# ‘Sites of resistance’: an online ethnography of harm reduction work in community drug treatment services.

**by**

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**Abstract**

This PhD thesis is an online ethnography that examines how harm reduction activists within community drug treatment services negotiate the ideological tension posed when practising harm reduction work within in an institutional environment driven by the 'drug-free world ideology'. The research is interdisciplinary, drawing on the fields of critical drug studies, sociology, social psychology, public health, media and cultural studies, anthropology, spatial geography, and the health professions. The research process is located within my prior experience as a harm reduction practitioner, positioning me as 'partial insider'; a reflexive approach is adopted throughout. Eighteen participants were recruited from the online *'Harm Reduction Activists' Forum'* consisting of practitioners, service users, people with lived experience of drug use, and political advocates for harm reduction. Fieldwork was conducted between October 2020 and November 2022, during the period of social restrictions that were necessitated by the COVID-19 pandemic. The data consisted of in-depth, online, one-to-one conversational interviews and ongoing communication exchanges between researcher and participants through *Facebook Messenger*, *WhatsApp*, and email. Additionally, the data took the form of gifts of digital artefacts such as email strings, reports, and journal articles, examples of 'online pocket ethnography'. The data suggests that working spaces, cultures and practices within community drug treatment systems are constructed around the drug-free world ideology. Within these systems, individuals adopt combinations of approaches over time to manage the tension between ideology and practice: compliance, everyday resistance, and harm reduction activism. These findings offer authentic insights into the relationship between structural, oppressive power and everyday practices of compliance and resistance within this healthcare context; thus, the thesis aims to bridge structuralist 'macro' with symbolic interactionist 'micro' theoretical perspectives. The thesis also offers an example of how the method of online ethnography can be utilised to examine harm reduction activism.

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This thesis is dedicated to harm reduction activists, past, present, and future.

**Declaration**

I declare that:

• The work presented in this thesis is my own and embodies the results of my research during my period of registration.

• I have read and followed the University's Academic Integrity Policy and that the thesis does not breach copyright or other intellectual property rights of a third party. Where necessary I have gained permission to reproduce copyright materials.

• Any material which has been previously presented and accepted for the award of an academic qualification at this University or elsewhere is clearly identified in the thesis.

• Where work is the product of collaboration the extent of the collaboration has been indicated.

Signature:  (Adele Phillips) Date: 27 October 2023

**List of abbreviations**

AA - Alcoholics Anonymous

ACMD – Advisory Council on the Misuse of Drugs

AIDS – acquired immune deficiency syndrome

DIP - Drug Interventions Programme

HIV - human immunodeficiency virus

NA - Narcotics Anonymous

NPS - new psychoactive substances

NSP - needle and syringe programme

NTA – National Treatment Agency

OST - Opioid Substitution Therapy

PbR - Payment by Results

PWUD – people who use drugs

WHO – World Health Organization

**List of Contents**

## Introduction

This interdisciplinary PhD is an online ethnography that brings together perspectives from the fields of critical drug studies, sociology, social psychology, public health, media and cultural studies, anthropology, spatial geography, and the health professions. Various social science disciplines adopt different orientations towards drug use behaviour; for example, social anthropology seeks to understand the role of drug use in symbolising expressions of culture, identity, politics, and relationships (Wilson, 2005). Contrastingly, within psychological disciplines, substance use is frequently problematised as an 'abnormal behaviour' (Davison and Neale, 1998). Hence, there are disciplinary divides in the ways that knowledge about drug use is produced, the regard for people who use drugs (i.e., 'patient' or 'deviant'), and the 'solutions' proposed. This interdisciplinary approach enables a creative and critical exploration of this topic that follows the spirit of C Wright Mills' advice for intellectual craftmanship within social studies: 'avoid the arbitrary specialization of prevailing academic departments. Specialize your work variously, according to topic… seek, continually and imaginatively to draw upon the perspectives and materials, the ideas and methods' (Mills, 1959, p. 225).

While adopting the morally neutral stance to drug use that sociological and anthropological perspectives offer, the thesis is situated within my prior work experience as a harm reduction practitioner in community drug treatment services. This role focused on reducing the drug-related harms to the health of people who use drugs (PWUD) and the wider community, so my orientation towards conceptualising intoxication is strongly influenced by a harm reduction perspective. Harm reduction as an academic field and a practice is premised on foundations of evidence-based, humanitarian public health science, juxtapositioned in direct contrast with that of abstentionism, which historically roots itself within moral and medical paternalism (Andersen and Jarvinen, 2007). Central to the harm reduction paradigm is that the health consequences of drug use lie on a continuum of harms, with abstinence from drugs at one end and high-risk drug use at the other.

