

Contemporary Drug Problems



PROGRAM & ABSTRACTS

Rethinking 'Change': New Theories, New Topics, New Questions, New Methods

FIFTH CONTEMPORARY DRUG PROBLEMS CONFERENCE

MONASH UNIVERSITY PRATO CENTRE PRATO, ITALY, 4-6 SEPTEMBER 2019



MONASH University
Law

NDRI
national drug research institute

 Curtin University

 **LA TROBE**
UNIVERSITY - AUSTRALIA

 **AULHUS**
UNIVERSITY
International and National Institutes
Cooperating in the Field of Research

 **Burnet Institute**
Medical Research. Practical Action.

 **Rensselaer**

02 Organisers

Conference Organising Committee

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

03 Welcome

Nancy Campbell (*Contemporary Drug Problems* & Department of Science and Technology Studies, Rensselaer Polytechnic Institute)

04 Conference Theme

Suzanne Fraser (*Contemporary Drug Problems* & Australian Research Centre in Sex, Health and Society, La Trobe University)

05 Program Overview

David Moore (*Contemporary Drug Problems* & Australian Research Centre in Sex, Health and Society, La Trobe University, and National Drug Research Institute, Curtin University)

06 Detailed Overview

Kate Seear (*Contemporary Drug Problems* & Law Faculty, Monash University)

09 Conference Venue Map

Mark Stoové (*Contemporary Drug Problems* & Behaviours and Health Risks Program, Burnet Institute)

Conference Sessions & Abstracts

Host Institutions

Contemporary Drug Problems

Law Faculty, Monash University

10 Day 1: Wednesday 4 September

National Drug Research Institute, Curtin University

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

26 Day 2: Thursday 5 September

Centre for Alcohol and Drug Research, Aarhus University

Behaviours and Health Risks Program, Burnet Institute

40 Day 3: Friday 6 September

Department of Science and Technology Studies, Rensselaer Polytechnic Institute

Venue

Monash University Prato Centre,
Via Pugliesi, 26, 59100, Prato, Italy
For venue queries, please email
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Acknowledgments

The conference organising committee gratefully acknowledges the assistance and advice of Sarah Gore, Gemma Nourse, Ivana Bulatovic, Mithi Dey Roy, Elinor McDonald, Patricia Niklasson, Paul Jones, Jo Hawkins, Fran Davis, Vic Rechichi and Rachael Lobo.

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Welcome

As Editor of *Contemporary Drug Problems*, and on behalf of the conference organising committee, I'm delighted to welcome you to the fifth *Contemporary Drug Problems* conference 'Rethinking "change": New theories, new topics, new questions, new methods'. As with the previous four conferences, our aims are to support an international community of critical alcohol and other drug researchers; to provide a forum for the presentation of innovative, theoretically informed, social research on alcohol and other drug use; and to promote the journal. Continuing interest in the conference has allowed us to offer a diverse and exciting program, which we hope you will find engaging and inspiring.

Social Program

Welcome reception: Wednesday 4 September, 5.15-7.00pm, on the Terrace, 1st Floor, Monash University Prato Centre (<https://monash.it/facilities/rooms-and-spaces/terrace>). Complimentary entry for registered delegates. Light refreshments and drinks will be served.

Conference dinner: Thursday 5 September, 7.00pm, at Fondazione Conservatorio San Niccolò di Prato, Piazza Cardinale Niccolò, 6, Prato. Entry via pre-purchased dinner ticket.

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 2019. The special issue will be published in 2020. For further information on the journal, please visit: <https://journals.sagepub.com/home/cdx>.

Peer Organisation Participation Awards

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 Peer Organisation Participation Awards to Melissa Allan, a Member of the Consumer Participation Group at Sydney's Kirketon Road Centre, and Gulliver McLean, Deputy National Director of Students for Sensible Drug Policy Australia, in order to assist with the cost of conference attendance. We welcome their participation in the conference.



David Moore
Editor
Contemporary Drug Problems

The question of what needs to change and why has been of increasing interest to social scientists in recent years. With climate change widely regarded as the most pressing social issue of our time, yet positive substantive change seemingly permanently deferred, and with government change in the US marked not only by a new party and president but by the apparent abandonment of all conventions of government, change is now perhaps our most dominant political concern or preoccupation.

Drugs are, of course, intensively linked to change, whether to understandings of their capacity to change consciousness, or to their capacity to change lifestyle and health (usually understood as ‘harm’). Injunctions to change are also a common theme in drug research and policy. These injunctions are most often directed towards people who consume drugs, in that they are regularly expected to embrace harm reduction, submit themselves to treatment, reduce their consumption, re-make themselves in recovery, assimilate findings from neuroscience or adapt to punitive social welfare measures. While, in recent years, moves have been made to change the social and legal conditions under which drugs are consumed (e.g. via decriminalisation in Portugal and Canada), consumers remain a major focus of injunctions to change.

Recent social science approaches to drugs and their effects have begun to problematise discourses of change, decentring the individual subject and offering a range of alternative conceptualisations of agency, subjectivity, bodies, risk, affects, technologies, infrastructures and knowledges. How might these nascent alternatives help us re-imagine or re-focus the notion of ‘change’ in relation to drugs? How might they encourage change in research questions, theoretical tools, methods, metrics, stakeholder engagement and modes of interpretation? What changes might be necessary in the assumptions informing policy and other forms of social and political action? How might diagnostic instruments, treatment systems, legal processes, health promotion and popular culture be changed to benefit people who consume drugs?

Building on *CDP*’s previous conferences, which have opened up questions of how drugs are problematised; how the complexity of drug use can be attended to; how drug use might be understood as event, assemblage or phenomenon; and how drugs and their effects are constituted in various forms of practice, the 2019 conference seeks submissions for presentations that re-imagine the notion and focus of ‘change’.

We welcome research from those working in anthropology, cultural studies, epidemiology, history, public policy, gender studies, sociology and related disciplines, and encourage the innovative use of methods, concepts and theoretical tools. Possible topics include (but are not limited to) considerations of change in relation to:

- Alcohol and other drug policy
- Risk
- Prohibition and international drug conventions
- Mandated treatment
- Drug courts
- 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 and harms
- Qualitative concepts of subjectivity, agency, affect and identity
- 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

VENUE: Monash University Prato Centre, Via Pugliesi, 26, 59100, Prato, Italy

DAY 1: WEDNESDAY 4 SEPTEMBER

8.00	REGISTRATION		
9.00 – 9.15	CONFERENCE OPENING & WELCOME ROOM: SALONE GROLLO		
9.15 – 10.15	KEYNOTE 1: KATE SEEAR ROOM: SALONE GROLLO		
10.15 – 10.45	MORNING TEA		
	ROOM: SALONE GROLLO	ROOM: SALA VENEZIANA	ROOM: SALA TOSCANA
10.45 – 12.45	SESSION 1:1 REFRAMING KNOWLEDGE	SESSION 1:2 CHANGING CONSUMPTION	SESSION 1:3 REMAKING RECOVERY
12.45 – 1.45	LUNCH		
1.45 – 3.15	SESSION 1:4 PSYCHEDELIC VISIONS OF CHANGE	SESSION 1:5 DECENTRING THE AGENCY OF ALCOHOL	SESSION 1:6 PRACTITIONER PERSPECTIVES
3.15 – 3.45	AFTERNOON TEA		
3.45 – 5.15	SESSION 1:7 CONSUMING CANNABIS	SESSION 1:8 INTERROGATING INTERVENTIONS	SESSION 1:9 GENDERING ALCOHOL
5.15 – 7.00	WELCOME RECEPTION		

DAY 2: THURSDAY 5 SEPTEMBER

	ROOM: SALONE GROLLO	ROOM: SALA VENEZIANA	ROOM: SALA TOSCANA
9.00 – 11.00	SESSION 2:1 RETHINKING DRUG POLICY	SESSION 2:2 SEX/UALITIES & SUBSTANCES	SESSION 2:3 CRIME, JUSTICE & CHANGE
11.00 – 11.30	MORNING TEA		
11.30 – 1.00	SESSION 2:4 DRUG EFFECTS	SESSION 2:5 DRUGS & TECHNOLOGIES IN ACTION	SESSION 2:6 OFFICIAL DISCOURSES
1.00 – 2.00	LUNCH		
2.00 – 3.30	SESSION 2:7 DRUGS ONLINE	SESSION 2:8 GOING OFF-LABEL	
3.30 – 4.00	AFTERNOON TEA		
4.00 – 5.00	KEYNOTE 2: NATASHA MARTIN ROOM: SALONE GROLLO		
7.00	CONFERENCE DINNER		

DAY 3: FRIDAY 6 SEPTEMBER

9.30 – 10.00	MORNING TEA		
	ROOM: SALONE GROLLO	ROOM: SALA VENEZIANA	ROOM: SALA TOSCANA
10.00 – 12.00	SESSION 3:1 QUERYING QUANTIFICATION	SESSION 3:2 OPIOIDS IN NORTH AMERICA	SESSION 3:3 SUBJECTS, STORIES & EXPERIENCES
12.00 – 1.00	LUNCH		
1.00 – 2.30	SESSION 3:4 EXPLORING SAFE USE SITES	SESSION 3:5 YOUTH: NEW & EMERGING PRACTICES	SESSION 3:6 POWER & POLICING
2.30 – 2.45	TRANSITION BREAK		
2.45 – 3.45	KEYNOTE 3: FAY DENNIS ROOM: SALONE GROLLO		
3.45 – 4.00	CONFERENCE CLOSE ROOM: SALONE GROLLO		

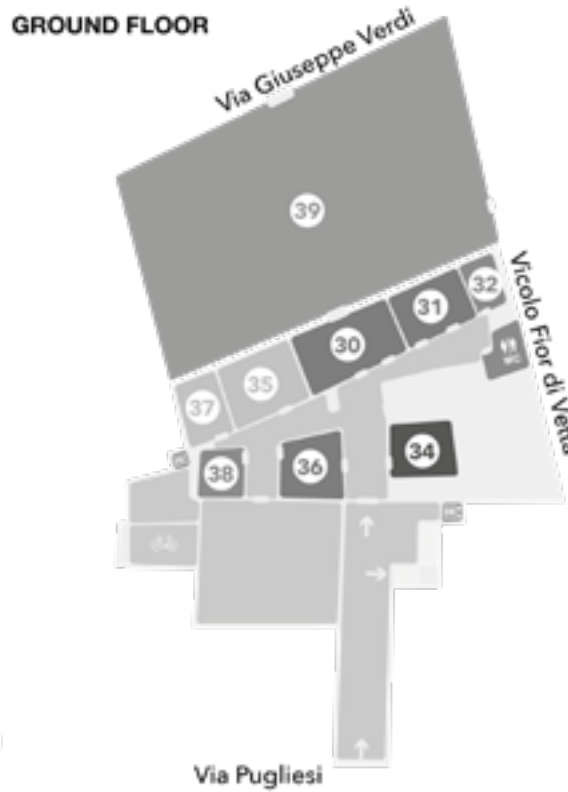
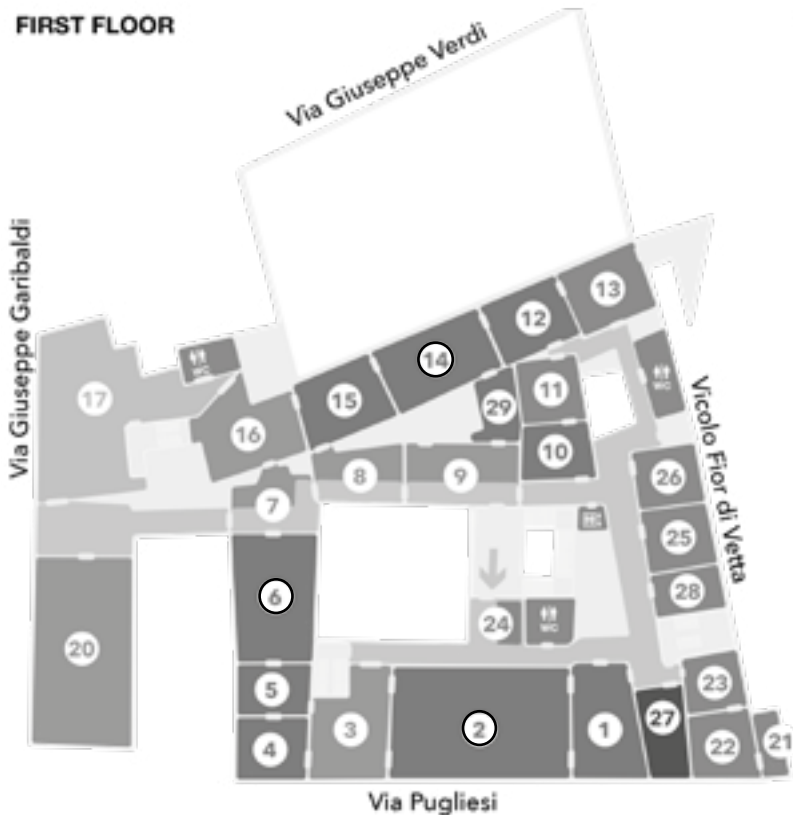
DAY 1: WEDNESDAY 4 SEPTEMBER			
8.00	REGISTRATION		
9.00 – 9.15	CONFERENCE OPENING & WELCOME DAVID MOORE & KATE SEEAR ROOM: SALONE GROLLO		
9.15 – 10.15	KEYNOTE 1: KATE SEEAR On law's fragility, onto-advocacy and the possibility of change CHAIR: SUZANNE FRASER ROOM: SALONE GROLLO		
10.15 – 10.45	MORNING TEA		
	ROOM: SALONE GROLLO	ROOM: SALA VENEZIANA	ROOM: SALA TOSCANA
10.45 – 12.45	SESSION 1:1 REFRAMING KNOWLEDGE Chair: Dean Murphy	SESSION 1:2 CHANGING CONSUMPTION Chair: Shana Harris	SESSION 1:3 REMAKING RECOVERY Chair: Renae Fomiatti
	SUZANNE FRASER Is another relationship possible? Connoisseurship and the doctor-patient relationship for men who consume performance and image-enhancing drugs	IAN WALMSLEY Changing the body in prison: Self-detoxification and the emergent bodies of drug withdrawal	AILEEN O'GORMAN Recovery dissonance: Negotiating recovery ambivalence in an abstinence environment
	PETTERI KOIVULA Ontological politics in neuroscience-based media coverage of the opioid crisis: Locating agency	ALLISON SCHLOSSER 'I'm just another junkie addict': White racial rescue and the politics of privilege in the US opioid 'crisis'	SAMUEL BROOKFIELD 'Dangerous territory': A critical ethnography of methamphetamine recovery
	NICOLE VITTELONE Rethinking problematisation and the problem of description in drugs research	INGER ROBERTSON Into the unknown: Treatment as a social arena for drug users' transition into a non-using life	AYSEL SULTAN Rethinking recovery, unfolding social and material practices
	LIAM ENGEL A positive drug story: Using positive drug knowledge to combat prejudice	KATRIN OLIVER Finding the treasure: Everyday moments of becoming well in a semi-rural place	LENA THEODOROPOULOU Rethinking policy, imagining change: An exploration of the recovery assemblage
12.45 – 1.45	LUNCH		
1.45 – 3.15	SESSION 1:4 PSYCHEDELIC VISIONS OF CHANGE Chair: Nicole Vitellone	SESSION 1:5 DECENTRING THE AGENCY OF ALCOHOL Chair: Anne Whittaker	SESSION 1:6 PRACTITIONER PERSPECTIVES Chair: Lisa Maher
	SHANA HARRIS Cure catalyst, rebirth, reset: Discourses of change in psychedelic-based drug treatment	DAVID MOORE Retrieving gender in quantitative research on alcohol and violence	RENAE FOMIATTI The politics of the 'threshold' in healthcare for men who inject performance and image-enhancing drugs: An analysis of health professional accounts of harm reduction practice
	MARGIT ANNE PETERSEN Transformative work: On fieldwork ethics and personal change through Ayahuasca	PEKKA SULKUNEN Time is ripe for a paradigm change in alcohol epidemiology	HESTER WILSON A novel approach to supporting primary care to manage people who use tobacco, alcohol and other drugs?
	TOBY LEA Psychedelic microdosing: A future treatment for mental health and substance use?	DAVID TUCKER Rethinking 'volition' in alcohol use: The role of cultural obligations on drinking	ANTOINETTE SPECTOR Changes in uptake following the expansion of naloxone access laws: Perspectives of key informants in Wisconsin
3.15 – 3.45	AFTERNOON TEA		
3.45 – 5.15	SESSION 1:7 CONSUMING CANNABIS Chair: Bernie Pauly	SESSION 1:8 INTERROGATING INTERVENTIONS Chair: kylie valentine	SESSION 1:9 GENDERING ALCOHOL Chair: Allison Schlosser
	PEKKA HAKKARAINEN The decriminalisation debate in Finland	LISA MAHER Systematic review and meta-analysis: Facilitator or barrier to change in drug policy?	DUANE DUNCAN Realising change in the gendering practices of Australian alcohol policy
	MATS EKENDAHL Accounts of drug use in a prohibitionist context challenged by legislation: Are some motives for cannabis use becoming more or less valid with changes in drugs discourse?	TIM CORNEY Using Freire's critical pedagogy in an alcohol literacy program with university students: Health promotion as participation, empowerment and change	GEOFFREY HUNT Alcohol intoxication, gender, sexual consent and sexual refusal
	AKSELI VIRRATVUORI Finnish ritualised consumption of cannabis as a rite of transition	SIMONE DENNIS Reorientations to responsibility: Alcohol industry representation, good citizenship and changing notions of intervention	MARIA HEROLD Drinking comfortably? Gender and affect among young Danish pre-partiers
5.15 – 7.00	WELCOME RECEPTION		

