm and the designated period of sobriety as an experiment through which participants can ascertain for themselves the physical, psychological and social impacts of levels of alcohol consumption that may previously have escaped notice. Implicit in TSI design is a desire to renormalise sobriety and recast being under the influence of alcohol as an altered state, a project that contravenes many of the prevalent cultural patterns in societies in which TSI operate. This paper uses in-depth participant interviews to argue that TSI function as qualitatively-oriented 'back to baseline' programs that allow participants to problematise their own alcohol consumption and to make real the physical, psychological and social impacts of alcohol. This is effected by stimulating an organised cultural and embodied encounter between a known but unacknowledged drinking self and relatively unknown sober self. By allowing participants to hold a mirror up to their habits, attitudes, practices and states of embodiment, what are often socially normative levels and patterns of drinking come to be both seen and experienced by participants as harmful. This paper will pay particular attention to the pedagogical strategies of TSI that either encourage or mitigate the effects of this organised cultural and embodied encounter.

2. KIM BLOOMFIELD,
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Area level relative deprivation and alcohol use in Denmark: A tale of two problems

Introduction: Research on the effects of area-level relative deprivation on health risk behaviour has demonstrated that greater deprivation is related to poorer health behaviours and poorer mental health, but research results specifically on alcohol use have been equivocal. Moreover, results have differed from country to country. The purpose of the present study was to investigate how area-level relative deprivation in Denmark relates to alcohol use. Methods: As individual-level data, we used the national alcohol and other drug survey of 2011. The final sample consisted of 5,133 respondents representing a 64% response rate. Another dataset consisting of a recently developed index of relative deprivation was created with aggregate-level data from Statistics Denmark. Both datasets were conjoined via codes for the 2,119 local parishes in the country. This resulted in a final sample of 4,716 respondents subsumed under the 2,119 parishes. Results: Preliminary results indicate that bivariate associations between deprivation and mean alcohol consumption show a j-shaped relationship for women and an inverse relationship for men. When individual-level variables for socioeconomic status were controlled for in multilevel analyses, area-level deprivation indicators became statistically insignificant for women, and only the most deprived category remained significant for men. Surprisingly, age was the only individual-level variable that remained in the full models. Further analyses are planned to examine the present version of the Danish deprivation index and alcohol-related harm, to examine the Townsend index with alcohol use and to further refine the present version of the Danish deprivation index

3. ROBIN ROOM,
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Conflicts between social roles in drinking expectations and behaviour as factors in interpersonal harms from drinking

Norms and behaviour concerning drinking and intoxication vary greatly between major social roles. Conflicts in drinking expectations and behaviour between social roles which are occupied simultaneously or sequentially are a potentially fertile source of interpersonal alcohol-related harms. Such harms can result, for instance, when someone drinking after work with workmates responds to a call to give her mother a ride to a doctor's office, or when a father looking after small children finds he must serve as a host when friends drop over for a few drinks. The paper draws together available evidence on situational drinking norms and contemporaneous or sequential role performance in building conceptual models for particular forms of interpersonal harm from drinking, and considers how such analyses might contribute to programs and policies to prevent or reduce such harms.

12.00 — 1.00 | LUNCH

1.00 — 2.30 | DRUGS AND IDENTITIES
CHAIR: DAVE BOOTHROYD
ROOM: SIRKUS

1. KANE RACE, DEAN MURPHY,
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Chemical practices: Experimenting with drugs, and the making of sexual and gender identities