The thesis regards terminology and disciplinary positionality critically throughout, upholding the principle stated by the Medical Research Council (2009) that there is a need for interdisciplinary perspectives on substance (mis)use that offer new insights. For example,

researchers argue that drug studies tend to neglect several aspects of inquiry: the role that pleasure plays in drug-using experiences (Measham and Moore, 2012; Peter and Williams, 2022), non-human artefacts and equipment (Dennis, 2017) and space and place (Temenos, 2017) which are explored here. I intend a critical, reflexive perspective on my positionality that amplifies the value of lived experience and emotions. The thesis aims for a critical drug studies approach that examines how ideologies, institutions, and policies that reinforce systems of power relate to knowledge production and affect people's everyday lives (Walker, 2021). This examination of the relationship between ideology and practice is described by Mills (1959) as 'the interplay of man and society' (p. 4) and is premised on the convergence between two dominant sociological theoretical perspectives; structuralist 'macro' and symbolic interactionist 'micro': 'neither the life of an individual nor the history of a society can be understood without understanding both' (p. 3).

Setting the scene: the research focus

The focus of this thesis is to examine how harm reduction activists negotiate the tension posed when practising harm reduction work within in an institutional environment driven by the 'drug-free world ideology'.

Throughout 10,000 years of human history, the use of psychoactive substances has been documented as an enduring behaviour embedded within the social, medical, and spiritual practices of everyday life (Crocq, 2007). Drugs frequently provide useful solutions or 'refined relief' (Bancroft, 2009, p. 20) to everyday problems such as boredom, pain, sleeplessness, and fatigue. Weil (1972) argues that the ubiquitous nature of drug use demonstrates a human desire to alter states of consciousness, as Huxley (1954) comments, 'a principal appetite of the soul' (p. 42). Drug use is so closely imbricated within human culture, it is impossible even for people who do not use drugs to escape their influence within spheres of philosophical thought, arts and literature, and medical advances; as Blackman (2004) states: 'to try to remove drugs is to remove our human selves from history' (p. 1).

Despite intoxication being a widespread behaviour, every country in the world has adopted a prohibition approach to the production and sale of many drugs, a global system of state power that is 'hidden-in-plain-view', but that has punitive consequences for citizens who break the laws (Levine, 2002, p. 165). The United Nation Single Convention on Narcotic Drugs 1961 'states that the Parties to the Convention are "concerned with the health and welfare of mankind" and are "conscious of their duty to prevent and combat" the evil of drug addiction' (United Nations (UN), 1972). The declaration of the 'global war on drugs' by United States (US) President Richard Nixon at the US Congress on 17th June 1971, drove a militarised, US-led, offensive on PWUD, that adopted the traditional tactics of warfare: armed combat, lethal force, incarceration, seizure of assets and land, and racialised violence (Koram, 2022). This global effort to achieve the UN's pledge for 'a drug-free world' (United Nations, 1998b), is underpinned by an ideology that presents all drugs as dangerous enemies that destroy the moral fabric of society and need to be eradicated to save the world (Levine, 2003).

However, prohibitionist attempts to eradicate drug use from the world have failed, as countries that adopt more stringent drug policy and endorse punitive treatment of PWUD do not demonstrate lower levels of drug use (Degenhardt *et al.,* 2008). Moreover, the preoccupation with reducing drug *prevalence* is at odds with directly reducing the *harms* from drug use and public health (Nutt, 2020). Analyses of the public health impact of the war on drugs demonstrate that while drug use poses risks of harms to health, global prohibition has created more harm and drug-related deaths than that which it attempts to prevent, by driving people to use unregulated substances in unhygienic environments, creating barriers to access of life-saving treatments through stigma, fuelling the spread of HIV, tuberculosis and hepatitis by bringing drug use into prisons, and reducing access to pain relief medication (Transform Drug Policy Foundation, 2015). Punitive policies become a lived reality for PWUD and communities, as lifelong criminalisation of those who already experience social deprivation exacerbates health inequities across the social determinants of health, such as education, housing, and healthcare systems (Cohen *et al*., 2022). Consequently, it is suggested that the war on drugs is a war on people (Buchanan and Young, 2000).

The failure of the international drug control system is 'no longer a point of controversy, but as US academic Joseph Spillane suggests, is something 'which no serious scholar questions' (Collins, 2012, p. 4). Despite a long-term lack of evidence for its effectiveness, the drug-free world ideology has persisted (Rolles, 2020), resulting in a drug 'policy fiasco' (Buxton and Burger, 2020). Prohibitionist approaches to drug policy present a paradox, where on the one hand, efforts to eradicate drug use from the world are purported to be essential for public health, but on the other, undermine people's rights to health (Csete *et al.,* 2016). This gulf between the ideology of the drug-free world and the reality of global drug use has been described thus by White (2012): 'a foolish pledge to which, in the face of all reason and evidence based information, it has since remained committed, like lemmings clinging to the belief that if they all together jump off a cliff, the raging waters below will somehow dematerialize and reality will thereby be brought into line with wishful thinking' (p. 1637).