DAY 2: THURSDAY 5 SEPTEMBER

	ROOM: SALONE GROLLO	ROOM: SALA VENEZIANA	ROOM: SALA TOSCANA
9.00 – 11.00	SESSION 2:1 RETHINKING DRUG POLICY Chair: Tim Rhodes	SESSION 2:2 SEX/UALITIES & SUBSTANCES Chair: Adrian Farrugia	SESSION 2:3 CRIME, JUSTICE & CHANGE Chair: Natasha Martin
	KARI LANCASTER Making change, performing promise: Critical analysis of target-setting in the hepatitis C elimination era	LEAH MOYLE Beyond ‘chemsex’: Rethinking sex on drugs in the pharmacosexual era	REECE COSSAR Changing patterns of crime across the life course among people who inject drugs with histories of incarceration
	ASMIN FRANSISKA Reshaping Indonesia’s drug war policy on cannabis: From criminals to patients	GARRET PRESTAGE Rethinking potential criminalisation of amyl nitrite use among Australian gay and bisexual men	SARA ROLANDO The relationship between drugs and crime from the perspective of young people in contact with criminal justice system: A qualitative, cross-national research project
	ANNE WHITTAKER A site of change? Rethinking the role of the ‘family’ in English and Scottish drug policy	SOPHIA SCHROEDER Recontextualising risk: A critical discourse analysis of the changing contextualisation of drug use in defining ‘risk’ for gay and bisexual men	EMMANUEL MARAVANYIKA A judicial war on drugs: An assessment of the impact of minimum sentencing on illicit drug offences in South Africa
	ANA NING Problematizing Canadian government discourses of change: Why does the opioid crisis remain unchanged?	MIE BIRK JENSEN Rethinking sexual consent: Young women’s narratives on sex and friendship in the context of heavy alcohol use	ASHLEIGH STEWART Changes in the reporting of self-reported suicide attempts and self-harming following release from prison among men reporting histories of injecting drug use
11.00 – 11.30	MORNING TEA		
11.30 – 1.00	SESSION 2:4 DRUG EFFECTS Chair: Aileen O’Gorman	SESSION 2:5 DRUGS & TECHNOLOGIES IN ACTION Chair: Fay Dennis	SESSION 2:6 OFFICIAL DISCOURSES Chair: Mats Ekendahl
	DEAN MURPHY ‘Let’s be honest: It’s a party drug’: The meanings, identities and effects of HIV pre-exposure prophylaxis (PrEP)	ADRIAN FARRUGIA A situation of constant change: Analysing take-home naloxone affordances as they emerge in Australia	CHARITY MONARENG The myth of the infallible state: Societal problematisation of drugs and drug use and the relationship between framing discourses and social responses in South Africa
	HELEN KEANE Pharmacology, sociology and the history of drugs: The case of nicotine	THOMAS FRIIS SØGAARD Beyond the product: Dealers’ use of customer service as sales techniques in Ubernised drug markets	NIKI KIEPEK Seeking legitimacy for non-problematizing understandings of substance use
	REBECCA TIGER The vibrant life of drugs	JAKOB DEMANT Digital drift: The embedded and embodied aspects of novel forms of drug dealing	SIMON FLACKS School discipline and the necropolitics of drug control
1.00 – 2.00	LUNCH		
2.00 – 3.30	SESSION 2:7 DRUGS ONLINE Chair: Geoffrey Hunt	SESSION 2:8 GOING OFF-LABEL Chair: Helen Keane	
	MICHAEL SAVIC Producing care and change through pauses, waiting and silences in online alcohol and other drug counselling encounters	GEMMA NOURSE Performance and image enhancing drugs as agents of ‘change’? Reconceptualising drugs, masculinities and effects as co-emergent	
	CAROLINE ROBITAILLE Networked psychostimulants: A web-based ethnography of an online discussion forum	LEA TRIER KRØLL Change, yet no change: Students’ experiences of unwanted subjective side-effects of non-medical prescription drug use in everyday life	
	ALEKSI HUPLI Netnographic study of YouTube™ videos on psychedelic microdosing: An example of digital drug research		
3.30 – 4.00	AFTERNOON TEA		
4.00 – 5.00	KEYNOTE 2: NATASHA MARTIN Rethinking hepatitis C treatment and prevention: How modelling is informing the change required to achieve elimination among people who inject drugs CHAIR: MARK STOOVÉ ROOM: SALONE GROLLO		
7.00	CONFERENCE DINNER		

DAY 3: FRIDAY 6 SEPTEMBER			
9.30 – 10.00	MORNING TEA		
	ROOM: SALONE GROLO	ROOM: SALA VENEZIANA	ROOM: SALA TOSCANA
10.00 – 12.00	SESSION 3:1 QUERYING QUANTIFICATION Chair: Mark Stoové	SESSION 3:2 OPIOIDS IN NORTH AMERICA Chair: Kim Bloomfield	SESSION 3:3 SUBJECTS, STORIES & EXPERIENCES Chair: Pekka Hakkarainen
	SUSAN BOYD Problematising the DSM-5 criteria for opioid use disorder and heroin-assisted treatment	JESSICA OHLRICH 'Keeping people out of jail in regards to drugs is a collaborative effort': Public health and criminal justice collaboration in Milwaukee County Drug Treatment Courts	KYLIE VALENTINE Real selves and true stories, or, still thinking about evidence and experience after all these years
	ALLAMAN ALLAMANI Alcoholism and alcoholisms	JULIA DICKSON-GOMEZ A systems analysis of Milwaukee's response to the opioid crisis	ALEKSANDRA BARTOSZKO Shadow committees: Critical investigation of drug users' involvement in Norwegian drug policy reform and changing concepts of representation
	AMY CHANDLER Changing responses to Neonatal Abstinence Syndrome	JENNIFER HAVENS Dramatic increases in reported methamphetamine use among prescription opioid users in rural Kentucky	MELISSA ALLAN <i>NOT</i> down and out down under!!!
	TIM RHODES The life of models and targets: Evidencing-making change in relation to Hepatitis C	BERNIE PAULY From contaminated to enabling spaces	MORGAN BANCROFT Managing coexistence: Resident experiences of the open drug scene and drug consumption rooms in inner Vesterbro, Copenhagen
12.00 – 1.00	LUNCH		
1.00 – 2.30	SESSION 3:4 EXPLORING SAFE USE SITES Chair: Michael Savic	SESSION 3:5 YOUTH: NEW & EMERGING PRACTICES Chair: Duane Duncan	SESSION 3:6 POWER & POLICING Chair: Kate Seear
	MEREDITH KAYESS Re-framing change and the Sydney Medically Supervised Injecting Centre	VIBEKE ASMUSSEN FRANK 'What works'? Young adults' perspectives on drug reducing interventions in coercive contexts	MARION SELFRIDGE 'Accidental intimacies': Reconsidering perceptions of police through their bodily encounters with youth who use drugs
	MARIE JAUFFRET-ROUSTIDE The evolving controversy over drug consumption rooms: From discourses assessing public safety concerns to issues of coexistence in urban spaces	GULLIVER MCLEAN #BeHeardNotHarmed: Re-imagining relations between young people and harm reduction	BENJAMIN SCHER Protection or interference? Police practices in relation to supervised consumption site users in Vancouver: An ethnographic study
	TRISTAN DUNCAN Towards an alternative account of consumption room care	JULIA MCQUOID Purposeful play and empowering assemblages of non-tobacco use for young adults	ERIC RATLIFF Of surrenderers, shootouts and scalawags: An ethnography of emergent narrative (dis)ordering in the Philippine war on drugs
2.30 – 2.45	TRANSITION BREAK		
2.45 – 3.45	KEYNOTE 3: FAY DENNIS Mobilising stasis: A critical orientation to change CHAIR: DAVID MOORE ROOM: SALONE GROLO		
3.45 – 4.00	CONFERENCE CLOSE DAVID MOORE & KATE SEEAR ROOM: SALONE GROLO		

Prato Centre Floor Plan



Prato Centre Room Configuration

OFFICES	TEACHING / CONFERENCE / EXHIBITION SPACE	COMPUTER LABS	RECREATIONAL AREAS	STUDY AREAS
11 Admin office 3	1 Sala Caminetto	27 Computer lab	3 Piccolo Bar	17 Student Lounge
13 Admin office 2 (IT Services)	2 Salone Grollo	34 Mac lab	7 Main bar	35 Student Reading Room
21 Visiting professor 1	4 Breakout 1		8 Sala Billardo	37 Bill Kent Library
22 Visiting Staff 2	5 Breakout 2		9 Sala Specchi	
23 Visiting Staff 1	6 Sala Veneziana		16 Kitchen	
24 Reception	10 Meeting room		20 Terrace	
25 Director	12 Studio		39 Garden	
26 Manager	14 Sala Toscana			
28 Admin office 1 (Student Services)	15 Sala Giochi			
32 Visiting professor 3	29 Sguardi Australiani Archive			
38 Visiting professor 2	30 Seminar 2			
	31 Seminar 3			
	36 Seminar 1			

9.00 – 9.15 | OPENING & WELCOME

DAVID MOORE & KATE SEEAR

ROOM: SALONE GROLLO

9.15 – 10.15 | KEYNOTE 1: KATE SEEAR

CHAIR: SUZANNE FRASER

ROOM: SALONE GROLLO

**On law's fragility, onto-advocacy
and the possibility of change**

Achieving major changes in approach to drugs and the people who consume them sometimes feel elusive, partly because of the persistence of punitive drug laws. Apart from a few well-known examples, such as reforms to laws in Portugal and Canada, most countries continue to criminalise drug consumption and/or persist with the 'war on drugs'. Advocates who are inspired by countries that have reformed their laws often highlight the importance of the political process in bringing about changes in the lives of people who use drugs. Emphasising legislation and the political process has costs, however, potentially distracting attention from the multiple ways legal content is made and sustained, including through practices of lawyering. Lawyers play a vital and hitherto underappreciated role in constituting 'legal truths' about drugs and 'addiction', including links between addiction, gendered violence and poverty. They do this through practices including legal advocacy in lower courts and tribunals and negotiations with other lawyers. Latourian scholar Kyle McGee (2015) has emphasised the centrality of legal practices to legal content, noting that legal truth is 'fragile and constantly renegotiated'. Bruno Latour has similarly underscored law's fragility, noting that 'its span is just as striking as its emptiness' (2015: 343). This presentation explores these issues, drawing upon data collected for a major international study on addiction in the law, including interviews with lawyers and judges, analyses of case law and legislation. I shed light on how law is made, highlighting the importance of articulations and connections in producing legal content. I argue that legal content can be made anew if different connections are articulated. In this sense, the law is more fragile than we might assume. This presents opportunities for remaking law, and the subjects and objects shaped by it. On this final point, I introduce the concept of 'onto-advocacy' – an approach that combines ideas from the 'ontological turn' in alcohol and other drug studies with critical approaches to legal ethics. I argue that lawyers might consider deliberately leveraging law's ontological fragility, and rethinking their advocacy practices in light of the power they hold to constitute objects, subjects and outcomes.

ASSOCIATE PROFESSOR KATE SEEAR

is a practising lawyer and Associate Professor in the Faculty of Law at Monash University. She previously held a prestigious Australian Research Council DECRA Fellowship (2016-2019), and is the author of numerous books, articles and reports on alcohol and other drug policy and law, family violence, human rights and stigma. Her books include *Law, Drugs and the Making of Addiction: Just Habits* (2019, Routledge) and *Making Disease, Making Citizens: The Politics of Hepatitis C* (2011, Ashgate, with Suzanne Fraser). Her research is socio-legal and empirical in nature and draws upon a diverse range of theoretical tools, including ideas from science and technology studies, feminist theory, queer theory and critical legal ethics scholarship. Associate Professor Seear's research has led to major law reforms across Australia, including changes to laws that will improve the lives of victims of crime who also use alcohol and other drugs, and laws that shape the transmission and prevention of hepatitis C. She was previously a Research Fellow in the Social Studies of Addiction Concepts program at the National Drug Research Institute, where she retains an adjunct role.

10.15 – 10.45 | MORNING TEA

10.45 – 12.45

SESSION 1:1 | REFRAMING KNOWLEDGE

CHAIR: DEAN MURPHY

ROOM: SALONE GROLLO

SUZANNE FRASER,

Australian Research Centre in Sex, Health and Society,
La Trobe University, S.Fraser@latrobe.edu.au

RENAE FOMIATTI, La Trobe University

DAVID MOORE, La Trobe University,

KATE SEEAR, Monash University

CAMPBELL AITKEN, Burnet Institute

Is another relationship possible?

Connoisseurship and the doctor-patient
relationship for men who consume
performance and image-enhancing drugs

Consumption of steroids and other performance and image-enhancing drugs (PIEDs) is thought to be on the rise in Australia. Along with the benefits experienced by consumers can come a range of health issues. This presentation draws on interviews conducted for an Australian research project on men who inject PIEDs to consider the ways in which information about managing these issues can be provided, the sources of information men use and value, and the professional relationships most effective for securing the best outcomes for them. As we will show, the men in our project expressed a very strong desire for reliable, credible information, but also described often having to rely on information gleaned from sources of questionable reliability such as online forums and friends and acquaintances. Among the sources of information, advice and monitoring they expressed a desire to access were general medical practitioners (GPs), but such interactions were, they argued, rarely possible. Using the recent work of Isabelle Stengers, particularly the notions of connoisseurship and symbiosis, we argue that new modes of engagement need to be developed that might allow men who consume PIEDs to access the information and support they need, including through their GPs. Following Stengers, we characterise men in our project as 'connoisseurs' of PIEDs, and we consider what might be at stake and made possible were GPs and PIED connoisseurs to enter into more collaborative relationships to manage PIED-related health issues. In conducting our analysis, we argue for greater recognition of the complexities GPs face when encountering people engaged in illegal forms of consumption, and call for new symbiotic models of engagement beyond both zero tolerance-style refusals to help, and narrowly focused harm reduction approaches.

PETTERI KOIVULA & MATILDA HELLMAN,

Centre for Research on Addiction, Control and Governance,
University of Helsinki
petteri.koivula@helsinki.fiOntological politics in neuroscience-based
media coverage of the opioid crisis:
Locating agency

According to John Law and Annemarie Mol there is no one stable reality 'out there', but realities are multiple. These realities are not fixed or separated from us – we are performing them actively through (knowledge) practices. In Law's words: '[Reality] is not known but done'. There are struggles between different realities, and which realities we make is a political question. This is what Law and Mol call 'ontological politics'. I will inquire into how the agency of 'people with opioid addiction' is performed through opioid crisis-related online media articles that are based on neuroscientific knowledge practices. In the USA 'the brain disease model of addiction' (BDMA) has been implemented as the primary explanatory model and the foundation for the treatment of 'addiction'. What sort of realities of opioid 'addiction' and agency are enacted and stabilised through the practice of BDMA, and what is communicated (and specifically what is not) in media, are part of ontological politics and have crucial implications for people touched by the opioid crisis. Drawing on the concept of ontological politics and Karen Barad's theory of agential realism, I do not approach media articles as mere media 'representations' of the opioid crisis, but active practices that enact and stabilise certain kinds of material-discursive realities, where many different kinds of human and non-human elements intra-act or become together. To understand how scientific knowledge practices 'become' (or translate) in media articles, we need to trace how brain-based knowledge of the opioid crisis and the agency of 'people with addiction' is performed in neuroscientific accounts. Therefore I will also analyse original scientific articles and data from interviews with scientists who are cited and referred to in media articles.

NICOLE VITTELONE,

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Rethinking problematisation and the problem of description in drugs research

Carol Bacchi's poststructural methodological approach has been taken up and applied by a range of contemporary critical drug scholars who have recognised, examined and exposed the role of drug policy in shaping, formulating and making problems. Summarising the impact of Bacchi's method of problematisation on the contemporary drugs field and the future of addiction research, Fraser (2017) describes the impact of the WPR approach as 'hav[ing] allowed fresh consideration of how we should go about defining the "problem of drugs"' (p. 130), and an opportunity to rethink the 'addiction problem' so as to 'compose new, more useful problems' (p. 133). Taking seriously Fraser's challenge of how to change the way we think about, speak about and research drug use post-problematisation, this paper (re)turns to the empirical work of Howard Becker. Focusing on his research on drug use and deviance (1953, 1963, 1967, 1998) it investigates the uses of social research methods and their political effects in the construction of social problems. Addressing the methodological problem of description in the research process and the effects of the descriptive method for situating knowledge of the problem, the paper critically evaluates the contribution of Becker's scientific methodology for a politics of knowledge production. In reviewing the methodological relevance of Becker's method of description as a tool for thinking sociologically, the paper suggests that in order to compose alternative ways of thinking about the problem of drug use we commit to resuming the work of description in drugs research. In so doing, it demonstrates how problems are transformative meetings of methods, objects, publics and disciplinary practices.

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STEPHEN BRIGHT, Edith Cowan University
MONICA BARRATT, University of New South Wales

A positive drug story: Using positive drug knowledge to combat prejudice

This paper contends that negative representations of drugs, coupled with an emphasis on drug prevention, may counterintuitively increase drug harms, and that these are defining characteristics of current dominant drug discourses in need of change. Framed with reference to problematisation theory, the expansion of positive sex discourses and acknowledgment of the diversity of drug pleasures, this paper seeks to counteract these presently exacerbated drug harms through the establishment of a positive drug discourse, contending the value of such a discourse to public health. We draw on data from Bluelight.org's Australian Drug Discussion (AusDD) forum as they relate to participant understandings of drugs, drug use and drug policy. These data focus in particular on forum contributions concerning the topics of cannabis, new psychoactive substances and natural highs, as identified in an initial pilot study of the forum. In the current study, thematic analysis was again applied to the findings of the pilot's initial thematic analysis, focusing on forum content relevant to a positive drug discourse. All authors were active members of the AusDD community prior to project commencement. We conclude by identifying two components that we consider integral to a positive, dominant drug discourse: benefit maximisation and diverse positive subject positions. Benefit maximisation requires acknowledgement of the range of drug pleasures and their implications in varied contexts. Diverse positive subject positions should include drug pride, wisdom and sensitivity. However, we also argue that should dominant drug discourses shift and provide more balanced representation of drugs, the capacity of a positive drug discourse to produce new forms of problematising governance will need to be addressed. Capacity for change is crucial to a post-problematising drug discourse.

SESSION 1:2 | CHANGING CONSUMPTION

CHAIR: SHANA HARRIS
ROOM: SALA VENEZIANA

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Changing the body in prison: Self-detoxification and the emergent bodies of drug withdrawal

Prisons are often regarded as social worlds in which drugs such as heroin are relatively easy to access and use by prisoners. However, not all prisoners that enter the prison complex with a drug dependency end up on an opiate maintenance program or continue their daily patterns of heroin use. Some decide to leave off heroin until they are released from prison, sometimes without any help from prison drug treatment services. Some of these prisoners engage in what is referred to as self-detoxification. Self-detoxification is defined in the literature as a deliberate attempt to achieve abstinence from drugs which is sustained for more than 24 hours without medical assistance. Gossop et al. (1991) identified in a sample of heroin users that each participant had an average of three self-detoxification attempts in prison. Self-detoxification has been recognised by sociologists of drugs but the research literature on this phenomenon is very limited. The small body of work that exists on the subject has tended to focus on understanding the deliberate decision to self-detoxify and listing the pharmacological and psychological or distraction techniques used by individuals to cope with the predictable withdrawal symptoms. The influence of the body within particular contexts on the process of self-detoxification is often overlooked. Drawing on qualitative interviews with a small sample of recently released prisoners, this paper will explore how different types of 'withdrawing bodies' emerge within the social milieu of the prison, which in turn shape the decision to leave off heroin and the practice of self-detoxification. The paper will argue against fixed notions of heroin withdrawal found in most conceptions of addiction where the embodied experience of heroin withdrawal is determined by the simple absence of drugs in the body.