Since the mid-20th century, gender and sexuality have functioned as key domains for the technical and pharmacological modification of the body (Preciado, 2008). This convergence has motivated programs of clinical experimentation in which medical technologies and procedures have been used to intervene in the complicated relations between sexed bodies and social identities (transgender clinics, sex-reassignment surgery, hormone replacement, etc), and it has also given rise to lucrative pharmaceutical markets (e.g. sexuopharmaceuticals). Meanwhile in the interconnected domain of psychoactive drug consumption, higher prevalence of illicit drug use is found in LGBTIQ subpopulations; a finding that researchers attribute to the stigmatised status of non-normative sex and gender expression, and the social organisation of LGBTIQ communal scenes, where the use of intoxicants and stimulants has played a role in the collective production of social pleasures, expressivity, affective transformation and disclosure. Despite the connections and convergences between experimental gender, sexuality and drug consumption, LGBTIQ chemical practices have rarely received the sort of attention they deserve within the alcohol and other drug field. In this paper, we argue that such attention may contribute significant insights to the field. Firstly, LGBTIQ cultures have been a particularly dynamic scene, historically, of wide-ranging collective and personal experiments with intimacy, pleasure, social and sexual relationships, corporeal performativity and affect. These cultures have given rise to whole fields of scholarship (queer theory), led to the development of new cultural economies, and generated organisational and communicative forms that make such experiments more widely accessible. Secondly, many innovations in harm reduction have emerged from their engagement with questions of HIV prevention, a disease that has disproportionately affected sexual minorities, and LGBTIQ community health organisations have generated significant innovations in harm reduction practice and thinking. The historical circumstances and cultural activities of LGBTIQ communities constitute excellent conditions for exploring the proposition that drug use might usefully be conceived as an experimental practice, embedded in collective cultures of experimentation. To elaborate our approach, we draw on theorisations of experimentation drawn from science and technology studies and queer theory.

2. CHARITY MONARENG & SIMON HOWELL,
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Both beyond and within: Gangs, drugs and identity

Gangsterism and drug use have become synonymous with a number of communities in Cape Town, having been framed as the primary generators of crime and social discord in the city at large. On the one hand, this is product of media focus and the continuing 'newsworthiness' of violence. On the other, however, the synonymy is indicative of an understanding of both gangsterism and drug use in which society — through such organisations as law enforcement agencies — can 'win' a distinct 'war' against these concerns. However, in this paper we argue that both gangs and drug use are often so embedded in the fabric of the communities that the distinction on which such interventions are based is not only very difficult to make but often requires significant analytical abstraction, resulting in responses seemingly out of touch with the realities of the very communities they are meant to 'develop'. With this in mind, and in drawing on three years of qualitative research, this paper will aim to: (1) interrogate whether the distinctions between 'gang', 'drug user' and 'community' are clearly discernible both conceptually and in their lived reality as spaces and places in which heterogeneous populations live; and (2) explore the more discrete roles that gangs and drug use play in the construction of individual and 'community' identities, so as to begin developing a more nuanced understanding of how communities are constituted in their day-to-day existence. The paper will draw on numerous semi-structured individual interviews and focus groups conducted in a number of communities in Cape Town, and derivative of ongoing research by both authors.

3. JENNI SAVONEN,
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University of Turku

The 'old school':
Social identities of heavy drug users

The presentation offers findings from a study based on interviews with heavy drug users in Finland. They all started using drugs in their youth, at the emergence of the so-called 'first drug wave' of the 1960s and 1970s. The interviewees call themselves the 'old school', which distinguishes them from the younger generation of drug users. In total, 30 people were interviewed (24 men, six women) in Helsinki. When interviewed, the participants were 50-60 years of age and two thirds were still using drugs. The interviews covered the users' background, life course and present situation. The data have offered valuable information about the emergence of different drug cultures and about the changes that occurred in the drug market over the decades. Research themes have also covered the control they have been submitted to and the negative effects of long-term drug use. The public perception of a heavy drug user is strongly influenced by social representations in discourse and the media. This study has aimed to voice the interpretations held by the old school users themselves. The presentation looks closely at a sub-study focused on those interviewees who continued their drug use in 2007-2008. Positioning analysis was used to study how the old school drug users positioned themselves in relation to other drug users and the majority of people not using drugs in the society. The interviewees were found to 'talk back' and challenge the negative characterisations attached to their social identities. They defined other drug users and positioned themselves outside of these categorisations because they saw themselves as having more control over their own drug use, being more moral and having different personality characteristics in comparison to other drug users. Similarly, the old schoolers positioned themselves outside a group they called 'regular people' because they found themselves to be stigmatised and thus marginalised by the majority and because they led different sorts of lives.