Although there is long-standing consensus among many academics and professionals that the war on drugs is unwinnable, its persistence leaves doctors, drug workers and community police officers acting as its 'foot soldiers', battling at the front line (Strang *et al.,* 1997). In the United Kingdom (UK), professionals who work in community drug treatment services attempt to fulfil their role reducing the harms of PWUD, while operating in a political environment that Ashton (2008) has dubbed 'the new abstentionism', where abstinence from drugs is seen as essential and, in some cases, a prerequisite that service users must demonstrate to access social support such as housing. The UK Government-led discourse concerning drug use emphasises the end-goal of 'a drug free life' for all citizens within the last two successive Government drug strategies in 2010 (HM Government, 2010) and 2017 (HM Government, 2017) and neither mention harm reduction approaches for illicit drug use (Dennis, Rhodes and Harris, 2020). Bourgois (2003) describes people who inject drugs as suffering from a situation whereby they are 'beset schizophrenically by the worst of both possible policy worlds… the left arm of the state attempts to soften the repression of the right arm via inconsistently administered high-tech health and social services' (p. 35). Hence, harm reduction workers find themselves in situations where they feel forced to play out the role of 'abusive parents who alternately whip and pamper their children' (Bourgois, 2003, p. 35).

Between 2005 and 2007, I worked as a harm reduction practitioner in South-East England, in communities that experience high levels of social deprivation, spending most of my time in needle and syringe programme (NSP) settings with people who inject drugs. This PhD thesis has been written in response to the cognitive dissonance I experienced as a young drugs worker who naively 'knew that something was wrong' with the drug treatment system but could not quite articulate it. Throughout my employment, I became increasingly frustrated with the tensions posed by an abstentionist ideology that undermined the practical reality of reducing drug-related harms. Conversations with colleagues indicated that I was not alone in experiencing this. These experiences and emotions have motivated me to undertake this PhD research that explores this tension and examines its dynamic within harm reduction practice.

## Key definitions

### *Ideology*

In 1796, French philosopher Antoine Destutt de Tracy proposed the term ideology to mean a 'science of ideas' (Kennedy, 1979). This concept was underpinned by a notion that ideas have a material basis, as this is the only way in which humans as social beings experience the world; thus, ideas could be reduced to the sensations that produced them (Richards, 1993). While the concept of ideology was initially proposed as politically neutral, this materialist epistemological perspective caused controversy in post-Revolutionary France, as it denounced the central role of Christianity as the basis of morality, instead prioritising liberty of expression and thought (Lichtheim, 1965). Since this time, use of the word 'ideology' has been varied, inconsistent, and used as both a eulogism and a dyslogism (Cranston, 1979). In a definitional analysis, Gerring (1997) posits that despite conceptual ambiguity, ideology 'groups together a large number of idea-units in a single, reasonably coherent package' (p. 961), and remains a core element of social sciences discourse.

In the context of English history, McLellan (1995) argues that ideology is the product of the Industrial Revolution. This period was characterised by rapid expansion and the widespread adoption of the factory system that began to occur around 1780, underpinned by a 'laissez-faire' ideology that reproduced exploitation of the freedoms of the many, for the economic

benefit of the few: 'the new ideology of the ruling and capitalist classes, which denied to the labourer the fruits of his work, and condemned him to a life of poverty' (Cannadine, 1984, p. 137). Karl Marx's writings throughout the 19th century left a legacy within studies of ideology, and while scholars still debate Marx's stance on the nature and function of ideology (Leopald, 2013), there is a general view that Marx contends that ideology exists to conceal the true nature of the relations of production, which are based on exploitation and inequality, and always concerns the expression of class relations (Althusser, 1971). This concealment is generally effective, as it provides a non-repressive explanation for the relative stability of societies, despite widespread oppression of the masses.

French philosopher Louis Althusser's (1971) theory of ideology has recently been adopted by researchers to analyse the ideology underpinning several contemporary state strategies, including the war on terror in the US (Guest, 2005) and the UK government's counterterrorism strategy 'Prevent' (Andrews and Skoczylis, 2022). This thesis uses Althusser's (1971) theory of ideology as a framework for understanding the evolution of the drug-free world ideology, and how it oppresses. Drawing on a Marxist perspective, Althusser (1971) asserts that ideology can be broadly understood as the 'rules of the established order' (p. 6) and 'the systems of ideas and representations which dominate the mind of a man or a social group' (p. 32). This represents 'the imaginary relationship of individuals to their real conditions of existence' (p. 36). Thus, ideology is constituted of an illusion, in this context, that the 'drug-free world' is achievable. This illusion is created for two purposes; firstly, men of power forge 'beautiful lies' (p. 37) that falsely represent an imaginary world to enslave men's minds and ensure that they obey the orders of those who speak on behalf of ideology (e.g., formerly priests). Dominating and exploiting the population is at the heart of this constructed illusion: '(there are) a small number of cynical men who base their domination and exploitation of the 'people' on a falsified representation of the world which they have imagined in order to enslave other minds by dominating their imaginations' (p. 37). Thus, the illusion perpetuates assumptions that drug use is always a) immoral and b) harmful, posing a threat to children, the family, and the fabric of civilised society. The second explanation for why this illusion is created is that ideology alienates people from the condition of their enslavement i.e., the means of production. In a drug treatment service, this means that workers are alienated from notions of a meaningful self or social justice (Strawbridge, 2019).