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'I'm just another junkie addict': White racial rescue and the politics of privilege in the US opioid 'crisis'

In the United States, moral panic due to opioid use among socioeconomically privileged individuals—largely suburban, middle-class Whites—has prompted a 'gentler approach' to the Drug War based on the 'chronic, relapsing brain disease' addiction model, including pharmacotherapies designed for social integration versus surveillance and punishment. These interventions evolved in sharp contrast to criminalised, stigmatising interventions to which impoverished urban African American and Latino drug users have long been subject. This shift reflects 'White racial rescue': attempts to preserve White privilege through blameless, medicalised, socially inclusive treatment (Hansen, 2017). Yet White opioid users are not a monolithic category. This paper investigates the gaps in White racial rescue drawing on a 20-month ethnography of publicly funded drug treatment in northeast Ohio. It leverages whiteness and intersectionality theories to examine lived experiences of whiteness and exclusion from White racial rescue among poor White treatment clients. Framing whiteness as a psycho-social process embedded in local cultural, political and relational contexts, it asks: How do whiteness and White racial rescue emerge in the local therapeutic economy? How do intersecting social identities shape expectations and experiences of whiteness and White racial rescue? When, and how, does White racial rescue break down? Although from varying sociocultural backgrounds, participants were uniformly encouraged to enact 'recovery' in a rationalist, individualist mode premised on White middle-class personhood. Whites from working-class and poor communities felt stigmatised as 'White trash' by professionals despite their attempts to perform privileged whiteness. While African Americans largely anticipated exclusion and preemptively retreated from treatment to avoid marginalisation, Whites maintained hope for inclusion. This anticipatory inclusion compounded their frustration when treated as 'just another junkie addict'. Their thwarted attempts to perform whiteness render visible the enmeshed influences of race, class, gender and geography on social inclusion that are often obscured in broader discourses on privilege in the opioid 'crisis'.

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Into the unknown: Treatment as a social arena for drug users' transition into a non-using life

Background and aims: For people trying to stop using alcohol or other drugs, the process is often characterised by periods of abstinence followed by relapse into previous drug-related ways of life and subsequent re-entry into the treatment system. There is a call for greater attention to the how of these transitions, with a special focus on the phase of leaving treatment. The aim of this paper was to get a better understanding of the transformation of practice when moving from drug-using to non-using lifestyles by exploring the experience of (1) involvement in treatment settings, (2) the process of leaving treatment and (3) the early phase of changing everyday practice into a drug-free way of living. **Method:** The paper takes on a social practice approach, in particular Bourdieu's concepts of 'habitus', 'doxa' and 'field', to analyse 17 in-depth interviews with Norwegian men and women seeking treatment for problems resulting from the use of alcohol and/or other drugs. **Results:** The study shows that the support of professionals operates as a transitional relation that can bridge the transformation from a drug-using to a drug-free life, by providing a social web of relations, positions, settings and activities. However, leaving treatment and establishing drug-free practices involves moving into something unknown in the sense that there is no embodied, taken-for-granted knowledge about how to relate to a world where drug use is not the central pivot of existence. **Conclusions:** The process of change, then, involves being exposed to an existential feeling of maladjustment. To get beyond the feeling of maladjustment and get into the doxic mode takes time, and involves a reconfiguration of habitus through reorientation of social settings, relations and networks. The treatment system could potentially develop a continuum of support during these transformations.

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Finding the treasure: Everyday moments of becoming well in a semi-rural place

This presentation reports on the results of a qualitative study exploring harmful alcohol and other drug consumption and becoming-well assemblages in a semi-rural place in Victoria, Australia. It highlights the material and environmental forces that have influenced changes in health and explores how mapping these forces within the counselling space can challenge old ideas of how change is recognised. Despite increasing political, academic and media interest regarding the impact of harmful alcohol and other drug consumption, there remains a paucity of knowledge regarding how forces or active assemblages contribute to dynamic drug consumption and the development of becoming-well assemblages in the production of health. This is particularly so within semi-rural places which, until recently, have been unrecognised as being unique spaces with unique needs. This study considers the flow of forces within becoming-well assemblages with the aim of finding new and creative ways to disrupt patterns, reduce harm, recognise change and promote health. These explorations are particularly important for semi-rural municipalities in Melbourne, Australia, because these places contain major population growth and are disadvantaged in multiple ways leading to the potential for significant social and health issues. Findings highlight the reciprocity between subjects and their physical and social environment in the development of becoming-well, and how change emerges in small everyday moments that actualise real rather than possible change. These findings have relevance in the counselling space by recognising and applauding micro-moments of change that challenge institutionalised knowledges about addiction and recovery.

SESSION 1:3 | REMAKING RECOVERYCHAIR: RENAE FOMIATTI
ROOM: SALA TOSCANA

AILEEN O'GORMAN,
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Recovery dissonance: Negotiating recovery ambivalence in an abstinence environment

Background: The mission creep of recovery-as-abstinence into drug policy and treatment practice has had negative implications for those seeking to engage in treatment (see McKeganey, 2014; Neale et al., 2013; Wincup, 2016). Aim: This study explores the meaning and experience of recovery from the perspective of people receiving methadone maintenance treatment (MMT) in the abstinence-focused policy and practice environment of a Recovery-Oriented System of Care in Scotland. Methods: Qualitative semi-structured interviews were conducted with 19 participants (10 females and nine males) who were currently engaged in MMT and who self-identified as being in recovery. The interview schedule was co-produced with people with living experience of MMT. Interviews were recorded, fully transcribed, coded using NVivo and analysed on a content and thematic basis. The findings are situated within a policy risk environment framework. Results: Narratives of recovery indicated ambivalence and a level of cognitive dissonance as a result of contradictory experiences in MMT. Improvements in health, well-being and social relations, and greater control over substance use, were valued. However, disapproval of the participants' long-term engagement in MMT by care providers and abstinent peers led to increased stigma and isolation. Being designated 'unclean' affected access to ancillary services such as mental health and trauma support and group talk therapies. As a result, broader mental health and social needs were not addressed. Discussion: This study illustrates the challenges faced by those who do not conform to treatment expectations of abstinence and whose recovery aspirations are more harm reduction than abstinence oriented. Challenging the embedded assumption that abstinence is a priority or an attainable outcome for all requires a shift in perspective from policy and practice. Awarding parity to the voices of people with living experience of substance use in shaping policy and practice would spark substantive and equitable change.

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'Dangerous territory': A critical ethnography of methamphetamine recovery

Over the last ten years in Australia, the profile of methamphetamine users has risen dramatically among clinicians, policy makers and the general public. Methamphetamine use is often seen as an increasingly problematic and indefensible health behaviour, and users have therefore become a densely concentrated site of expected, enacted and often cyclical change. These changes are collected within the constructed biomedical, psychological and social process of 'recovery'. The experience of this socially prescribed process of change, of repeated transitions between the roles of drug user, and user in recovery, is the focus of this research. What does this change mean to consumers, how do they conceive of their own agency in this process, and what should be the focus of health services in such a constrained and multifaceted context? This study has focused on a group of twelve methamphetamine users that accessed alcohol and other drug services in Brisbane, Australia, following them for seven months after their presentation as they navigated what one participant called the 'dangerous territory' of attempting recovery. Using a combination of in-depth qualitative interviews and ethnographic observation, the researcher has accompanied participants as they visit doctors, counsellors, friends and relatives, enter residential rehabilitation, undergo court proceedings, move house, experience homelessness, look after their children, argue with their partners, and experience relapse, withdrawals and multiple recovery attempts. This process of data gathering has also been supported and informed by a Community Advisory Group of drug users and advocates, guiding the researcher and the interpretation of data. This presentation will put these participants' stories in the context of recent sociological and public health theory to try to gain an insider understanding of when, how and why methamphetamine users use, recover, relapse and recover again.

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Rethinking recovery, unfolding social and material practices

This paper is based on a completed doctoral thesis that suggests rethinking recovery as a dynamic experience in continuous circulation with drug use. It draws on data from Azerbaijan and Germany collected in the form of narrative interviews with youth in recovery from alcohol and other drug use. The diverse data help to implement a non-standard comparative method by focusing on the contexts of recovery instead of differences and similarities between the two national settings. Using a non-representational and integrated materialist theoretical framework, the paper explores the context of recovery drawing on Duff's conceptualisation of drug use contexts (2007, 2012). It suggests that normative and culturally familiar understandings of recovery as a committed, unfinished, lifelong process necessitating isolation from the previous lifestyle does not always reflect the 'real' experiences of youth who, in treatment and outside of it, undergo a much larger variety of recovery practices. The paper argues that recovery and drug use are intertwined, which in turn suggests an assemblage rather than a single, linear process. To elaborate, it proposes four forms to underpin the fluid character of recovery through transitional and habitual modes.

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Rethinking policy, imagining change: An exploration of the recovery assemblage

Current discussions on recovery from alcohol and other drugs focus on the ways that people in recovery are expected to re-make themselves as a result of their engagement with these services. Within this line of thought there is a proliferation of critical analyses on treatment models and practices, as well as a growing need for specific and recovery-focused policy recommendations. The aim of this account is to go beyond the criticism of specific treatment models and to mobilise the data produced in two recovery contexts, a residential recovery centre in Athens, Greece, and a recovery-focused day centre in Liverpool, United Kingdom, in order to think of the recovery space through the Deleuzian and Guattarian concept of the assemblage. In both fieldsites data were produced through the service-users' oral and visual narratives of drug use and recovery, focusing on how the practices of care that take place within the two recovery settings respond to the needs that derive from context-specific drug using experiences. Thinking of the recovery space as an assemblage opens up the possibility to look closely at the affective flows that take place within the recovery space; practices that go beyond the 'good' or 'bad' application of existing treatment models and position the provision of care as the focus of attention. I argue that focusing on practices as they develop in specific contexts rather than on universal treatment models constitutes a bottom-up approach to exploring recovery. The fundamental change that derives from the exploration of the context-specific transformations of recovery is the potential transformation of policy, from a regulatory mechanism to one that reinforces and supports context-specific practices of care.

12.45 – 1.45 | LUNCH

1.45 – 3.15
SESSION 1:4 |
PSYCHEDELIC VISIONS OF CHANGE
CHAIR: NICOLE VITELLONE
ROOM: SALONE GROLLO

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Cure, catalyst, rebirth, reset: Discourses of change in psychedelic-based drug treatment

In recent decades, legal and institutional restrictions that have hindered the study and use of psychedelics have eased somewhat in multiple locales. This shift has sparked a 'psychedelic renaissance' within academic, scientific, and medical communities, particularly among those interested in the therapeutic potential of psychedelics. In fact, such substances are now being studied or used to treat a variety of health issues, including problematic drug use. One psychedelic that is currently utilised for drug treatment is ibogaine. A naturally occurring psychoactive substance, ibogaine is 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, ibogaine is employed as a tool for self-reflection and introspection that allows one to better understand their problematic drug use and the path out of it. But how does ibogaine provide that path toward meaningful change? What kind of change is possible? And how do people who use drugs re-envision or re-make themselves by taking this substance? Drawing on ethnographic fieldwork at ibogaine centres in Mexico, this paper engages these questions by examining the centrality of change to this psychedelic-based drug treatment. It focuses on the discourses of change that circulate among ibogaine clients and providers in order to show the multiple – and sometimes conflicting – ways in which this treatment and its capacity for change are imagined and promoted. This paper shows that, while drug treatment is generally predicated on the modification of behaviour, psychology and/or physiology, what arguably sets ibogaine treatment apart is the process through which this is achieved: a psychedelic experience. However, the kind of change facilitated by ibogaine and the altered states of consciousness it can induce – its form, its mechanisms and its potential effects on drug 'recovery' – are in fact varied and unclear.

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Transformative work: On fieldwork ethics and personal change through Ayahuasca

This paper takes its point of departure in the growing market for Ayahuasca retreats in Denmark. Based on ethnographic fieldwork in and around a Danish Ayahuasca community, the paper explores personal change through Ayahuasca and empirically focuses on participants, who engage in ceremonies to work on themselves, either to develop who they are or want to become, or to overcome childhood traumas, depressive moods and sometimes addiction disorders. Simultaneously, the paper also focuses on how we, as ethnographers, might productively rethink how we study and understand such drug consumption, especially focusing on negotiations over whether the ethnographer can, should or wants to participate in drinking Ayahuasca as part of fieldwork. Critically examining the notion of auto-ethnography, the paper discusses transformative work, both as an empirical object, an ethical substance and a methodological matter, deeply connected to what interlocutors in particular but also the ethnographer perceive as a precarious world.

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Psychedelic microdosing: A future treatment for mental health and substance use?

Background: There has been growing media attention on microdosing psychedelics, which refers to people taking small psychedelic doses to improve wellbeing, or as a cognitive biohack to enhance workplace performance. However, research evidence is currently limited. This paper examines microdosing motivations and the perceived helpfulness of microdosing and conventional mental health and substance use treatments. Methods: The Psychedelic Experiences Survey is an international online survey examining people's experiences of using psychedelics. Eligible participants were aged 16 years or older and had used psychedelics for any purpose. This paper focuses on participants who reported experience of microdosing (N=1,275). Results: The mean age of participants was 33 years, 71% were men and 42% resided in the United States. Sixty-two percent of participants microdosed as a self-treatment for mental health, 60% for cognitive enhancement and 15% for substance use reduction or cessation. Most participants rated microdosing as 'very helpful' according to their motivations for use: 66% for depression, 54% for anxiety, 60% for cognitive enhancement and 55% for substance use treatment. Compared to conventional treatments, 27% of participants rated psychotherapy and 12% rated psychiatric medications as very helpful. Conclusions: Our findings suggest that many people are microdosing as a self-managed therapy for mental health, either as an alternative or adjunct to conventional treatments. Psychedelics were rated as considerably more helpful in managing mental health and substance use than conventional treatments. Given the impressive findings of recent trials of standard psychedelic doses for mental health treatment, clinical and in-depth qualitative studies on microdosing are needed. Psychedelics remain prohibited substances in most jurisdictions, and it could be many years before (and if) they are made available as treatments. Efforts should in the meantime also focus on developing quality harm reduction resources for people self-managing health conditions with psychedelics.

SESSION 1:5 | DECENTRING THE AGENCY OF ALCOHOL

CHAIR: ANNE WHITTAKER

ROOM: SALA VENEZIANA

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DUANE DUNCAN, La Trobe University,

HELEN KEANE, Australian National University

Retrieving gender in quantitative research on alcohol and violence

'Alcohol-related violence', especially among young people participating in the night-time economy (NTE), has been the subject of intense public and policy debate in Australia. The content of this debate has been informed by a surprisingly narrow range of research resources. In particular, given the extensive sociological literature on the relationship between masculinities, alcohol and violence, meagre attention has been paid to the role of male gender in Australian quantitative research on alcohol and violence. In this paper, we analyse the treatment of gender in contemporary Australian alcohol research by focusing on quantitative research on alcohol, violence and young people in the NTE – a youth-dominated urban leisure zone offering the promise of alcohol and other drug consumption, pleasure, excitement and 'play'. We focus on this type of research because of its prominence in policy debates, such as those relating to 'lockout' laws (i.e., laws preventing patrons from entering, or re-entering, licensed premises after a specific time) and restricted trading hours for licensed premises. In analysing this research, we ask the following questions: How is the relationship between alcohol, violence and gender enacted in this work? How does it constitute alcohol's effects? And how does it handle questions of gender in its policy recommendations? In doing so, we wish to draw attention to the gendered consequences of foregrounding commonsense understandings of intoxication and its association with violence. In a context where calls for 'evidence-based' policy are common, and where large-scale quantitative studies are routinely valorised as scientifically objective, robust and best suited to informing alcohol policy, scrutinising the assumptions, methods, findings and policy recommendations of such research is crucial.

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Time is ripe for a paradigm change in alcohol epidemiology

Research Question: Alcohol epidemiology has been framed as public health research ever since its escape from the moral trenches of the post-prohibition era. Health appears to be a neutral goal that almost anybody accepts; it can be promoted; and its loss can be limited with therapeutic techniques. This framing now faces challenges that require the new approaches proposed here. Method: A critical historical review identifying several stages of the public health approach. The total consumption model (TCM) introduced a major epistemic break in the 1960s by understanding health in terms of the population rather than individuals. It involved three related theories: 1) the single distribution theory; 2) the prevalence of alcohol-related problems moves along with total consumption; and 3) availability can be regulated by policy for minimising harm. Material: Literature. Result: All variations of the TCM up until the global burden of disease approach hinge on causalities around the ethanol molecule and its effects on the body and the population. These causalities are no longer sufficient to establish policy priorities and research focused on them risks becoming irrelevant. A public interest approach is proposed to cover practices, contexts and exposure independently of the causal evidence concerning the consumption of ethanol alone.

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Rethinking 'volition' in alcohol use: The role of cultural obligations on drinking

There is an implied sense of volition in alcohol consumption patterns of those who are not physically addicted to alcohol. This is particularly true of those whose consumption is episodic and who may engage in long periods of abstinence. Cultural and family obligations are very strong in traditional Aboriginal communities in Australia, and have many explicit as well as nuanced influences on a range of social behaviours. This presentation will explore the possible role of cultural and familial obligations on alcohol consumption, drawing on qualitative research and anecdotes from work undertaken in the Pilbara region of Western Australia. These will be discussed in relation to the question: where strong cultural obligations and norms exist, would alcohol consumption be better considered non-volitional and if so, how should this change our approach to behaviour change interventions?

SESSION 1:6 | PRACTITIONER PERSPECTIVES

CHAIR: LISA MAHER

ROOM: SALA TOSCANA

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The politics of the 'threshold' in healthcare
for men who inject performance and
image-enhancing drugs: An analysis of health
professional accounts of harm reduction practice

The need for better healthcare for men who inject performance and image-enhancing drugs (PIEDs) is well established, yet Australia's harm reduction framework has made little progress in this area. While research suggests unmet need in service provision, little is known about the different social processes, relations and materialities that constitute healthcare settings for PIED consumers, including general practice, primary health services, pharmacies, and needle and syringe programs. Understanding these spaces of care is important because they may enable or constrain efforts to secure better outcomes for PIED consumers. Drawing on the work of sociologist Joanna Latimer, I explore the assembling and operation of 'thresholds' in healthcare for men who use PIEDs. Here, the term 'thresholds' refers to both concrete and amorphous assemblages 'through which people must pass in order to be included as patients' (Latimer, 2018, p. 379). Attending to thresholds is a tool for thinking that re-focuses the question of change in healthcare on the everyday forms of power that move bodies and mundane practice as a site of transformation. Analysing interviews conducted with healthcare providers for an Australian research project about their experiences of and perspectives on delivering harm strategies to PIED consumers, I argue that different kinds of thresholds emerge in different forms of healthcare for PIED consumers. They are shaped by the materiality of locations, but also by different forms of expertise and different strategic agendas to do with the ethics of healthcare and perceptions of appropriate need. As I will show, these thresholds work to 'hold' and 'move' consumers in particular ways – for example, in liminality and precariousness – and through invitation and exclusion. In concluding, I argue that by paying attention to everyday materialities of care, thresholds might be changed or reassembled anew in healthcare environments for PIED consumers to constitute new occasions for collaboration.

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A novel approach to supporting primary care
to manage people who use tobacco, alcohol
and other drugs?

Tobacco, alcohol and other drug use is common in Australia and can cause significant morbidity and mortality. General practitioners (GPs) have been reluctant to manage these issues in the primary care setting. There are many reasons for this. The complex human approach to assisting with substance use is strongly influenced by individual (both practitioner and patient), the systems that practitioners and patients interact in and our community as a whole. This paper discusses recent work looking at GP attitudes, role legitimacy, role adequacy, confidence and willingness to engage over time with people who use substances. It would appear from this recent work that little has changed in GPs' approach to substance use. There continue to be negative attitudes that adversely affect interaction, engagement and therefore treatment outcomes. Changing this is a wicked problem that requires long term and complex responses and commitment to change by many stakeholders. This paper discusses these issues and possible solutions and calls on everyone to reflect and collaborate to improve the lives of people who use substances.