1.00 — 2.30 | LEGAL ACTIONS
CHAIR: FAY DENNIS
ROOM: TIVOLI

1. KATE SEEAR,
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The chronotope of the community:
Producing Aboriginality, alcoholism and addiction in Australian criminal law

Space and time feature centrally in discourses about alcohol and other drug 'addiction'. There has been little critical research into how the law constitutes addiction, however, and even less work on how the law conceptualises space-time and addiction. This paper draws upon data collected for a major international study on law and addiction. Inspired by Mariana Valverde's recent call for legal scholars to give explicit consideration to how space-time chronotopes figure in law, as well as Suzanne Fraser's innovative analysis of how spatio-temporal chronotopes in methadone maintenance treatment work to materialise subjects, I trace how Australian criminal law enables specific deliberations about space-time, and how these deliberations constitute Aboriginality, alcoholism and addiction. I identify the deployment of a specific chronotope — what I call 'the chronotope of the Aboriginal community' — which posits that Aboriginal people live in spatially bounded locales rife with alcoholism, addiction and violence, and where these phenomena are enduring. I argue that the chronotope generates a problematic account of addicted agency, and Indigenous agency, and that it erases important gender considerations. It also has material-discursive effects that differ from those associated with other chronotopes pertaining to 'addiction' among non-Indigenous Australians. The chronotope of the Aboriginal community is an important mechanism for the governance of Indigenous communities, one echoed in legislative measures to control the consumption of alcohol and other drugs in Indigenous communities across Australia. It also has the potential to lodge in the wider public imagination, reflecting and reproducing stereotypes about Aboriginal 'nature' and 'culture', and the need for protectionist and paternalist policies to contain them. This study raises questions about the strategic deployment of the chronotope of the community in legal contexts. I argue that even though the chronotope might serve the interests of an individual offender in a specific case, it has problematic ramifications for all Indigenous Australians, and that the criminal law may warrant reform.

2. ASMIN FRANSISKA,
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Drug threshold quantities in Indonesia law undermine decriminalisation policy

Drug threshold quantities (TQs) are benchmarks used to divert those charged with drug possession for personal use from criminalisation responses to administrative or health responses. TQs are a priority tool that has become established in Indonesian drug policy and law. Despite the importance of TQs, this research presentation argues that TQs do not achieve decriminalisation's goal. The methodology of this research is qualitative in its analysis of drug law and policy, and of trends in drug use and supply. Based on the findings, there are three reasons why TQs contribute significantly to the failure of decriminalisation policy. Firstly, TQs are calculated using only the weight of substances rather than a combination of the purity of substances and their street value. Moreover, the weights used in TQs have never been evaluated. Secondly, TQs are used to punish drug use with imprisonment or forced rehabilitation and not as a supporting tool to increase the use of other justice response, such as fines, education or access to social-health or prevention programs. Thirdly, TQs are based on unscientific research. This failure leads to a reactive approach rather than to a comprehensive policy aimed at reducing the incarceration of drug users, increasing the proportionality of sentencing and treating fairly the issue of 'drug mules'. In conclusion, TQs should be reviewed based on scientific research and focus not solely on the weight of substances. TQs should also be used as one of the tools within a decriminalisation framework and should aim to reduce the harms of drug use rather than the current focus on culpability. The utility of TQs in the Indonesian decriminalisation approach needs to be accompanied by clear diversion mechanisms and access to the right to health services.

3. ELIANA SARMIENTO,
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Playing the numbers game: The constitution of 'dependence' through the use of sanctions and rewards in an Australian drug court

A key component of drug courts is the use of graduated sanctions and rewards to encourage participants' compliance with program requirements. Despite their centrality to drug court models, sanctions and rewards have received surprisingly little scholarly attention. In this paper, I aim to address this gap through a detailed study of the way in which sanctions and rewards are administered at one Australian drug court. Based on ethnographic observation, in-depth qualitative interviews with drug court participants and personnel, and analysis of selected drug court policy and procedure documents, this paper examines how drug court participants and professionals view the sanctions and rewards system. Drawing on Carol Bacchi's (2009) poststructuralist policy analysis framework, I examine how the 'problem' of alcohol and other drug 'dependence' is conceptualised in the drug court's approach to the administration of sanctions and rewards, and I consider some of the effects of this system. I argue that even though the drug court has a variety of sanctions to respond to program 'non-compliance', which do not involve imprisonment, the main sanction utilised is incarceration. I note that participants who have accumulated enough imprisonment sanctions, and are at risk of going into custody, are coerced to undergo treatment made available through the court such as attendance at NA/AA meetings and fundamentalist Christian-based rehabilitation centres. I trace some of the effects of the sanctions and rewards system on participants. They include inadvertent actions by participants, which do not involve criminality or alcohol and other drug use, being constituted as 'non-compliance' and punished with prison; the perceived value of prison in the treatment of 'dependence'; and the difficult conditions in which some participants serve out their sanctions in police cells. This is of note as the drug court model is publicly promoted as an alternative to prison. I conclude with some reflections on claims about the therapeutic value and potential of drug courts and suggest opportunities for reform.