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Changes in uptake following the expansion of naloxone access laws: Perspectives of key informants in Wisconsin

In response to the opioid epidemic, many states in the U.S. have enacted laws to improve access to naloxone. Previous research shows legislation to be an effective way to increase consumer access. However, some have asserted cost, prescription requirements and inadequate pharmacist training as potential barriers. Moreover, little research to date has sought to understand the impact of expanded access laws from the perspectives of naloxone prescribers and dispensers. We conducted in-depth, semi-structured interviews with key informants (KIs) (e.g., physicians, pharmacists, harm reduction workers) in Wisconsin. We asked questions regarding their: job responsibilities, knowledge of opioid-related laws and policies, and perspectives on how laws and policies have impacted their role. Responses related to naloxone (e.g., observations of consumer awareness and use of naloxone, experiences prescribing and dispensing naloxone) were analysed collaboratively using inductive thematic content analysis. KIs agreed that there is an increased availability of naloxone in retail pharmacies and a greater willingness of some providers to write naloxone prescriptions. In harm reduction, KIs reported relatively high uptake and use of naloxone by their clients. They also cited their efforts to increase naloxone education, universal screening for opioid use and providing naloxone for free. In contrast, retail pharmacists observed less awareness of and limited insurance coverage for naloxone, as well as reduced likelihood of consumers paying out-of-pocket for prescriptions. They also noted stigma associated with filling prescriptions and reported less confidence providing overdose education. Findings suggest expanded access laws have increased naloxone availability in pharmacies and the willingness of some to write naloxone prescriptions. However, awareness of naloxone among patients treated for pain remains relatively low. Additionally, consumers seem less willing to pay out-of-pocket for naloxone. States should consider more widespread campaigns to increase overdose education – particularly in the healthcare environment. Insurance companies should cover naloxone at 100% like other forms of preventive services.

3.15– 3.45 | AFTERNOON TEA

3.45 – 5.15
SESSION 1:7 | CONSUMING CANNABIS
CHAIR: BERNIE PAULY
ROOM: SALONE GROLLO

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The decriminalisation debate in Finland

In Finland drug use is controlled by the criminal law. Under the law, using, possessing and trying to acquire drugs in smaller amounts are considered drug-user offenses and carry a sentence ranging from a fine to six months imprisonment. While the legislation in Finland demonstrates its hard stance against drugs, the essential point is that the restrictive Finnish policies are actually implemented strictly. Recently minors may be summoned to see prosecutors, young first-timers may get a warning and those experiencing problems are referred to treatment. Other people caught using drugs by the police get fines. While the recent guidelines of the police (2019) include some widening of warning practice, it is also emphasised that due to individual prevention and general deterrence the police should always intervene in drug use. In February 2018 in a blog post by our institution, the National Institute for Health and Welfare (THL), my colleague Tuukka Tammi and I proposed that Finland should decriminalise all drug use. One of the main arguments was to prevent the harms caused by criminal control in the lives of young people. Another argument was to reduce the stigma of drug use and support those experiencing problems to attend treatment. In general, we argued that the criminal sanctions work poorly in the prevention of use and related harms, and they are also ill-suited to the values of today's society or to public health thinking. In this paper I will analyse the reception of our proposal in different levels of Finnish society. I will argue that the general drug policy climate in Finland is changing in concert with wider international trends and there is now more room for a rational drug policy debate than in previous decades.

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Accounts of drug use in a prohibitionist context challenged by legislation: Are some motives for cannabis use becoming more or less valid with changes in drugs discourse?

Starting out from recent years' focus on risk management in neoliberal societies, the medicalisation of social problems and solutions, and the strong cannabis legalisation movement in parts of the world, we analyse how current Swedish cannabis users account for their use. Drug use motives are usually classified into distinct groups (e.g., relaxation, enhancement, medication, etc.). In this study, we advance the notion of drug use motives as fixed entities that are easily registered, and consider them as situated vehicles for individuals who position themselves inside or outside the established drugs discourse. We ask if medicalisation is echoed in accounts of recreational drug use, and how a potentially changing drugs discourse is reflected in people's identity production and cultural belonging in a prohibitionist policy context. The ambition is to map cannabis users' 'vocabularies of motive' (Mills, 1940). Our results show that cannabis users implicitly contested the clear distinction between medical and recreational drug use motives by oscillating between them. The complexity of motive accounts was also illustrated by participants' wavering between emphasising either the social context of use or the individual characteristics of the user, and their diligence in explaining inner feelings towards cannabis use. Accounts of social motives (e.g. partying) were schematic and considered quite irrelevant in Sweden where use needs to be hidden. The social setting, however, was highlighted when participants described how cannabis helped them engage in relations with other people (social functioning). We conclude that cannabis use was described as a responsible and honourable activity. Traditional medical and recreational motive types appeared not to suffice in the participants' efforts to explain why they kept breaking norms and rules through cannabis use. Their careful efforts to explicate how cannabis serves them in everyday life perhaps mirrors that the Swedish cannabis discourse is currently in transition, getting more nuanced.

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Finnish ritualised consumption of cannabis as a rite of transition

This paper is a continuation of a study of contemporary Finnish cannabis consumption and the elements of ritualised action therein. The research data was collected between 2015 and 2017 by conducting participant observation and interviews with Finnish cannabis consumers, and then analysed by applying a mixture of folkloristic and sociological theoretical frameworks. In the context of this paper, the act of cannabis consumption in Finland is framed as a taboo, the breaking of which can result in formal and informal sanctions against an individual. The risk of being labelled a deviant, combined with the illegality of recreational cannabis consumption, adds a considerable emotional charge to events in which cannabis is consumed. Finnish cannabis consumers strategically employ ritualised action order to manage this emotional charge, and to help bring order into the moment in which the taboo is broken. The formality of the ritualisation combined with the shared breaking of a taboo transports the participants into a social liminal state, in which they are fully neither law-abiding citizens, nor labelled deviants. This liminality, combined with ritualised action, creates a temporary shared sense of equality, *communitas*. In this manner, ritualised cannabis consumption becomes a rite of transition, that both provides comfort for the participants, and serves to uphold the status quo of the community. This ritualised action is resistance to change, in that it establishes structure and order within these small moments of deviance, and thus lessens the possibility that the participants be perceived and labelled as deviants. Viewed from this angle, the sanctions employed against Finnish cannabis consumers, rather than the act itself, become a catalyst for unwanted societal change.

SESSION 1:8 | INTERROGATING INTERVENTIONS

CHAIR: KYLIE VALENTINE

ROOM: SALA VENEZIANA

LISA MAHER,

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THOMAS KERR, University of British Columbia

Systematic review and metanalysis: Facilitator or barrier to change in drug policy?

Introduction: Systematic review and metanalysis (SRMA) provides a 'gold standard' for assessing the effectiveness of health and medical interventions. Using systematic and reproducible methods to identify, select and critically appraise studies and pool data about their effects to summarise the evidence, SRMA is quicker and cheaper than new studies. While potentially a useful tool, SRMA raises challenges for controversial and under-studied public health interventions. We review critical issues, including inclusion criteria, pooling and quality assessment, by examining recent SMRA of key harm reduction interventions (opioid substitution therapy, needle and syringe programs, and supervised injecting facilities). Analysis: First, we discuss inclusion criteria which often limit studies to randomised control trials (RCT) and quasi-experimental designs. Excluding observational and cohort studies is problematic, particularly when randomly assigning people who use drugs to interventions raises ethical and pragmatic concerns. Second, pooling multiple dissimilar outcomes collected in different contexts into composite measures can lead to misleading and uninterpretable results. Finally, despite being critical, quality assessment, including lack of risk of bias assessment, is often lacking. Conclusions: While the question of 'what works' in drug policy is increasingly important, equally important is why particular interventions work for particular populations in particular environments at particular times. A lack of published research, in particular RCTs, and restrictive inclusion criteria for reviews often reflect limited understanding of the challenging societal and research contexts associated with controversial public health interventions. Methodological limitations also influence the quality and interpretability of SRMA, raising concerns about robustness of results and their implications for policy and practice. While further evidence is needed to guide the evaluation and scale-up of effective interventions to reduce drug-related harms, the ascendancy of SRMA may also mean that governments and donors are reluctant to fund interventions that generate less tangible and hard to measure outcomes, such as community empowerment.

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Using Freire's critical pedagogy in an alcohol literacy program with university students: Health promotion as participation, empowerment and change

The Australian and international literature on university student drinking shows high levels of heavy and frequent consumption. Research evidences limitations in the efficacy of some alcohol health education campaigns with university student cohorts. This paper reports on the findings of an action research project focused on alcohol literacy with undergraduate students living in university residential colleges in the Australian state of Victoria. The aim of the study was to engage students about their experience and knowledge of alcohol consumption, determining awareness and critical consciousness of the risks and harms associated with heavy and frequent consumption. The data were collected through a series of focus groups using students' authentic narratives as part of a semi-structured action and reflection process based on a Freirean critical pedagogic method. Focus groups were conducted with 86 student participants from four university residential colleges. Students reported awareness and critical consciousness of the risks and harms associated with heavy and frequent consumption. The study suggests that the use of a Freirean critical pedagogic method may be useful in health literacy and health promotion interventions among hard to reach and at-risk cohorts.

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ANDREW DAWSON, University of Melbourne

Reorientations to responsibility: Alcohol industry representation, good citizenship and changing notions of intervention

One of the most interesting changes in the space of contemporary drugs use has been in the stance and orientation that licit drugs distributors have taken to the regulatory and policy space. As analysts, we often focus on the substance itself and its capacity to effect change, or on the changing socio-political space in which substances are understood, but it is important to attend to the ways in which, in our case, the alcohol industry is embarking on an ambitious program of change, the defining character of which is a notion of good citizenship. What does it mean that industry seeks a place at the policy table to do something called harm reduction? What does it mean that it claims an interest in reducing alcohol-related harms, not least because they impact bottom lines and attract restrictive policies? What does the paucity of research into industry alignments, orientations and even partnerships say about our own disciplinary orientations and assumptions? In our paper, we ask difficult and uncomfortable questions that seek to trouble some of our relations with licit drug industries.

SESSION 1:9 | GENDERING ALCOHOL

CHAIR: ALLISON SCHLOSSER

ROOM: SALA TOSCANA

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Realising change in the gendering practices of Australian alcohol policy

Despite public anxiety and debate about alcohol and public violence among young people in Australia, the issue of masculinities or gender is rarely visible in Australian alcohol policy. Instead, policy recommendations aimed at reducing violence and public disorder focus on changing the availability and consumption of alcohol (via environmental management, regulation and policing) or on 'changing drinking cultures' and attitudes. In this paper, we employ Carol Bacchi's (2017) work on 'gendering practices' in policy and John Law's (2011) concept of 'collateral realities' to trace how the gendered enactment of alcohol policy priorities for change is produced. For Bacchi, policy produces 'men' and 'women' as 'unequal political subjects' (2017, p. 20). For Law, collateral realities are those that 'get done incidentally, and along the way' (2011, p. 156), and their 'endless enactment [...] tends to hold things steady' (2011, p. 172). We analyse the making of three collateral realities in the gendering of alcohol policy that function to stabilise normative understandings of gender and of the pharmacological effects of alcohol: a public/private distinction in the treatment of gender, violence and 'anti-social behaviour'; the marking of women's specific vulnerability relative to an unmarked, implicitly male drinking subject; and a perennial emphasis on the developmental immaturity and vulnerability of 'young people'. These practices enact gender as the social expression of biological sex (rather than gender as relational), single women out as particular objects of policy focus and represent harms from alcohol as a function of specific, exceptional vulnerabilities (e.g., in the explicit naming of pregnant women as a priority group, for which there is no male equivalent). We argue that critical attention to, and changes in, the gendering assumptions and political effects of alcohol policy should be prioritised in the development of more equitable responses to alcohol and violence.

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TAMAR ANTIN, Institute for Scientific Analysis

Alcohol intoxication, gender, sexual consent and sexual refusal

The objective of this paper is to understand how intoxication shapes young adults' negotiation of sexual encounters, sexual consent and sexual refusal. Concern about sexual consent among young adults has increased significantly in recent years, with the launching of new awareness campaigns to end sexual assault and calls for greater accountability. University and college authorities in the United States and Canada have taken significant steps to introduce new policies on sexual consent and assault, and have moved towards an affirmative definition of sexual consent in the form of a 'Yes Means Yes' model. In contrast to these efforts is existing research on sexual consent among young adults which shows that the ways in which women and men perceive of and give consent in practice are potentially at odds with affirmative models of consent. Moreover, though research has acknowledged the key role that alcohol and intoxication play in sexual encounters, little is known about how intoxication shapes the processes of sexual consent and sexual refusal. With this in mind, the aim of this paper, using narrative data from 200 in-depth interviews with young adults (18-25 years old) in the San Francisco Bay area, is to explore the gender differences that exist on the role of drinking and intoxication within sexual encounters. In order to explore the potential reasons for these gender differences, we utilise current sociological theory, including theories of 'sexual scripts', that examine gendered power structures within which sexual consent and intoxication takes place. Important, but often under-recognised, structural conditions that: (1) create inequity in negotiating sexual encounters, (2) complicate the communication of sexual consent or refusal, and (3) impose barriers on both young women and young men's ability to achieve healthy sexual encounters may present significant challenges to the successful adoption and reliance on affirmative models and policies of consent.

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Drinking comfortably? Gender and affect among young Danish pre-partiers

This presentation explores the relationship between youthful alcohol use and gender, particularly as it emerges in the context of domestic pre-partying. We argue that domestic pre-parties constitute a relevant case for such an investigation for at least three reasons. 1) They are associated with heavy drinking, which is traditionally (and contemporarily) associated with masculinity. 2) They take place in the private sphere of the home, which has traditionally been associated with femininity. 3) They are controllable in terms of who is participating, that is, gender compositions at the pre-party. Drawing theoretically on a combination of the 'doing gender' paradigm (e.g., West & Zimmerman, 1987) and affect theoretical notions on (un)comfortability (e.g., Ahmed, 2014) in our analysis of 140 qualitative interviews with young Danish alcohol users, we propose that such characteristics allow for emergences and transformations of gendered relationships, activities and affectivities, which mark the pre-party as a particularly gendered drinking event. On this basis we wish to contribute to the ongoing academic discussion around the relationship between 'intoxicated femininity' and 'intoxicated masculinity' by suggesting that we need to take the affective implications of young people's (gendered) drinking practices into account in a thorough discussion of the relationship between youthful alcohol use and gender.

5.15 – 7.00 | WELCOME RECEPTION

LOCATION: PALAZZO VAJ TERRACE

1ST FLOOR, MONASH UNIVERSITY PRATO CENTRE

9.00 – 11.00

SESSION 2:1 | RETHINKING DRUG POLICY

CHAIR: TIM RHODES

ROOM: SALONE GROLLO

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**Making change, performing promise:
Critical analysis of target-setting in the
hepatitis C elimination era**

The 'race to elimination' is rapidly changing the hepatitis C landscape, with a range of effects for how harm reduction and the health of people who inject drugs are governed and enacted. In 2016 the World Health Organization (WHO) published the first global health strategy to address viral hepatitis, setting a goal to eliminate viral hepatitis as a major public health threat by 2030. Many countries around the world are mobilising resources to implement and monitor strategies aimed at achieving viral elimination targets. In this paper we critically consider the productive capacity and constitutive effects of the WHO targets, as they travel from global strategy and into local implementation, policy and scientific practices. Drawing on science and technology studies scholarship, which emphasises the performativity of knowledge-making practices, and work on the sociology of expectations, we examine how hepatitis C elimination targets, and their attendant activities of modelling, monitoring and surveillance, produce a range of material-discursive effects. Through analysis of interview accounts with implementation scientists, modellers, policy makers and advocates working in the fields of hepatitis C and drug harm reduction, we ask: What do targets do? What realities do they make? And how do targets participate relationally as actors? In particular, we consider how the rhetoric of 'aspiration' and 'anticipation' work to negotiate and assemble putative realities, enact promise and colonise futures. Through this analysis, we aim to generate critical discussion about the material-discursive effects of hepatitis C elimination targets as governmental technologies, thus exploring target-setting as one part of the situated relational dynamics of the changing hepatitis C landscape.

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**Reshaping Indonesia's drug war policy
on cannabis: From criminals to patients**

Cannabis users are still the highest number in the criminal justice system, especially in Aceh Province, where more than 1,600 cases related to cannabis in 2018. Cannabis use and possession have contributed to 30% of the overcrowding in prisons. Cannabis is prohibited in Indonesian drug law, including for research and technology purposes. However, in 2018, the Fidelis Arie Sudewarto case, a landmark case for cannabis possession for medical use, has shown how to move popular perception and support from a criminal approach to health. Although the judges in the Fidelis case imposed an eight-month prison sentence, the public debate has begun. First, the paper explores how research and access to health are key to reshaping the war on cannabis; second, the paper shows that drug laws have limited power in relation to the research and technology necessary to develop medical cannabis; and third, the international debate on rescheduling and decriminalisation for medical cannabis has had an impact on Indonesian national debates. However, developing the national case further is needed to deliver cannabis policy reform. In conclusion, researchers and drug policy advocates have a greater role to play in debates on drug policy, and access to health is the keyword for moving the issue of drugs from criminal justice to the rights of patients. A desk review and case analysis are the methodologies used in this study, and media monitoring also points to changing perceptions of medical cannabis in particular regions in Indonesia.

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A site of change? Rethinking the role of the 'family' in English and Scottish drug policy

England and Scotland have recently published 'refreshed' drug strategies: 2017 Drug Strategy (HM Government, 2017) and Rights, Respect and Recovery: Scotland's Strategy to Improve Health by Preventing and Reducing Alcohol and Drug Use, Harm and Related Deaths (Scottish Government, 2018). Like their predecessors, both strategies place considerable emphasis on the importance of the 'family' in tackling the drug 'problem'. They explore how, for many, the family serves as an asset or protective factor, insulating children from the most harmful forms of drug use. Simultaneously they also position the family as a site of risk, exposing children to the harmful impacts of their parents' drug use, which increases the likelihood of children becoming drug users themselves. In both strategies, the role of the family in addressing drug-related harm extends beyond drug prevention to managing risk (e.g., through overdose prevention) and promoting recovery. The family is understood to be a site of change, facilitated through 'whole family support', accommodating the needs of the recovering drug user and other family members to produce better outcomes for all, including breaking the intergenerational cycle of drug dependence and harm to children. In the field of child protection, Featherstone et al. (2018) have argued for the need to 'stop feeding the risk monster' and develop a social model of care which challenges dominant risk-based strategies. This draws attention to the economic, environmental and cultural barriers to ensure children and young people are cared for safely within families, and the social determinants of much of the harm they experience. We use this framework to reflect critically on the expectations for 'change' placed on the family within English and Scottish strategic thinking on drug use, and to explore alternative conceptualisation of their role.

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Problematising Canadian government discourses of change: Why does the opioid crisis remain unchanged?

In December 2016, the Canadian Government replaced the National Anti-Drug Strategy, which relied heavily on enforcement action, with the Canadian Drugs and Substances Strategy which takes a public health approach to problematic substance use, by emphasising a 'collaborative, compassionate and evidence-based approach to drug policy' (www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy.html). This new approach purports that powerful social determinants are involved, which demand health and social service interventions alongside others aimed at reducing the supply of illegal drugs. Reflecting on this new approach as a direct response to Canada's declaration of a national health care (opioid) crisis, my paper problematises government discourses of change that merely pay lip service to the deeper root causes of increasing opioid-related overdoses and deaths despite greater availability of public health, harm reduction and regulatory/surveillance initiatives. Failing to consider broader social and cultural factors that shape opioid users' practices, I contend, leads to a continuous search for short-term 'quick fixes' or 'magic bullets' in which consumers rather than structural conditions remain a major focus of injunctions to change. Drawing upon extensive review of social science literature and policy documents, this paper argues that theory can allow us to understand the intended and unintended consequences of action and inaction in dealing with the complexity of opioid-related issues. By engaging myself and others in critical self-reflection, I seek to take a step back, and reflect more deeply on what appear to be already known issues, as if for the first time: the so-called 'opioid crisis' and the presumed primacy of bioscientific evidence as the most reliable form of knowledge production. Having a deeper understanding of why certain issues exist as they do and how they occur, can provide the basis for prediction of their (re)occurrence, and for informing meaningful intervention efforts.

SESSION 2:2 | SEX/UALITIES & SUBSTANCES

CHAIR: ADRIAN FARRUGIA

ROOM: SALA VENEZIANA

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**Beyond 'chemsex': Rethinking sex on drugs
in the pharmacosexual era**

In recent years the emergence of 'chemsex' (the use of psychoactive drugs to enhance sexual experience) amongst MSM populations in urban settings has come to be regarded both as a 'new phenomenon' and as a public health 'crisis' (McCall, Adams & Willis, 2015). The problematisation of LGBTIQ drug use (Pienaar et al., 2018), however, neglects the pleasurable and experimental dimensions of these cultures and obscures a much broader and colourful history of 'drugged sex'. This paper will outline the findings of our explorative study on 'pharmacosexuality', which aims to move beyond limiting notions of chemsex and instead examines the history and contemporary cultures in which drugs are used as 'synthetic aphrodisiacs'. Our project utilises archival exploration teamed with in-depth qualitative interviews and online ethnographic observations to analyse how broader populations of men and women use both traditional and new psychoactive substances as a technology in order to modify, enhance or extend sexual encounters. Through a focus on the plurality of sex/drug repertoires across time and space, we are able to reimagine sex on drugs as a starting point for practices of embodiment, pleasure, affect and intimacy rather than an encounter framed principally through risk or harm. Drawing on the work of Paul B. Preciado, this paper will therefore argue for the necessity of a socio-cultural understanding of drugged sex, which considers the interaction between the pharmaceuticalisation of sexuality in the West and recreational drug use, and the implications of such an approach for the regulation of sexuality.

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**Rethinking potential criminalisation of
amyl nitrite use among Australian gay and
bisexual men**

Background: Amyl nitrite (amyl) use is common among gay and bisexual men (GBM) and often used during 'chemsex' for sex partying. The Australian Therapeutic Goods Administration is considering reclassifying alkyl nitrites (the active ingredient in amyl/poppers). Methods: The Flux study commenced in 2014; 3,582 GBM reported their amyl use at baseline; by Dec 2018, 1,617 men had provided follow-up data. We identify incident rates and baseline factors associated with initiation of amyl use at follow-up. We report willingness to cease using amyl if it were criminalised. Results: At baseline, mean age was 34.9 years; mean age of first amyl use was 25.7 years. At baseline, 36.7% reported amyl use in the previous six months; 66.9% indicated that amyl use was acceptable among their friends. Most (82.4%) used amyl during sex and 64.6% indicated that it made receptive anal intercourse easier. Between baseline and follow-up, 113 men (7.0%) initiated use during follow-up. Initiation of amyl use was associated with a greater number of sex partners (HR 2.77; 95%CI 1.64-4.69), and receptive anal intercourse with casual partners (HR 1.29; 95%CI 1.15-1.46), at baseline. Among men who initiated amyl use, receptive anal intercourse with casual partners increased from 43.8% before initiation to 55.4% after initiation. Amyl use was not associated with anxiety or depression or drug-related harms. Only 15.6% of current users in 2018 indicated they would stop using amyl if it was criminalised, and 65.4% said they would 'find other ways' to obtain it. Conclusion: GBM commonly use amyl to enhance sex, especially to facilitate receptive anal intercourse. Men who used amyl were unlikely to stop doing so, regardless of its legal status. Criminalisation of amyl use or its access effectively penalises aspects of many GBM's sexual behaviour, and does not reduce the drug-related harms experienced by a small number of GBM.

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Recontextualising risk: A critical discourse analysis of the changing contextualisation of drug use in defining 'risk' for gay and bisexual men

Background: While the association between drug use among gay and bisexual men (GBM) and 'risky' sexual practice has been reported widely, scholarly discourse that propagates drug use among GBM as a causative agent driving sexual risk can narrow possibilities for alternative foci. Reproducing knowledge that is biased towards drug use being inherently harmful can also predispose stigmatising clinical practice related to sexually transmitted infections among GBM. Methods: We used critical discourse analysis to examine scholarly representations of drug use among GBM in the 100 most cited contemporary public health articles published on this topic. We compared this to discourses employed by GBM in research interviews exploring attitudes towards hepatitis C reinfection conducted with 15 HIV-diagnosed GBM recently cured of hepatitis C. Results: Despite public health research on GBM's drug use being limited by quantitative, cross-sectional designs, discourse typically alludes to unidirectional and causative relationships between drug use, risk and negative health outcomes among vulnerable GBM who use drugs. This discourse enables a de-contextualisation and homogenisation of drug use in public health research towards a narrow focus on risk and negative health outcomes and a positioning of GBM themselves, or the drugs they take, as inherently destructive, without reference to notions of pleasure that are explored in other research disciplines. Similar assumptions inform drug 'blaming-and-shaming' discourse employed by some GBM, particularly in relation to methamphetamines. A parallel discourse framed drugs as a useful but sensitive tool to be mastered. GBM's understanding of risk included social disconnection and inability to perform sexually, underlying elaborate risk rationalisation processes. Conclusion: Current academic public health discourse decontextualises and perpetuates pathologising understandings of drug use among GBM which is partially mirrored in the discourse of clinical service-engaged GBM recently treated for hepatitis C. Alternative discourses among GBM acknowledged the utility of drug use and understood personal 'risk' to include social factors.

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Rethinking sexual consent: Young women's narratives on sex and friendship in the context of heavy alcohol use

We tend to think of sexual consent as a negotiation that takes place between potential sexual partners in private, but with this paper, we suggest that it may be time to rethink how we imagine sexual consent in order to account for the influence of friends when young women drink heavily. Whilst some studies have pointed to the potential role of friends when young women manage sexual advances whilst drinking, no studies to date have yet examined in depth how sexual boundaries are negotiated in peer groups during and after a drinking occasion. Making use of data from in-depth interviews with young women from a large-scale research project, we therefore explore the role of friends in managing and in making meaning of sexual advances. Inspired by Sara Ahmed's theoretical work on emotions as a performative practice, we analyse how the young women in our study make emotional sense of their sexual experiences in relation to friends, and how this involves negotiations of gender norms. Through this, we highlight how sexual boundaries are negotiated more with peers than with sexual partners. This is especially true when these young women drink heavily and are struggling to live up to the dominant gender norms concerning women's sexual behaviour. Consequently, we suggest that future studies and preventive efforts examine in more detail what we are calling 'social consent'. With the concept of social consent, we find that it is possible to focus on the importance of friends and peers in how young people ascribe notions of sexual consent or sexual violence to their drunken sexual encounters.

SESSION 2:3 | CRIME, JUSTICE & CHANGE

CHAIR: NATASHA MARTIN

ROOM: SALA TOSCANA

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JIM OGLOFF, Swinburne Institute

Changing patterns of crime across the life course among people who inject drugs with histories of incarceration

Introduction: The age-crime curve is the most observed population-level outcome in criminology, typically showing crime-onset in early adolescence, peaking at sixteen and desistance by early adulthood. Studies exploring this phenomenon across patterns of substance use are rare and changes in involvement and diversity of crime have not been previously described in a cohort of people who inject drugs (PWID). Methods: Primary survey data from a cohort (N = 400) of men incarcerated in the Australian state of Victoria and who reported regular injecting drug use prior to their current sentence were linked to jurisdictional police records. We describe age-crime curves from age 10-30 for the cohort across all arrests and by 1) crimes against the person, 2) property/deception and 3) drug-related crimes. Results: Mean age of first contact with police was 14.9 years (SD = 3.3) and mean age of first arrest was 16.7 years (SD = 3.5). The age-crime curve for all arrest types exhibited a later onset than is typically observed and showed a steep and linear increase in offending into the early 20s and persistence throughout the 20s. This pattern was consistent across violent and property-related crime, while drug-related crime offending continued to increase into the late 20s. This steady increase in offending with little desistance in early adulthood varies considerably from patterns of offending seen in the general community. Discussion: To better understand life course patterns of offending among PWID further research exploring the diversity in crime and its temporal relationship with drug use and other exposures is needed. Characterising PWID who desist from crime earlier may also inform strategies to reduce recidivism. Prospective analyses will explore the role of severe mental illness in crime-related behaviour through linkage to mental health registries that include lifetime diagnosis of mental illness.

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The relationship between drugs and crime from the perspective of young people in contact with criminal justice system:**A qualitative, cross-national research project**

Background: The relationship between the use of drugs and criminal behaviour has been debated in the sociological and criminological field since the beginning of the twentieth century, without definitive results and with many limitations due to both the nature of samples and to epistemological approaches, often influenced by the political agenda. The aim of the present paper is to better investigate this relationship from the perspective of young people in contact with the criminal justice system, which has been often under-represented. Methods: The study is based on research undertaken as part of the EU funded EPPIC project (Exchanging Prevention Practices on Polydrug Use among Youth in Criminal Justice Systems 2017-2020). Interviews were undertaken with 193 young people (15-25 years old) in contact with the criminal justice system in six European countries (Austria, Denmark, Germany, Italy, Poland, UK) who use or have used illegal drugs. The interviews mainly focused on drug use trajectories and factors influencing them. Results: Results show that the interplay between drugs and crime is multifaceted and complex. A number of factors that can have a decreasing effect on some young people's drug use trajectories, might have an opposite effect in other circumstances on other individuals. Another important consideration is that trajectories are influenced by the drug market, availability and affordability, which impact on the choice of specific types of drugs with different consequences. Conclusions: Effective prevention approaches must be broad and intersectoral. Effective preventive interventions should mainly be implemented at policy level and should involve many other services besides criminal justice and health. Prevention interventions also should be as personalised as possible and the conflict and contradictions between punishment and treatment should be overcome.

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A judicial war on drugs: An assessment of the impact of minimum sentencing on illicit drug offences in South Africa

The criminal courts in South Africa play a pivotal role in addressing the problem of crime. Upon conviction of an accused person, the courts are tasked with providing an appropriate sentence for the offender that reflects the gravity of the offence. Specific crimes in South Africa, however, carry a minimum sentence that must be applied to a convicted offender to serve unless there are compelling and substantial circumstances for a court to digress away from the sentence. Drug offences in South Africa are subject to legislative minimum sentences to be imposed by a sentencing court varying from 15 years for a first-time offender, 20 years for a second-time offender and a minimum of 25 years for a third-time offender. The essence of minimum sentencing is to promote deterrence of the specific crime, incapacitate offenders and rehabilitate offenders ('criminal' rehabilitation as opposed to clinical rehabilitation), as well as promoting safe communities and offering protections to victims in society. The overall aim of minimum sentencing is therefore to change the behaviour of members of the community through the criminal justice system, and therefore create a sustainable strategy of reducing the use and trade of illicit drugs, and in so doing, promote human security. The legal process of sentencing serves to complement the existing strategies of treatment policies, outreach programmes and rehabilitation facilities and programs in place to address illicit drug use. However, is the criminal justice system best placed to effect changes in the behaviour of people towards illicit drugs and trade, especially through the courts? This question will be answered with a reflection upon the history of minimum sentencing in South Africa in the context of addressing the social problems of drug use and trade, and whether minimum sentencing over the years has made an impact on the war on drugs in South Africa. General consensus within the research and literature is that minimum sentencing has very little, if any, impact on reducing crimes in society, and more so little impact on reducing illicit drug use and trade. In other words harsh sentencing laws are an ineffective weapon in changing criminal behaviour and attitudes towards illicit drug use in the South African context.

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Changes in the reporting of self-reported suicide attempts and self-harming following release from prison among men reporting histories of injecting drug use

Introduction: Self-harm and suicide attempts among people with a history of incarceration occur at a higher rate than the general community. Risk factors for reporting self-harm and suicide attempt include mental illness, substance use and social disadvantage. Among a cohort of people who inject drugs, we describe changes in self-reported self-harm and suicide attempts over 24 months following release from prison and identify correlates of change. Methods: Male prisoners who reported regular injecting drug use prior to incarceration completed structured questionnaires in the weeks prior to prison release and at three, 12 and 24-months post-release, either in the community or in prison for those re-incarcerated. During follow-up interviews participants were asked, 'have you attempted suicide since we last saw you' and 'apart from suicide attempts (if any), have you deliberately harmed or injured yourself since we last saw you'. A mixed-effects regression model identified correlates of changes in self-reporting of suicide attempts and self-harm among participants with at least two follow-up interviews. Results: Among 214 participants, 12% (n=25) reported an attempted suicide during at least one interview. Reporting visiting a mental health professional since last interview and being arrested within the past 12 months were positively associated with a change toward reporting suicide attempt. Among 213 participants, 10% (n=22) reported self-harm during at least one interview. Being incarcerated at time of follow-up interview and reporting use of methamphetamine only since last interview were positively associated with a change towards reporting self-harm. Conclusions: Patterns of substance use, mental health service engagement and contact with the criminal justice system following release from prison were associated with a change towards reporting suicide attempts and self-harm in this group. These results identify factors that may assist in the prioritisation of referrals to mental health and alcohol and other drug services for men leaving prison with histories of injecting drug use, or conditions that may need to be targeted in mental health harm minimisation strategies.

11.00 – 11.30 | MORNING TEA

11.30 – 1.00

SESSION 2:4 | DRUG EFFECTS

CHAIR: AILEEN O’GORMAN

ROOM: SALONE GROLLO

DEAN MURPHY,

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KANE RACE, University of Sydney

KIRAN PIENAAR, Monash University

TOBY LEA, University of New South Wales

‘Let’s be honest: It’s a party drug’:

The meanings, identities and effects of
HIV pre-exposure prophylaxis (PrEP)

In the period following the approval of the combination HIV antiretroviral drug, Truvada, for pre-exposure prophylaxis (PrEP) by the US Food and Drug Administration, several actors sought to denigrate both the idea and use of PrEP on the basis of its imputed association with, or production of, sexual pleasure and uninhibited ‘hedonism’. In this paper we explore the possibilities that emerge if we affirm rather than disavow this framing. We argue that taking this approach may lead to certain practical benefits and pragmatic insights about PrEP’s use, meaning, identities and effects. Our analysis draws on interviews with gay and queer participants who use PrEP, part of a larger sample of LGBTQ participants in Sydney and Melbourne, Australia, who use various medications and drugs to transform aspects of their sexual and/or gender experience. Participants attributed a range of effects to the antiretroviral drugs that comprise PrEP, including effects that biomedicine and regulatory authorities rarely consider or acknowledge. They reported that using PrEP had reduced their anxieties about HIV infection and had opened up the possibility of participating in practices they had previously avoided. However, we venture that PrEP may be transforming sex in more significant ways. In this sense, analogies can be drawn between PrEP and a range of other drugs consumed by gay men in sexual settings, including recreational drugs, which – like PrEP – are roundly problematised for their purported ‘disinhibitory’ effects. Gommart and Henion (1999) argue that for participants to be ‘moved’ and give effect to their passions, active work needs to be undertaken, and particular arrangements put in place. Similarly, our participants engaged in a process of making particular social and material arrangements to enable a ‘letting go’, and through this process they became prepared to be affected in particular (though not always predetermined) ways.

HELEN KEANE,

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Pharmacology, sociology and the history
of drugs: The case of nicotine

A consistent theme of the sociology of drugs has been a questioning of the role of pharmacological properties in determining drug effects. From Zinberg’s ‘drug, set and setting’ to current engagements with ontological politics, critical drug researchers have insisted that drug use practices are not coterminous with specific chemical substances. Rather, drug practices and effects are more usefully thought of as emergent and heterogeneous assemblages, made up of material and non-material elements. The history of nicotine provides a vivid example of how a drug and its effects change over time and place as assemblages develop, stabilise and dissolve. Jordan Goodman’s history of tobacco (1993) maps the shifts from shamanism and healing in Indigenous American cultures to a mass-produced commodity promoted by a global industry. Nicotine consumption now also has medicalised forms (nicotine replacement therapy) and most recently, a mode enabled by personal electronic devices and online platforms (vaping). My presentation asks whether it makes sense to use categories such as ‘a history of nicotine’ or ‘social practices of nicotine consumption’ when thinking sociologically about drugs and change. What work is done by a residual pharmacological substrate that assumes that smoking and vaping should be considered as versions of the same thing, for example (and including in my own work)? And conversely, what would be lost if we gave up the idea of grouping drug practices around substances?

REBECCA TIGER,

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The vibrant life of drugs

Heroin panics have been the basis of successive drug prohibitions for over a century. Despite the enduring and consistent narratives of the particular dangers of opiates, the recent fentanyl crisis reveals the dynamic and changing nature of the drug concept. Drawing on an analysis of media coverage of 'fentanyl exposure' in US prisons, where staff and inmates were inadvertently 'sickened' by 'this powerful synthetic opioid', I will show how the drug concept has recently shifted in important ways. First, I will use theories of the 'new materiality' to examine the vitality of drugs: the agentic quality ascribed to fentanyl offers an opportunity to re-assess the nature and 'thing-ness' of the drug itself. Second, I will draw on the 'new contagion' literature to explore how these recent constructions of drug as an external agent seeking unwilling bodies to infect invites a link to the emerging critical scholarship on viruses that highlights their destructive and, importantly, productive potential. Third, I will expand on recent calls to re-examine the drug concept itself to consider how an analysis of the current opiate panic can expose the vital nature of 'drug' as well as the underlying social and political anxieties these shifting concepts reveal. Overall, I will explore how a focus on drug as a lively subject offers the opportunity to reconsider the idea of drugs themselves and to imagine the possibility of a new political response to a transforming and powerful social material.