1.00 — 2.30 | REALISING RISK
CHAIR: ESBEN HOUBORG
ROOM: TARJA HALONEN

1. ALEKSANDRA BARTOSZKO,
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The lethal burden of survival:
The making of subjects at risk and paradoxes of opioid substitution treatment in Norway

In opioid substitution treatment (OST) in Norway, patients receive one of the following medications: methadone, buprenorphine, buprenorphine-naloxone or occasionally morphine sulphate. The patient's risk profile, with emphasis on overdose risk, determines the choice of modality. Patients respond differently to treatment: for example, they experience disabling side effects, cravings persist or they just do not feel well. During 12 months of ethnographic fieldwork I followed patients who wished to switch their prescribed drug. Such a conversion requires negotiations between patient and OST staff. During these negotiations, the inherent paradoxes of treatment appear; such as OST being a hybrid of a harm-reduction approach and abstinence and drug-free oriented ideologies. Or that the law regulates patients' involvement in choice of treatment modalities, whilst the clinics operate with an intrinsic suspicion towards patients' knowledge and pharmacological preferences. In this paper, I discuss how OST at the same time reduces and reproduces risks. OST medications are primarily designed to manage withdrawals. Once they are gone, the patient is considered properly medicated. Patients who experience unsatisfactory effects of treatment are asked to document 'medical reasons' and 'physical symptoms' of their malfunctioning in order to convert from one medication to another. In such a setting, life quality is not considered an issue. 'Our priority is for you to survive' is the motto. The corporeal focus combined with a harm-reductionist survival mantra reduces patients to their physiology. Consequently, many live in a *chronic survival modus*. 'I am surviving, not living', said one of them. This socio-pharmaceutical suspension makes it difficult to acquire a new social role. Improperly medicated patients struggle with everyday lives filled with side effects, bad health, isolation and continuous struggle for recognition. They give up their rehabilitation plans and many disengage further from the society. OST treatment produces new kinds of vulnerability and new subjects at risk, and by extension, maintains risk of diversion, polydrug use and overdose.

2. SARAH MORTON,
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& LAURA O'REILLY,
Ballymun Youth Action Project

Relationship and risk:
Practitioner skills and impact when delivering low threshold substance use interventions within community settings

The provision of 'low threshold' services is a relatively recent development within the range of responses to problematic substance use within many jurisdictions. The term 'low threshold' refers to the accessibility and prerequisites to obtaining a service, and within the substance use field, low threshold provision is often underpinned by principles of harm reduction (Eversham, 2010). Low threshold services are typically provided within community or city settings, either by statutory or community organisations. These types of interventions have been found to address and reduce immediate risk in the lives of service users (Toumbourou et al., 2007) and provide a pathway into drug stabilisation, reduction or further treatment for substance use (Lee & Zerai, 2010). The approaches and skills utilised by practitioners within low threshold services has received very little focus. In the context of the 'ontological turn' this study utilised an action research methodology with the aim of both exploring and enacting emerging knowledge in relation to delivering a 'low threshold' drug intervention. The focus of the study was defined in collaboration with the practitioners and sought to explore practitioners' understandings, approaches, skills and the impact of engaging in therapeutic work within a range of low threshold community settings through the use of a series of practitioner co-operative inquiry groups over a five month period. A range of findings and understandings emerged from the research. These included: the importance of the practitioner's approach to secure engagement with service users; the range of skills required to work with clients within different low threshold settings; understandings of the range of skills and management of risk required to sustain positive engagement with service users; differences in client outcomes from other substance use intervention services; and the impact of low threshold client work on practitioners. This presentation will consider these findings in relation to the future of low threshold drug service provision, with a particular focus on the impact on practitioners, and therefore, effective engagement with clients.