SESSION 2:5 | DRUGS & TECHNOLOGIES IN ACTION

CHAIR: FAY DENNIS

ROOM: SALA VENEZIANA

ADRIAN FARRUGIA,

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A situation of constant change: Analysing take-home naloxone affordances as they emerge in Australia

In this presentation I offer a conceptual approach able to productively analyse take-home naloxone (THN) initiatives undergoing near constant change. In 2017 researchers from the National Drug Research Institute began a project investigating the uptake of THN in Australia. As the study progresses (2017-2019), THN continues to change. The administration technology has undergone several revisions and is still developing. Administration training frequently shifts in form and content. Most recently, its scheduling as a therapeutic drug has seen changes in availability and access. While acknowledging these shifts, public health THN research has generally argued that this initiative 'works' and focuses on expanding it without analysing the implications of attending to this changing condition. In order to grapple with these shifts, I conceptualise THN as what Zigon (2015) calls a 'situation'; a non-totalisable configuration of people, objects and institutions. Working also with Latour (2002), I suggest THN is best understood as a situation that produces specific capacities and possibilities or 'affordances' in specific encounters. This paper explores this approach and how it can be used to productively analyse the dynamism of THN in ways that are politically generative. Analysing interviews with people who consume opioids (with and without experience of THN), I argue THN affordances are shaped and changed by specific situations of encounter. I explore three different THN affordances: (1) as a technology that affords multiple forms of care; (2) as a technology that affords conflict; and (3) as an irrelevant technology for people who consume opioids for chronic pain. My analysis suggests that this initiative only 'works' when the situation necessarily affords its capacity to reverse overdose. I conclude that a politics of overdose needs to think beyond solely furnishing people with naloxone to assembling situations that allow it to 'work' and may ultimately reduce the need for it overall.

THOMAS FRIIS SØGAARD,

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Beyond the product: Dealers' use of customer service as sales techniques in Ubernised drug markets

While not a new phenomenon, research indicates that retail level drug distribution organised as home delivery is accelerating. As an indication of this, the EMCDDA recently described how the European market for cocaine is undergoing a process of 'Ubernisation', where sellers promote additional services beyond price and the product itself, such as 'fast delivery anywhere at any time' (2018, p. 18). Against this background, this presentation draws on 26 qualitative interviews with young drug buyers, to provide empirical evidence of how provision of a range of additional customer-oriented services has become a crucial aspect of the business model of many ring-and-bring delivery dealers in Denmark. Data show that for all of the buyers, delivery services were a preferred way for them to source cannabis and cocaine. Data also show that the concept 'service' figured centrally in buyers' explanations of their preference for delivery dealers. For the buyers, the term service had multiple meanings. For buyers, the term not only referred to fact that the dealers offered speedy and convenient delivery and showed much flexibility, often letting the customer decide the location of delivery. The buyers' also used the term to conceptualise what they saw as some dealers' adaptation of a more customer-friendly interactive approach, involving: some dealers engaging in customer-centred emotional labour; some dealers offering compensation upon late delivery or free gifts upon buys such as chocolate, Coca-Cola, candy, juice, etc.; and some dealers staging small gimmicks, such as 'roll a six with a dice and you get the drug for free'. The presentation discusses how these findings can provide insights into current retail market changes where some dealers seemingly no longer compete merely on price and the quality of products but also in the provision of customer services tailored to accommodate the needs and wishes of an individualised consumer.

JAKOB DEMANT,

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Digital drift: The embedded and embodied aspects of novel forms of drug dealing

The Internet has become an important channel for drug dealing over the last decade. This paper asks: How and with what perceptions do drug dealers move between different forms of digital market? Further, how and to what degree might the digital interaction order reduce disincentives for moving into dealing? Data consist of 107 interviews with drug dealers and buyers on social media within the Nordic countries (Denmark, Norway, Sweden, Finland and Iceland). The selected data for the analysis consist of approximately 15 semi-structured interviews with social media drug dealers and buyers who are active in cryptomarkets. One finding from this study is that we see a combination of using cryptomarkets and social media. Cryptomarkets are used to source drugs that are hard to purchase. When a dealer has obtained drugs from cryptomarkets, social media is used to communicate the opportunity to buy. A detailed and partly coded application of messaging or pictures is used to communicate with friends, friends of friends or even strangers. This combination of using encryption technology and open applications is quite surprising, considering the high variation in security. This digital drift between online markets also leads to a fusion of roles. Often participants saw themselves as both buyers and dealers, while others did not identify themselves as dealers but rather as doing their friends a favour and being paid for it. The digital interaction order provides a framework for understanding (easy) drift in and out by focusing on how the use of technology becomes embedded in the practices of participants. A more refined perspective for understanding the balancing between different roles in dealing drugs digitally is missed. A perspective on embodied risk culture could provide a necessary addition to the concept.

SESSION 2:6 | OFFICIAL DISCOURSES**CHAIR: MATS EKENDAHL****ROOM: SALA TOSCANA****CHARITY MONARENG,**

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SIMON HOWELL, University of Cape Town**The myth of the infallible state: Societal problematisation of drugs and drug use and the relationship between framing discourses and social responses in South Africa**

While South Africa's political transformation from apartheid to democracy has been lauded worldwide, there remain numerous substantive socioeconomic divisions and problems. These remain intractable and difficult to solve. Especially during elections, we argue that drugs and drug use become a politically expedient target by which to distract attention away from these failures, by drawing on a deep seated moralising rhetoric which has the effect of significantly further marginalising drug users. By labelling drug dependency as 'a serious evil for the individual that is fraught with social and economic danger to mankind', not only is drug use subversively repositioned as the cause of social ills rather than the consequence, but the rhetoric justifies the further use of state violence against drug use/users via law enforcement agencies. Such divisive state responses ironically also further perpetuate the structural divisions that were formulated during apartheid, as such responses use race both as a proxy for drug use and further (self) reinforce the assumptions about 'who' does 'what'. Current responses to drug use and dependence in South Africa thus further contribute to the governmentality of the International Convention on Narcotic Drugs, one which itself may be considered quasi-imperial in its construction. With this in mind, this paper will aim to explore how the narratives that have shaped understandings of drug use and users cyclically reinforce and justify the (primarily law-enforcement based) responses by government, which reinforce the presumptions that justified the intervention. It will then highlight the relationship between discursive constructs and legislative and juridical interventions, as is clearly visible in the country's responses to the drug 'scourge'. The paper will draw on numerous semi-structured individual interviews with academics and senior government officials and a collection of newspaper articles to trace the 'problematisation' of drugs and drug use in the media in South Africa.

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KATINKA VAN DE VEN, University of New South Wales**MATTHEW DUNN,** Deakin University**CYNTHIA FORLINI,** University of Sydney**Seeking legitimacy for non-problematising understandings of substance use**

Introduction: Within contemporary social and political contexts, researchers, educators, funding bodies and editors are called upon to recognise non-problematising research as legitimate, advocate for scholarship that resists conforming to dominant discourses, and create spaces for critical perspectives and interpretations. This represents a change from longstanding scholarship, theories and models that adopt or reify predominantly problematising approaches. Objective: The intent of this work is to elucidate the often implicit institutional, methodological and professional challenges that impact opportunities to genuinely engage in non-problematising scholarship. Methods: A selected literature review was undertaken to examine and synthesise existing scholarship and theoretical underpinnings of research pertaining to non-problematic, pleasurable or beneficial substance use. Results: We present constraints to undertaking non-problematising research. In competitive academic climates dependent on grants and publications, researchers may face a 'vested interest in focusing on, and possibly amplifying, drug-related harms' (Moore, 2008, p. 355). Moral narratives about health as a meta-value shape research priorities, funding and publication. Recruiting participants can be a challenge, since many substance use practices that fall outside problematised discourses or perspectives remain hidden or silenced. Problematising medical, legal and social discourses have strong rhetorical power that can place researchers in positions of vulnerability and risk, making them subject to suspect judgement about their credibility, ethics and expertise. Extant non-problematising research explores aspects of pleasure, enhancement and social benefit. Implications: It is recommended that researchers apply a critically reflexive practice when undertaking substance use research. Scholarship that examines broad human experiences associated with substance use, encompassing benefits as well as problems, is a means to enhance the relevance of policy, legislation and interventions. Health is but one valued factor associated with substance use; researchers may expand the implication of their research to other relationships, such as human rights, compassion and social justice.

SIMON FLACKS,

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School discipline and the necropolitics of drug control

The subject of drugs in school tends to generate interest in the provision of drugs education rather than the consequences of transgressing school disciplinary policies. Yet policies serve as important sites for the production and replication of knowledge about drugs, and the costs for pupils may be profound and long-term. Excluded pupils are more prone to long-term mental health problems, involvement in offending behaviour and problematic substance use, whilst pupils from minority and disadvantaged backgrounds are disproportionately affected. This paper is based on a study of approximately 150 primary and secondary school drug policies in England and Wales (obtained via internet searches), a review of the law on school exclusions, and data on the proportion of Black and minority ethnic (BME) students excluded for drugs infractions (obtained through a Freedom of Information Request). The aim of the survey was to collect data on schools with varying disciplinary (including 'zero tolerance') approaches to drug use, and to investigate the 'realities' about drugs and childhood enacted in these documents. The results suggest that BME students are significantly more likely to be permanently excluded for breaching school policies on drug use/supply. 'Tough' and 'zero tolerance' policies, whereby pupils are likely to be excluded for one-off offences, are prevalent. In the policy documents, recurring claims included that illegal drug use leads, inevitably, to crime, that the risk to children from drugs is increasing and that drug use is inherently problematic. The concern was not necessarily with the health risks to children, as might be expected, but with the threat to school 'culture' and reputation. The findings will be read according to a bio-/necropolitical understanding of drug control in which the politics of childhood remains central to the ways in which drug policies, including when enacted by and through schools, may promote both 'life' and 'death'.

1:00 – 2.00 | LUNCH

2.00 – 3.30

SESSION 2:7 | DRUGS ONLINE

CHAIR: GEOFFREY HUNT

ROOM: SALONE GROLLO

MICHAEL SAVIC,

Turning Point, Eastern Health Clinical School,

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NARELLE WARREN, Monash University

ADRIAN CARTER, Monash University

KIRAN PIENAAR, Monash University

ANTHONY BARNETT, Monash University

EMMA SANDRAL, Monash University

Producing care and change through pauses, waiting and silences in online alcohol and other drug counselling encounters

In positivist alcohol and other drug treatment research, pauses, waiting and silences tend to be dismissed as inert and inconsequential to care and its effects. Where such research does engage with pauses, waiting and silences, these are predominantly enacted as unproductive or as having undesirable effects, such as 'triggering' disengagement from treatment and 'relapse'. Drawing on concepts from science and technology studies and a qualitative analysis of an Australian online alcohol and other drug counselling service, we explore the varied and multiple ways that pauses, waiting and silences act as they encounter other human and non-human actors at play in online counselling sessions. In some online care encounters, waiting for counsellors to type responses affords possibilities for people to engage in other everyday practices, such as playing video games, socialising, commuting or working. Engaging in such everyday practices while waiting can facilitate pleasure and decrease distress, which can flow into care encounters in productive ways. Similarly, when counsellors are waiting for people to type their response, this can afford possibilities for conferring and debriefing with other counsellors to provide sensitive and tailored care. However, when waiting is protracted, distress can also emerge in care encounters. Counsellors may worry about the safety and wellbeing of people who do not respond promptly or who exit encounters unexpectedly. Similarly, the sudden cessation of online care encounters (often connected with technical difficulties) can leave people feeling frustrated, worried and questioning whether they were 'cut off' because they were 'difficult'. Rather than inactive elements associated with stasis or solely undesirable effects, we draw attention to the productive potential of pauses, waiting and silences in generating change in care encounters. We conclude by exploring the implications of our analysis for conceptions of care and change that underpin alcohol and other drug treatment models and practices.

CAROLINE ROBITAILLE,

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Networked psychostimulants: A web-based ethnography of an online discussion forum

Psychostimulant use is on the rise, notably in North America, including pharmaceuticals such as Adderall, Ritalin and Vyvanse. Current understandings of this phenomenon focus on epidemiological or bioethical perspectives that largely put aside socio-cultural dimensions. Drawing on Actor-Network Theory (ANT), we envisage psychostimulants as networked actants to understand the underlying logics related to their use. ANT allows thinking about psychostimulants as agentive entities contributing to socio-cultural transformations. Through this lens, we can shed light on how these pharmaceuticals may shape contemporary subjectivities. Our paper presents a qualitative analysis of one online discussion forum, r/Adderall, belonging to the Reddit community. We utilize a web-based ethnographic approach to access accounts of psychostimulant use as expressed by members of the forum. Exploring online fora affords new opportunities to understand practices such as drug use that lie below-the-radar and are associated with stigma. We performed non-participant observation of r/Adderall over an 18-month period, observing exchanges between members, interactions with moderators, and collecting 149 key posts for qualitative analysis (514 pages, double spaced). We observe a network comprising human and non-human actants: members of r/Adderall, psychostimulants as objects and r/Adderall as an agentic space, which fosters the emergence of psychostimulant use. Sharing common experiences on the online forum nurtures a sense of belonging among members and leads some to offer guidance and promote what is considered healthy psychostimulant use, even if sometimes contrary to prescribers' directives. Accounts of drug effects show that members' subjectivities lie on a continuum between positive, often described as life-changing, and negative, often described as becoming parallel to oneself. Sustained use seems related to the intensity of the sense of attachment one has for these pharmaceuticals, in line with what aspirations can be reached through their use, for example, obtaining a diploma. Our findings open to a wider debate regarding public health's understanding of psychostimulant use outside of the clinical setting and how this may contrast with how it is being put into practice.

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MORITZ BERNING, University of Amsterdam

AHNJILI ZHUPARRIS, Radboud University

JAMES FADIMAN, Sophia University

Netnographic study of YouTube™ videos on psychedelic microdosing: An example of digital drug research

Digital technologies are acknowledged to play a significant role, especially for young people, in accessing (alternative) knowledge and substances. Digital drug research in general can be used to gather knowledge of under-researched topics. In our netnographic study, we explored psychedelic microdosing by focusing on YouTube™. We used the YouTube Data Tool for data extraction from the YouTube™ platform and selected videos that specifically focused on microdosing with a psychoactive substance. Our initial data extraction, completed in 2016, resulted in total of 115 YouTube™ videos. In addition, data extractions conducted in 2017 and 2018 showed a 290% increase in 'microdosing' videos between 2016 and 2018, indicating that the phenomenon is growing, at least online. In this presentation we argue that the YouTube Data Tool, which has not been previously used for social drug research, is a useful method for researching online drug knowledge. It allows the collection of relevant videos for further analysis in a systematic, non-invasive and cost-effective way, and it can also be used to monitor changes in this particular digital milieu over time, as evident in the increasing number of microdosing videos on YouTube noted above. However, further digital and non-digital drug research is needed to investigate this potentially rising phenomenon, as it is difficult to estimate the practical implications of online knowledge for offline consumer practices without research in both fields. In addition to showcasing our empirical example, we will provide an overview of various other digital methods which could be used track changes around drugs in the digital world as well as discuss internet research ethics.

SESSION 2:8 | GOING OFF-LABEL

CHAIR: HELEN KEANE

ROOM: SALA VENEZIANA

GEMMA NOURSE,

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Performance and image enhancing drugs as agents of 'change'? Reconceptualising drugs, masculinities and effects as co-emergent

Performance and image enhancing drugs (PIEDs) are defined by the Australian Drug Foundation (2018) as those 'taken by people with the intention of improving their physical appearance and to enhance their sporting performance'. This definition exposes some of the dominant assumptions underpinning current PIED research: that a rational (predominantly male) human subject chooses to consume PIEDs in order to produce a set of desired bodily effects. In this rendering, 'PIEDs' are produced as a pharmacological category with stable, consistent 'effects', which allow PIED consumers to change their bodies. One outcome of this discourse in research on PIEDs is that medical and psychological literature has been preoccupied largely with the question of why men who choose to use PIEDs want to change themselves. This research has produced repetitive and pathologising accounts of 'the male PIED user' and his motivations for change – as insecure, inadequate, vulnerable, obsessed and 'in crisis'. Why is this a problem, and what needs to change in order to generate new knowledge about PIEDs? This paper explores aspects of the relationship between 'change' and the category of 'PIEDs'. It firstly examines how change is constituted in Australian health promotion and media texts on PIEDs. How do these texts suggest that PIED use 'changes' consumers? How are the effects of PIEDs understood? It then asks: how else might we conceptualise the relationship between PIEDs and change? And what might be the benefits of such a re-orientation? Drawing on resources developed within the field of science and technology studies, I present a case for thinking of 'PIEDs' as co-emergent and co-constitutive with objects, masculinities and effects in order to produce new, nuanced, detailed and non-stigmatising understandings of PIEDs and PIED practices among male consumers.

LEA TRIER KRØLL,

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Change, yet no change: Students' experiences of unwanted subjective side-effects of non-medical prescription drug use in everyday life

This paper explores university students' non-medical use of prescription drugs (NMUPD) in everyday life and focuses on students' accounts of problematic changes and unwanted side-effects of their practices and experiences of NMUPD over time. The paper analyses 28 in-depth qualitative interviews with Danish students who have used prescription drugs non-medically in their everyday life and highlights accounts of NMUPD trajectories that students deem problematic. These accounts entails descriptions of developing affective attachments and a sense of loss of control of the intentions of NMUPD, and of diminished subjective well-being over time. To analyse these accounts, the paper draws on critical cultural and sociological theories of subjective side-effects of dominant temporalities and affects produced by neoliberal governance of education and a general precariousness in late modern living, and of associated promises of enhanced well-being by means of self-optimisation. The paper addresses issues of 'change' in two ways. While it first analyses students' accounts of problematic changes and subjective side-effects of NMUPD over time, it also addresses the question of 'lack of change'. The paper identifies how some students continue to feel attached to NMUPD even though they experience a diminished subjective well-being and suggests that this can be understood not as a simple question of norm-abiding stupidity. Students' attachments to NMUPD may reflect relations of 'cruel optimism' (Berlant 2011) as students 'hold on' to initial fantasies that NMUPD can provide subjective well-being although they experience that it also may obstruct this very aim.

3.30 – 4.00 | AFTERNOON TEA

4.00 – 5.00 | KEYNOTE 2: NATASHA MARTIN**CHAIR: MARK STOOVÉ****ROOM: SALONE GROLLO****Rethinking hepatitis C treatment and prevention: How modelling is informing the change required to achieve elimination among people who inject drugs**

The advent of highly-effective direct-acting antiviral therapies for the hepatitis C virus (HCV), coupled with theoretical modelling of the potential population impact of these therapies, sparked a dramatic shift in approach towards people who inject drugs (PWID). Reluctance among some providers and governments to treat PWID was replaced with optimism that HCV treatment for those with ongoing risk could prevent transmission and achieve dramatic reductions in disease burden and incidence. For example, modelling indicated that the World Health Organization elimination target of 90% reduction in incidence could likely be achieved among PWID across a variety of settings through modest levels of treatment, particularly in combination with harm reduction. This work has and continues to catalyse policymakers to commit to scaling-up treatment and harm reduction interventions among PWID in several settings worldwide. Despite this global commitment, challenges remain which hamper effective treatment and prevention responses among PWID. Indeed, major health system and policy changes are likely to be required if countries are to reach their elimination goals. This presentation will discuss several key areas in which modelling has played or is playing a role in advocating or galvanising change in the arena of HCV elimination, and in advancing the primacy of PWID in related policy and clinical and other service models. It will highlight how modelling has informed much-needed change in: harm reduction policy and coverage, enhanced strategies for HCV diagnosis and linkage to care, broad access to treatment and retreatment for PWID, new models of HCV care and treatment delivery, and policy around drug use and decriminalisation. The presentation will provide examples where modelling has been used to advocate for change in policy/service provision/health systems organisation, increase funding for HCV prevention and treatment interventions, and inform changes in attitudes surrounding PWID with the eventual goal of HCV elimination. The presentation will also consider how modelling might have changed as a result of this work, and how modelling constraints might affect the knowledge being sought and generated, and in turn the treatment goals being set and pursued.

ASSOCIATE PROFESSOR NATASHA MARTIN

is an Associate Professor in the Division of Infectious Diseases and Global Public Health at the University of California San Diego, and an Honorary Senior Lecturer in the School of Population Health Sciences at the University of Bristol. She is an infectious disease and economic modeller, with a particular focus on epidemic modelling of blood-borne virus transmission among high risk populations such as people who inject drugs, men who have sex with men and female sex workers. Associate Professor Martin is a leading modeller of hepatitis C prevention and elimination, and her modelling work has informed several national and global technical guidelines and strategies (e.g., World Health Organization). She has a particular focus on modelling the impact of structural determinants of HIV, HCV and overdose risk such as drug criminalisation and incarceration. She is currently working on HCV elimination trials and studies locally (San Diego) as well as in a number of countries abroad such as Myanmar, Australia, India and the United Kingdom.

7.00 | CONFERENCE DINNER**LOCATION: CONSERVATORIO SAN NICCOLÒ,****PIAZZA CARDINALI NICCOLÒ 6**

(<https://www.visittuscany.com/en/attractions/monastery-and-church-of-san-niccolo/>)

9.30 – 10.00 | MORNING TEA**10.00 – 12.00****SESSION 3:1 | QUERYING QUANTIFICATION**

CHAIR: MARK STOOVÉ

ROOM: SALONE GROLLO

SUSAN BOYD,Faculty of Human & Social Development,
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ANDREW IVSINS, British Columbia Centre on Substance Use

Problematizing the DSM-5 criteria for opioid use disorder and heroin-assisted treatment

This presentation includes the voices of people who are receiving heroin-assisted treatment (HAT) outside of a clinical trial – in the Injection Opiate Agonist Treatment (iOAT) program in the Downtown Eastside of Vancouver (DTES), British Columbia, Canada. The iOAT program at Crosstown Clinic is the first in Canadian (and North American) history to provide HAT outside of a clinical trial. Participants must meet the criteria for severe opioid use disorder (OUD) from the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Semi-structured interviews were conducted with 36 members of the SALOME/NAOMI Association of Patients (SNAP), an independent peer-led drug user organisation that meets weekly at the Vancouver Area Network of Drug Users (VANDU) site in the DTES. Drawing from critical addiction studies, we explore SNAP members' experiences in relation to HAT and problematise the criteria for severe OUD from the DSM-5. We contrast the criteria for severe OUD with SNAP members' experiences on iOAT and with opioid use in the context of the DTES. We conclude that SNAP participants' narratives challenge conventional notions of what constitutes 'opioid use disorder'.

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GIULIA MASSINI, Semeion Centro Ricerche

Alcoholism and alcoholisms

Alcoholism, which is today commonly defined as alcohol addiction/dependence or alcohol use disorder, is universally considered as a unitary condition across all latitudes by experts, media and lay people. In this regard a most debated topic nowadays is whether addiction is a brain disease – that is, a medical and biological condition – or rather a disorder of motivation and behaviour – a favourite position of psychologists and sociologists (Heather, 2018). However, the paper's main argument is that alcoholism is not a single condition but is qualitatively different across different geographical areas and drinking cultures – as the DSM itself, if carefully analysed, can show. This viewpoint was outlined many years ago by Jellinek (1960) and reflects both some perspectives on Alcoholics Anonymous (Eisenbach-Stangl et al., 1998) and recent socio-epidemiological studies about the diversities in drinking patterns and alcohol-related harm in Europe (AMPHORA, 2013). This position can also be considered the other side of the idea that the understandings and linguistics of addiction change across national cultures and contexts (Room, 2006; Rosenthal et al., 2018). The data set consists of a European project carried out in 2013-2014 among 1,767 patients, who were treated in the alcohol addiction units of nine European regions. Patients were interviewed to ask, among other questions, which symptoms they reported of the 11 symptoms of DSM-IV criteria for alcohol dependence and alcohol abuse (Rehm et al., 2015). The analysis was performed through traditional statistics as well as by means of an innovative approach: artificial intelligence based on artificial neural networks (Buscema et al., 2010). The results show that the symptoms of alcohol dependence and alcohol abuse, as identified by DSM-IV, were distributed according to different patterns in three areas: Northern Europe, Southern Europe and two other European countries.

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Changing responses to Neonatal Abstinence Syndrome

Responses to opioid dependence in pregnant women often coalesce around whether or to what extent women's drug use should be 'changed' during pregnancy. Depending on context, women may feel encouraged to reduce prescribed opioid use, avoid illicit drug use or become entirely abstinent. Changing drug use in pregnancy may be rationalised as a way to reduce the risk of Neonatal Abstinence Syndrome (NAS). NAS refers to a range of symptoms identified in babies born to mothers who used drugs of dependence. It can range in severity, and there is a lack of agreement as to the most appropriate treatments, or the exact link between maternal drug use and NAS symptoms. Drawing on a qualitative study in Scotland, United Kingdom, of parent and professional accounts of the 'risks and realities' of NAS, our paper demonstrates the contradictory, uncertain and morally charged nature of attempts to make sense of, and respond to (the risk of), NAS. We highlight tensions that emerge around diagnosis, with different approaches to diagnosing or measuring symptoms of NAS producing conflicting accounts of what NAS is, and whether it is present in an infant. Conflicting accounts can lead to conflicts, particularly when a diagnosis of NAS can have severe repercussions for parents. Where NAS is identified, this may be seen by child protection services as evidence of maternal mis-use of drugs, leading to decisions to deny/revoke parental custody. We argue for a change in approaches to monitoring, diagnosing and treating NAS, and, drawing on insights from Science and Technology Studies, we question whether current responses 'could be otherwise'. Given the inherent uncertainty about symptoms of NAS and their aetiology, we propose a symptom rather than diagnosis-based response, one which may be more able to resist judgmental and stigmatising responses, better supporting parents to navigate often punitive statutory child protection services.

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KARI LANCASTER, University of New South Wales

The life of models and targets: Evidencing-making change in relation to Hepatitis C

In this paper, we consider the knowledge-making practices of modelling projections and target setting as devices for knowing hepatitis C and its elimination potential. We trace the significant role of mathematical modelling in the emergence of hepatitis C elimination science to reflect critically on how this science 'works' and the material effects it affords. We likewise trace the effects of global disease elimination targets in how they constitute hepatitis C. Informed by science and technology studies, and drawing on the sociology of expectations, we treat mathematical modelling and target setting as discursive-material practices which make-up futures with effects on the present. Viral elimination targets and futures enact the present in relation to interventions, actions and affects infused by claims of biomedical promise linked to the 'end of hepatitis C'. There is a recursive relationship generated between modelling and viral elimination targets, where modelled targets make-up elimination potentials and practices, both locally and globally. To make this analysis we draw on discursive analysis of selected cases of mathematical modelling of hepatitis C elimination among people who inject drugs and global hepatitis C elimination strategy. Our analysis is one of the first to reflect critically on the emergence of elimination science in the field of hepatitis C and how this science performs a future.

SESSION 3:2 | OPIOIDS IN NORTH AMERICA

CHAIR: KIM BLOOMFIELD

ROOM: SALA VENEZIANA

**JESSICA OHLRICH, JULIA DICKSON-GOMEZ
& ERIKA CHRISTENSON,**Department of Epidemiology, Institute for Health
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**‘Keeping people out of jail in regards to drugs
is a collaborative effort’: Public health and
criminal justice collaboration in Milwaukee
County Drug Treatment Courts**

In light of the expanding prison population in the United States, most of which is due to drug-related crimes, experts have increasingly called for more public-health oriented approaches to the opioid crisis. The National Association of Drug Court Professionals has released best practice standards for adult drug courts, many of which include ways to strengthen the relationship between the criminal justice system and the public health sector. We conducted in-depth, semi-structured interviews with key informants (KIs) (e.g., District Attorney, Public Defender, Drug Court Judge, treatment coordinators and treatment facilities) in Milwaukee County, Wisconsin. We asked questions regarding: drug court organisation and processes, the role each sector plays in the drug court, treatment availability, justice reinvestment and the effectiveness of the court. Responses related to public health and criminal justice cooperation and collaboration were analysed collaboratively using inductive thematic content analysis. We also attended sessions of drug treatment court and drug court staffing meetings. KIs agreed that Milwaukee County is unique in the degree that public health and criminal justice cooperate in the county’s drug treatment court. KIs also agreed that the current system is not equipped to handle comorbidity of opioid use disorders (OUD) and other mental health issues. Additionally, lack of resources in the community, waiting lists, limited capacity in the treatment court and lack of adequate funding are barriers to further public health and criminal justice collaboration. While the criminal justice system in Milwaukee County has made strides in collaborating with the public health sector, further improvements can be made. Strengthening justice reinvestment in the community and treatment resources is necessary to further the success of the drug treatment court. A more individualised approach to drug treatment court can further the success of participants and ultimately help alleviate the impacts of the opioid crisis in Milwaukee.

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**A systems analysis of Milwaukee’s response
to the opioid crisis**

Introduction: In response to the opioid crisis, many state and cities have implemented laws, policies and programs designed to: 1) decrease the diversion and misuse of prescription opioids; 2) increase access to treatment for those with opioid use disorders (OUDs); 3) reduce incarceration for non-violent drug offenders; and 4) reduce the harms associated with opioid use including HIV/HCV infection and overdose fatalities. However, few studies have taken a systems level approach to evaluate how well laws, policies and programs from diverse sectors have worked together or at cross purposes to achieving these goals. Methods: We conducted in-depth interviews with key informants (n=28) working on the opioid epidemic in Milwaukee, Wisconsin, in various sectors including the Prescription Drug Monitoring Program (PDMP), criminal justice system and drug treatment courts, first responders, harm reduction, medication-assisted treatment (MAT) providers and other drug treatment modalities. Data were analysed using a qualitative systems analysis framework. Results: While each law, policy and program had positive effects in achieving one of the goals to control the opioid epidemic, each had unintended negative consequences on other goals. Implementation of the PDMP was reported as reducing opioid prescription and diversion. However, these reductions in supply have not necessarily reduced demand as MAT and other treatment options have not grown to meet the needs of people with OUDs. PDMP and other restrictions on opioid prescriptions have increased the price of prescription opioids on the street and caused many to turn to heroin and fentanyl, increasing fatal overdoses. As opioid use becomes more expensive, users increasingly turn to injection, leading to an increased risk of HIV/HCV infection. While drug courts are helpful in diverting non-violent drug offenders to treatment, inadequate treatment slots limit the number of offenders they can treat. Discussion: Increased coordination among sectors combating the opioid crisis is needed to optimise positive effects while avoiding negative consequences.

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Dramatic increases in reported methamphetamine use among prescription opioid users in rural Kentucky

Background: Rural Appalachian Kentucky is at the centre of the United States opioid epidemic. However, there have been noted shifts in drug use in response to policies intended to curb misuse of prescription opioids. The purpose of this analysis is to examine longitudinal trends in drug use in a cohort of rural drug users (N=503) who were primarily using prescription opioids at baseline. Methods: Eight waves of data have been collected since 2008 in the ongoing study. Drug use trends were examined for the most recent visit (2017-2019) and mixed-effects logistic regression was used to model trends in the use of specific drugs. Results: Although significant declines in nonmedical use of prescription opioids were observed over time ($p < 0.001$), an alarming trend in methamphetamine use was noted. At the most recent visit, 30.6% of participants reported past 6-month use of methamphetamine versus only 6.9% at the prior follow-up (2015-17). The trend analysis was significant ($p < 0.001$), largely driven by the increase in reported methamphetamine use between the two most recent visits. Methamphetamine users tended to be significantly younger, although there were no differences in race or gender. Methamphetamine users were significantly more likely to be using heroin, illicit buprenorphine, oxycodone, benzodiazepines, marijuana and cocaine. The majority of methamphetamine users (56.4%) indicated they were injecting the drug. Conclusions: Although there have been notable decreases in prescription opioid use over time in rural Appalachia, the trend in reported methamphetamine use complicates the response to the opioid epidemic. The increased focus on harm reduction in response to the opioid crisis clearly applies to methamphetamine use as well, and injection of methamphetamine in particular, but evidence-based treatment options are severely limited for methamphetamine use disorder compared to opioid use disorder. Increased surveillance for methamphetamine use may be warranted in areas impacted by the opioid epidemic.

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From contaminated to enabling spaces

Overdose deaths were declared a public health emergency by the Provincial Health Officer in British Columbia (BC), Canada, in 2016. The emergency continues to this day with approximately 1,500 overdose deaths per year, which is the equivalent of four deaths per day, or a rate of 31 deaths per 100,000 individuals. The rapid implementation of harm reduction services has been a critical component of the overdose response throughout the province including rapid expansion of the BC Take Home Naloxone Program and provincially sanctioned overdose prevention sites (OPS) and federally approved supervised injection sites (SIS). Victoria, BC, is among the top three cities with the highest rates of overdose deaths in the province. Almost a decade earlier, Victoria was one of very few jurisdictions in the world to close needle exchange services due to public pressure in a jurisdiction that has the most robust harm reduction policy in North America. A consequence of this closure was the 'contamination of space' in which it was difficult to establish harm reduction services. In the context of the overdose emergency, new harm reduction services in the city have been implemented including three OPS and one SIS. In this presentation we draw on theoretical perspectives of both risk and enabling environments to examine the socio-political and economic shifts that have occurred over this period of time, including the vital role of harm reduction activism. Drawing on an established program of community-based research informed by implementation science, we outline the key factors that have influenced these shifts and changes in the implementation of harm reduction policy and services. Further, we provide insights into the impacts of these shifts that extend beyond socio-structural production of risks to social, health and healing benefits. We will conclude thoughts on implications and future possibilities for implementation of harm reduction.

**SESSION 3:3 |
SUBJECTS, STORIES & EXPERIENCES**
CHAIR: PEKKA HAKKARAINEN
ROOM: SALA TOSCANA

KYLIE VALENTINE,

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**Real selves and true stories, or, still
 thinking about evidence and experience
 after all these years**

People who use drugs are often in contact with systems and services directly related to their drug use, but they also connect with other systems and services, related to health, education, social security and other needs and entitlements. Their experiences of these services are often very poor, and needs are often unmet. Injunctions to change practice and policy in response to these poor outcomes are regularly made, and the nature of these injunctions change over time. In recent decades one of the most important of these changes has been the emergence of evidence-based policy, a term that has itself been subject to critical scrutiny and change. One critical development has been the recalibration of advocacy for the place of qualitative research in generating evidence, including the growing place of digital media, biographical vignettes, and 'curated stories' in policy and advocacy. These developments have taken place alongside growing attention to 'authenticity' and 'lived experience' as a basis for political claim-making, made possible by declining public trust in institutions and expertise. The public spheres of advocacy, policy and research, then, are changing in multiple ways. What are the likely implications, risks and benefits of these changes for people who use drugs and others subject to public scrutiny? How do perspectives that privilege the voices of individuals align with critical social science perspectives on agency, subjectivity and knowledges? This paper draws on two research projects investigating the lived and narrated experience of disadvantaged people and people who use drugs, and will explore these questions of representation, agency and change.

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**Shadow committees: Critical investigation
 of drug users' involvement in Norwegian
 drug policy reform and changing concepts
 of representation**

During its Presidency in the Pompidou Group, Norway has put civil society on the agenda, emphasising the importance of involving individuals who use drugs in the development of policies. According to the Health Minister Bent Høie, 'In Norway, it is a given that user organizations [...] should be heard before a new policy is adopted'. Until recently, Norway remained immovable on its conservative drug law with illegal drug use, not just possession, being a crime. Last year, the Health Minister appointed a committee to design a less restrictive drug policy. Two representatives of drug user NGOs have been included in the working group. The Minister's choice met with massive dissatisfaction among other drug users, who expressed the view that these representatives 'are not real drug users', and that they do not 'speak for' nor 'act on the behalf' of their experiences and opinions. Some drug users reacted publicly with collective letters to newspapers, campaigning to the authorities, and finally by establishing an alternative organisation – The Shadow Committee – which plans to deliver a proposal for 'knowledge-based' drug policy reform shaped by 'the voices of the users' and 'not polluted by political compromises'. Yet, while 'performing labour of difference' (Fortun 2012), this committee too became caught in the conflicting landscapes of representation with strategic solidarity being contested by committee's members. Based on long-term ethnographic fieldwork and drawing on Pitkin's political philosophy, this paper investigates the concept of 'representation' in a context of changing political realities. In particular, I suggest reconsidering the governing assumptions regarding 'user representatives', which increasingly inform drug and treatment policies. Exploring how, in their own way, political bodies and drug users fetishise the 'voice of the user', I highlight how changing political landscapes affect users' understandings of representation and shape the political as well as individual and collective forms of involvement.

MELISSA ALLAN,

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NOT down and out down under!!!

Although I am representing Australians as a peer, there is no single type of Australian drug user. I hope to give the world a view of our culture and how it effects our drug use. Also, I want to share how our health system effects how Australian people use drugs and the treatment options available to us. I'll describe some positive examples such as how the provision of Medicare gives users an even playing field for residential and outpatient rehabs and how services like the Kirketon Road Centre and Medically Supervised Injecting Centre have a huge influence on how people like me can reduce drug-related harm and seek treatment if needed. But I also want to use my experience to shine a light on how all systems relating to addiction and treatment need to acknowledge what they haven't achieved. We always hear that something new has to be around the corner in terms of medical and technological advances. Across the 20 years that I've been using drugs, I don't believe our treatment options have kept up with what communities of drug users really need and have been asking for. I want to talk about how drug-using peers need to adopt a new approach beyond navel gazing, revelling in our wounds and trying to mask our true feelings. I've used a lot of drugs in my time, and still do. And I have the honesty to say that I do this because I enjoy them and the way they make me feel. So if drug treatment services or self-help organisations aren't ready for this new kind of honesty, then we're going to be stuck in the same cycle of non-achievement that we've seen over the past 20 years. This is the story I want to tell.