3. STEVE KOESTER,

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SIG LANGEGGER,

Akita University

Controlling homelessness and producing risk

To foster vibrant and profitable urban landscapes, cities exclude many groups of citizens, including teenagers, social outsiders and people without homes, from spaces primed for retail commerce or real estate speculation. The standard line is that shoppers, diners and investors loathe feeling uncomfortable in the midst of visible poverty or feeling unsafe in the midst of aimless youth or other 'threatening' individuals. Based on ethnographic fieldwork in Denver, Colorado, USA, this paper details how the city combines increased enforcement of existing misdemeanour offenses and recently enacted municipal codes to reconfigure homeless citizens' spatial and temporal relationships to the city. The latter include a camping ban which forbids sleeping or eating in public while sheltered, in any manner outside of clothing, from the environment. Based on findings from collaborative ethnographic fieldwork we detail this process of exclusion showing how it amplifies an existing risk environment for homeless persons who inject drugs (PWID) and encourages survival strategies that often reproduce or accentuate PWIDs' vulnerability and thus exacerbates the very problems it was designed to resolve.

2.30 — 2.45 | TRANSITION BREAK

2.45 — 3.45 | KEYNOTE 3 | CAMERON DUFF
CHAIR: DAVID MOORE
ROOM: SIRKUS

Making drug realities: From analysis to praxis after the ontological turn

A feature of drug studies after the ontological turn has been interest in opening up events of drug consumption to include more of their human and nonhuman constituents, shedding light on the myriad forces at work in these events. Yet despite its avowedly political ambitions, this work has rarely advanced coherent practical strategies for responding directly to the health and social problems associated with drug consumption. With an empirical focus on 'what happens' in consumption events, concern for how these events may be transformed, or 'staged otherwise', has been neglected. In this neglect, and by working so assiduously to expand the cast of actors that may be said to shape consumption events, it has become increasingly difficult to assess how critical drug studies may inform more 'just' or 'fair' drug policy arrangements, or more 'progressive' drug law reforms. Indeed, what these political attributes might be taken to mean has itself become uncertain. These difficulties signal the most crucial challenges for the next phase of critical drug research. Having revealed how the realities of drug consumption are made in discourse, affect and practice, the key challenge for critical drug studies is to determine how these realities may be remade in the design of novel drug policy and practice interventions. My paper responds to this challenge by proposing a novel harm reduction praxis grounded in ongoing transformation of the assemblages and events in which particular drug problems emerge. I will explore two historical case examples for insights into how this strategy of *counter-actualisation* might proceed. I will begin with Durkheim's seminal analysis of suicide before turning to consider the emergence of radical and emancipatory pedagogies in the early 1970s. I will argue that each case involved the introduction of new ways of understanding familiar problems, overcoming established orthodoxies, just as each case, over time, inspired the evolution of innovative policy responses to these problems. Taking up Deleuze's transcendental empiricism, I will go on to argue that the former involved the counter-actualisation of events of suicide, and the latter, events of teaching and learning, in a social, affective and political reterritorialisation of specific assemblages of health and education. Just as health and social policy changed in the wake of Durkheim's research, and schooling changed in the wake of radical pedagogies, drug studies after the ontological turn ought to move towards an experimental ethos whereby particular drug realities may be transformed in the realisation of more ethical, healthy, enabling or expressive consumption events. I will close with a brief discussion of how this experimental ethos may intersect with recent efforts to reform the social and political regulation of drug consumption in various settings.

DR CAMERON DUFF is Vice Chancellor's Senior Research Fellow at the Centre for People, Organisation and Work at RMIT University, Melbourne, Australia. His research explores the role of social innovation in responding to complex health and social problems in urban settings. Duff has explored these themes in qualitative studies of addiction, mental illness, housing insecurity and social inclusion in Australia and Canada. He has ongoing international collaborations with scholars at the University of Warwick, University College London, the University of California at Los Angeles, the University of Toronto and the Centre for Addictions Research at the University of Victoria, Canada, where he employs varied qualitative and ethnographic research designs. His book, *Assemblages of health: Deleuze's empiricism and the ethology of life*, was published in 2014 by Springer.

3.45 — 4.00 | CONFERENCE CLOSE
PEKKA HAKKARAINEN & DAVID MOORE
ROOM: SIRKUS