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Managing coexistence: Resident experiences of the open drug scene and drug consumption rooms in inner Vesterbro, Copenhagen

The inner-city area of Vesterbro in Copenhagen, Denmark, houses the biggest open drug scene in Scandinavia. Since the 1980s, the area has been a gathering point for people who use, buy and sell drugs. The area has undergone massive changes over the last two decades, as a massive redevelopment program has led to marked demographic changes and processes of 'gentrification' in the area. The drug scene, however, remains, and the last seven years have seen the introduction of a new police strategy of 'non-enforcement' alongside the opening of two drug consumption rooms (DCRs). In this paper, we present results from a multi-method study of the open drug scene. Specifically, we draw on survey data from an online questionnaire distributed among residents in the area (n=590). In our analysis, we employ the concept of conviviality and Koch and Latham's (2012, 2013) focus on materiality, inhabitation and atmosphere in the study of how people use and interact in public space. Results show that rather than primarily experiencing people who use drugs and the drug scene as a nuisance or threat to safety or community order, most residents are supportive of DCRs and accept the presence of the drug scene in the area. Both quantitative and free text box data indicate that spatial, temporal and affective dimensions shape experiences of the drug scene, and that residents are highly reflective about the issues of coexistence and the 'right to the city'. Reflecting on our findings, we discuss their relation to current debates on urban conviviality and conflict, progressive harm reduction initiatives and novel strategies of public space management (DeVerteuil et al., 2009; Johnsen and Fitzpatrick, 2010; Pennay et al., 2014; Valentine, 2008).

12.00– 1.00 | LUNCH

1.00– 2.30

SESSION 3:4 | EXPLORING SAFE USE SITES

CHAIR: MICHAEL SAVIC

ROOM: SALONE GROLLO

MEREDITH KAYESS,

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Re-framing change and the Sydney Medically Supervised Injecting Centre

Is the Sydney Medically Supervised Injecting Centre (MSIC) an 'injectocon' that subjectivises clients, making them into docile bodies as Fischer, Turnbull, Poland, and Haydon's (2004) critique of supervised injecting facilities (SIFs) would suggest? Re-framing change using a new materiality approach offers a way to investigate regulatory impacts of the MSIC while side-stepping the notion of change as 'construction' (Barad, 2003). If, as Barad (2003) contends, all material-semiotic phenomena are in a constant process of becoming, nothing is ever finally finished. Furthermore, if all change is co-emergent, whereby semiotic-material phenomena shape and get shaped by each other, nothing ever emerges alone (Law & Mol, 2008). This understanding of change as material-semiotic performance foregrounds contingency, complexity, mess and multiplicity, while prioritising the politics of matter and mattering (Law & Mol, 2008). Rather than rendering the Sydney MSIC as acting upon and changing clients in a one-way process, it becomes possible to ask questions about how clients, staff, centre spaces, practices, rules, harm reduction philosophy, risk, blood, pleasure and 'addiction' entangle, what gets done and how it matters. It appears something complex and messy is getting done at the Sydney MSIC. Staff identities co-emerge as both more and less rational, while clients take shape as both unruly 'addicts' bearing porous boundaries, and as potential future prudent citizens. At the same time, as Rance and Fraser (2011) note, unintended yet powerful spaces of intimacy materialise between staff and clients in the Sydney MSIC, even though this is not the regulatory intention. Re-framing change brings into view very specific ways in which 'addiction', 'drugs' and 'clients' of the MSIC get partially shaped and re-shaped, and this more nuanced approach opens up spaces to ask how this matters, and how things might be otherwise (Fraser & valentine, 2008; Fraser & Seear, 2011).

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The evolving controversy over drug consumption rooms: From discourses assessing public safety concerns to issues of coexistence in urban spaces

France faces issues of open drug scenes, especially in some areas northeast of Paris. In October 2016, the first French drug consumption room (DCR) opened in Paris. This delay in France is due in part to the coexistence of harm reduction policies with persisting criminalisation of drug use, but also to public authorities' sensitivity to public opinion about the acceptability of DCRs. We conducted the first ethnographic study in France on the social acceptability of DCRs. Our methodology includes media analysis; 110 interviews with harm reduction professionals, political representatives, public safety professionals, drug users and local residents; as well as four years of ethnographic observation in public spaces using photography and geographical mapping. Our study suggests that most often, residents are not directly worried about signs and traces of injecting drug use in public spaces related to the nearby presence of DCRs. Residents complain that establishing a DCR in their neighbourhood gives them the impression that the area has been downgraded and abandoned by politicians. They also emphasise daily incivilities that often have nothing to do with drug use, but that they experience as violent disruptions of their daily life. Likewise, drug users express fears of being harassed by some local residents. They claim a 'right to the city', that is, to be recognised as able to occupy public space. Residents and drug users, who share the same space, both feel they have a right to that space and share the impression of being rejected by public authorities (for residents) and by residents (for drug users). Our study shows that the controversy over the legitimacy of the DCRs' objectives has developed over time. The early debate, which focused on public safety concerns, has been progressively replaced by a debate over the co-existence of different social groups in public spaces.

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Towards an alternative account of consumption room care

Consistent with broader trends in the field of harm reduction, the intervention of the drug consumption room has undergone significant transformations in its rise to 'maturity'. Far removed from its anti-authoritarian, anti-psych groundings in Dutch counterculture movements of the 1970s, the intervention now functions as an institutionalised, evidence-based extension of drug policies globally. Whilst supportive of the wider acceptance and implementation of consumption room services, I seek to shed a more critical light on the processes that have underscored this development. I examine the historic trajectory of the consumption room and the growing role that scientific evidence has played in defining and delimiting contemporary understandings of what the consumption room is and does. Guided by Law and Mol's notion of ontological politics, I argue that the dominant consumption room evidence base continues to enact and reify these sites as technologies of risk reduction and containment, whilst simultaneously overlooking the affective labours, dynamics and affordances through which these sites are brought into being. Bridging my ethnographic work within a drug consumption room with recent strands of posthuman thinking, I suggest an alternative knowledge base through which the consumption room, its functions and its value can be approached and understood. This is a distinctly affective knowledge base, one capable of articulating: (1) the ways in which structural inequality and disadvantage manifest through the lived, felt experience of a highly marginalised section of our community, and (2) the varied ways in which consumption rooms (can) tend to these experiences through the cultivation of such affects as hope, trust, acceptance and belonging. Mobilising such an approach, I argue, avails novel opportunities for imagining, enacting and advocating for consumption room interventions. It may help productively re-think and change these sites in ways that are more closely attuned to the sensitivities of those they purport to serve.

SESSION 3:5 |
YOUTH: NEW & EMERGING PRACTICES
CHAIR: DUANE DUNCAN
ROOM: SALA VENEZIANA

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'What works'? Young adults' perspectives on drug reducing interventions in coercive contexts

Research focusing on clients' or patients' own perspectives on drug reducing interventions or drug treatment institutions has grown over the past decades (Bjerge et al., 2016). This kind of research applies important knowledge on the experiences of being enrolled in welfare services aimed at reducing or stopping the clients' or patients' drug use. Until now, research has in particular focused on adults enrolled in opioid substitution treatment (e.g., Lilly et al., 2000; Dahl, 2007), adults enrolled in prison drug treatment (e.g., Frank et al., 2012) or young adults in drug free community treatment (e.g., Andersen, 2015). There is, however, a lack of research focusing on the perspectives of drug-experienced young adults enrolled in drug reducing interventions in coercive contexts. The present paper takes a point of departure in interviews with young people aged 15-25 years who, concomitantly, were in coercive contexts and participated in a drug reducing intervention. The interview data form part of the EU funded EPPIC project (Exchanging Prevention Practices on Polydrug Use among Youth in Criminal Justice Systems 2017-2020). This presentation is based on data from Denmark and the United Kingdom. Based on Bacchi's WPR approach we will first analyse how different drug reducing interventions and coercive contexts represent the problems the young adults have. Importantly, different problem representations are at play at the same time (drug use and offending) for the young adults. Based on the young interviewees' own perspectives we will analyse and critically discuss how these different problem representations have an effect on the young adults and how they navigate being in coerced environments and drug reducing interventions at the same time. Finally, we discuss how these insights are relevant for policy development and quality development in welfare services in general, and for drug-experienced youth in contact with the criminal justice system in particular.

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#BeHeardNotHarmed: Re-imagining relations between young people and harm reduction

Background: Young people are the most likely demographic to use illicit drugs, but the least likely to be involved in developing the drug policies which affect them. Scholars, ex-law enforcement and health professionals call for an approach to drugs that supports, rather than punishes, users, however, little shifts because young people who use drugs (YPWUD) are systematically disconnected from the evidence, language and structures they require to advocate for themselves. Problem: Historically, YPWUD face many barriers to engaging in policy change: they are criminalised, stigmatised and lack mentors, education or the ability to openly collectivise. Public health experts support harm reduction services, including pill testing, however they maintain dominant discourses that drug use should be discouraged. Meanwhile, most YPWUD experience their individual and community's drug use as therapeutic, not problematic. Worse still, YPWUD are responsabilised to 'keep themselves safe' rather than taught how to collectively build a context they can be supported by. Approach: If YPWUD are allowed to contribute honestly, then the debate around drug use may shift from focusing on harms, to benefits. To initially gain public legitimacy and protect cultural safety, we have had to repeat dominant narratives of risk and harm. Our challenge means framing issues positively in ways that resonate with young people. Students for Sensible Drug Policy Australia recently launched the #BeHeardNotHarmed campaign for pill testing, with the broader aim of including honest experiences of drug use culture in the public debate. Our organising model uses peer outreach at music festivals and nightclubs to collect petition signatures. Using digital organising, we promote parties-with-a-purpose and activist training workshops, while connecting peers to industry, politicians and the media. Conclusions: Our campaign is overcoming decades of stagnation in drug policy development by bringing new analyses and ways of organising. Our ability to bridge innovative theoretical discourses, grassroots experiences and effective campaigning means change is on the horizon.

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PAMELA LING, University of California, San Francisco

Purposeful play and empowering assemblages of non-tobacco use for young adults

Critical drug scholars have worked against drug use stigmatisation by recognising the many motivations beyond addiction that exist for using drugs and calling for more empowering alternatives to public health behaviour denormalisation practices. In the case of tobacco use, non-stigmatising approaches are especially needed as tobacco use is increasingly concentrated within populations already experiencing social marginalisation (e.g., sexual and gender minorities) and young adults. A first step may be to understand the positive and capacity-enhancing dimensions of different tobacco use assemblages (e.g., facilitating a sense of belonging), and then to map these dimensions onto anti-tobacco interventions that can allow young adults to plug into many of the same positive experiences without tobacco. This paper presents findings from qualitative research with young adults who smoke (n=67; California) to demonstrate the positive experiences that many young people seek through tobacco use assemblages. Then, we examine COMMUNE, a successful anti-tobacco intervention for young adults that engages with night-time assemblages of tobacco use. COMMUNE is 'a movement' of artists, designers and musicians against the presence of tobacco corporations in their communities. It was designed to reduce smoking among young adult trend-setting 'hipsters,' a group which has high smoking rates, often attends bars and shares a particular set of aesthetics, values and interests. COMMUNE hosted music and art events in bars in several American cities, utilised social media and facilitated in-bar cessation groups. We draw from interviews with 21 young adults involved in COMMUNE (event organisers, artistic contributors, event attendees) and ethnographic observation of two COMMUNE events. We consider how COMMUNE encouraged playful, empowering assemblages of non-tobacco use for hipsters, and how this may be leveraged for reducing tobacco disparities within other groups. We employ recent critical drug scholarship on space, embodiment, and practice, and interdisciplinary research on the properties of playful environments and play states.

SESSION 3:6 | POWER & POLICING**CHAIR: KATE SEEAR****ROOM: SALA TOSCANA****MARION SELFRIDGE,**

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ALISSA GREER, University of British Columbia**BERNIE PAULY,** University of Victoria

‘Accidental intimacies’: Reconsidering perceptions of police through their bodily encounters with youth who use drugs

Youth who use drugs are particularly vulnerable to encounters with police and victimisation within those encounters. Negative perceptions of police can dramatically impact youths’ trust of police, making them unlikely to ask for help when they need it. In this presentation, I use Rance and Fraser’s (2011) concept of the ‘accidental intimacies’ between staff and people who inject drugs that occur in supervised consumption sites to understand the creation of perceptions of police by youth who use drugs. Their exploration of Sarah Ahmed’s (2004) work on the social productivity of emotions argues that new subjectivities that counter or transform stigma and shame surrounding drug use can occur from the space between individuals. For Ahmed, ‘emotions do things, and work to align individuals with collectives – or bodily space with social space - through the very intensity of their attachments’ (2004, p.26). During 2017-18, 449 youth (aged 16-30 years) who use drugs in three cities in British Columbia, Canada, were surveyed about their experiences with police. A sub-group of 38 youth were interviewed to explore the encounters (both positive and negative) they had with police and how these influenced their perceptions of police. Data analysis used grounded theory where independent coders worked collaboratively to identify themes and explore and develop theories from the provocative experiences and thoughtful reflections shared by youth. In this presentation I argue that rather than working to transform shame, the ‘accidental intimacies’ of youths’ encounters with police continue to produce stigmatised and criminalised versions of youth who use drugs and negative perceptions of police, reproducing distrust, dislike and fear of law enforcement. Youths’ recommendations include changes in both drug policy and policing practices in order to improve relationships between youth who use drugs and police, to create pragmatic and effective alternatives that will improve their quality of life.

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Protection or interference? Police practices in relation to supervised consumption site users in Vancouver: An ethnographic study

Canada is in the midst of a national public health crisis. In 2017 there were 3,996 deaths due to opioid overdoses in Canada, with this number having surpassed 5,400 come the close of 2018. In the past 10 years, the rate of hospitalisation due to opioid poisoning has risen by 53%, placing an additional financial burden of CAD \$3.8 billion on the healthcare system and emergency services combined. These, however, are not just statistics. These numbers represent a genuine threat to the lives of individuals, families and communities nationwide. Supervised consumption sites (SCS) are a proven solution and have reduced rates of overdose in communities where they exist. SCS are a harm reduction initiative geared solely towards preventing overdoses, whilst allowing people who use drugs a chance to reach a place of recovery. However, for the often homeless demographic in need of this service, a community historically marginalised by the wider society, there are many structural barriers in place impacting their ability to access SCS, including a sometimes fraught relationship with law enforcement. In light of the current opioid crisis, a collaborative solution from both public health and law enforcement needs to be found. With police arguably being the primary actors in the safety of all citizens, this study examines the effects of police practices on the behaviours of people who use drugs in relation to SCS. Based out of an SCS in the Downtown Eastside (DTES) of Vancouver, this qualitative study comprises in-depth semi-structured interviews and focus group discussions with SCS users, SCS staff and addiction experts, and three months of non-participant observation, producing an account of the complicated relationship that exists between people who use drugs and law enforcement. The qualitative findings suggest that despite police policy being responsibly updated for SCS, past experiences with police, an innate distrust in police intentions, and a maintained distance between law enforcement and the community, continue to act as barriers between people who use drugs and harm reduction services such as SCS. For the DTES, a robust community engagement project conducted by the Vancouver Police Department would help close this disconnect. This study also provides evidence for the benefits of community-based policing and the success that can come from increasing understanding between both sides (people who use drugs and law enforcement), who in recent history have often seen each other as adversaries.

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Of surrenderers, shootouts and scalawags:
An ethnography of emergent narrative
(dis)ordering in the Philippine war on drugs

People tell stories to cultivate shared meaning in complex policy environments, composing order from situations characterised by ambiguity. The recent escalation of violence in the Philippine's 'war on drugs' follows such a path of narrative ordering, where President Rodrigo Duterte deployed his story of how he instigated peace and prosperity in the city of Davao when he was mayor. By amplifying the danger of 'addicts' and linking them to persistent problems of criminality and corruption, he mobilised popular support for brutal policies and police tactics. His ascent to the presidency in 2016 was based on voters' hopes that the order created by his narrative, and its constitutive policies, could similarly transform the nation. This narrative, however, has not generated the same sense of order when translated into policies at the national level, where increased scrutiny of the press and human rights observers elicits alternative accounts. Based on observations at local government meetings, conversations with officials and residents, and examination of policy documents and news articles, I show how various stakeholders have (re-) introduced ambiguity and uncertainty into Duterte's anti-drug narrative. For example, the police practice of bursting into homes in the middle of the night to arrest drug users and petty dealers resulted in thousands of deaths. This became unpopular with the Filipino public as abuses came to light through the contra-narrative of 'extrajudicial killing', with some police emerging as corrupt 'scalawags'. The police then changed their tactics to buy-bust operations where suspects often die in 'shootouts' (which has been less controversial). In light of this violence, 'addicts' have turned themselves in to the authorities, garnering greater sympathy as 'surrenderers'. Ethnography – as an attunement to change – can reveal how people collectively share, negotiate and design new narratives about drugs, creating (dis)order in the process.

2.45 – 3.45 | KEYNOTE 3: FAY DENNIS

CHAIR: DAVID MOORE

ROOM: SALONE GROLLO

Mobilising stasis: A critical orientation to change

Change is not necessarily progressive, productive or good. In drug treatment, change is often constructed in rigid ways, involving a devaluing or 'giving up' of the current self – as one of my research informants recently put it, to declare oneself a 'piece of shit' – in order to be re-formed anew, away from drugs. Indeed, much of the new recovery movement, at least in the UK, has been galvanised around the figure of the 'stuck' drug user. Tracing this politics of change through my research with people who consume opioids, I will pay attention to ways of being-with drugs that resist change, and indeed value a certain stasis in 'holding together', 'becoming normal' or simply 'living well with drugs'. Rather than rejecting these modes of being as constraining forces that draw their power from elsewhere (e.g., neoliberal functionality), delimiting what a person can or should be, I will explore how they derive their meaning and power from inside the drug-using event. In doing so, I consider the benefits of understanding this ethico-politics from within these events, so that we can start to take seriously how a demand for stasis may also be a generative act of empowerment. Staying with these events, I aim not only to build a conception of change that can incorporate stasis, but one that does so because it comes from situated and relational ways of knowing and being. As a rebuttal to a world that necessitates speed and a treatment system that requires new ways of being, mostly without drugs, and increasingly as a prerequisite for payment (by results), I'll ask what a slowing down might do (Latimer, 2019; Stengers, 2018). In other words, I will ask, what can we learn from becoming a little bit more stuck? How can we make sense of, and pay attention to, participants' wishes to continue using drugs even though it is not always socially, legally or even physically desirable? By decentring the persistent focus on the future, I ask how we might engage with people's current modes of acting, feeling and thinking to develop more responsive treatment, policy and scholarship.

DR FAY DENNIS

is a Wellcome Trust Research Fellow in Social Science and Bioethics in the Department of Sociology at Goldsmiths, University of London. Her work explores the socio-material constitution of drug use and drug-related effects through ethnographic and inventive methods. Her latest project investigates the rise in deaths involving opioids in the United Kingdom. Dr Dennis has published in *Critical Public Health*, *Contemporary Drug Problems*, *International Journal of Drug Policy* and *Journal of Media and Culture*, and recently co-edited a themed collection on 'Drugged Pleasures' for the *International Journal of Drug Policy*. Her book, entitled *Injecting Bodies in More-Than-Human Worlds*, was published in 2019 in Routledge's *Sociology of Health and Illness Series*.

3.45–4.00 | CONFERENCE CLOSE

DAVID MOORE & KATE SEEAR

ROOM: SALONE GROLLO