It is acknowledged within the sociological field that trying to link macrostructures to individuals or groups of actors in society is an ongoing problem, and it is therefore difficult to identify specific 'elites', although distinctions can be made between those who oppress and those who challenge oppression (Broadbent, 1985). To examine these relationships in this thesis, C. Wright Mills' (1956) definition of the power elite is adopted:

> The power elite is composed of men whose positions enable them to transcend the ordinary environments of ordinary men and women; they are in positions to make decisions having major consequences… They are in command of the major hierarchies and organizations of modern society. They run the machinery of the state and claim its prerogatives. (p. 4).

In line with Mills' analysis, the thesis regards power elites as structured groups and not solitary rulers. Hall (1985) acknowledges that while the state has 'different modes of action, is active in many sites': it is pluricentered and multidimensional' (p. 93), these social practices are 'condensed' into a system of regulation that dominates and oppresses ordinary citizens.

Using Althusser's (1971) theory that explains how oppressive power is mobilised, the thesis considers how this has occurred within the context of intoxication, through what Althusser (1971) terms the 'Repressive State Apparatus' (RSA) and 'Ideological State Apparatuses' (ISAs). Althusser (1971) posits that the population is controlled through 'Repressive State Apparatuses (RSAs)' that function primarily through violence and force, but secondarily through ideology: 'the state apparatus contains the Government, the Administration, the Army, the Police, the Courts, the Prisons etc., which constitute what I shall in future call the Repressive State Apparatuses' (p. 17). RSAs secure the political foundations for ISAs, social institutions that aim to maintain the ruling ideology, such as the church, educational institutions, and the family. ISAs 'function massively and predominantly by ideology, but they also function secondarily by repression' (p. 19). In the context of this research, the militarised global war on drugs secures the foundations for drug treatment services that maintain the ideology of a drug-free world, and where PWUD cannot demonstrate drug-free status, the state is likely to resort to repressive means of control.

### *Intoxication*

The thesis concurs with Walton's (2001) argument that as intoxication is central to the sociocultural practices within our lives, it is a fundamental human right. Following Bancroft (2009, p. x), the thesis conceptualises intoxication thus:

> Distinctions between categories of drugs, and between substances that are defined as 'drugs' and those that are defined as 'medicines', 'foods', or 'intoxicants', are largely arbitrary and a function of social power, not chemistry. It looks at drugs in the broadest possible way, including substances as diverse as heroin, cannabis, cigarettes, coffee and Viagra.

In line with Blackman (2004), the thesis adopts a non-problematising, sociological perspective that regards intoxication as a universal theme of human behaviour that has been observed throughout human history and is embedded within our cultural consciousness.

### *People who use drugs (PWUD)*

The term 'people who use drugs' (PWUD) is the dominant term within the academic and drugs activism literature, as it humanises by providing an explanation for the behaviour, rather than stigmatising a person by describing them as a drug user (i.e., the behaviour defining them) (Askew, Griffiths and Bone, 2022). This term is adopted throughout the thesis. However, I support that people with lived experience of drug use, including participants of this research and other researchers of published works, utilise a diversity of terms that they identify with.

## Structure of the thesis

### *Chapter 1: Literature chapter: The 'drug-free world' – the making of an ideology*

To establish a rationale for the thesis, chapter 1 presents a historical contextualisation of the 'drug-free world' ideology through selective critical engagement with academic literature. This draws on Althusser's (1971) theory of ideology and Michael Freeden's (1996) theory of ideology morphology to discuss how the drug-free world has evolved to fulfil the definition of an ideology, existing in tension with a harm reduction approach in the present. The chapter explains how intoxication as a human behaviour has been problematised and socioculturally

constructed in space and time into the concept of drug addiction, a widely accepted moral-pathological model. It then discusses how addiction morphed into the 'drug-free world ideology' and has been used to justify the global war on drugs, a prohibitionist, enforcement-based approach to oppressing PWUD. Next, a brief history and definition of harm reduction are provided, and it is discussed how these oppose the drug-free world ideology. Finally, the relationship between the concept of addiction and present drug policy in the UK is examined, particularly the new recovery agenda. Key events throughout history are discussed to illustrate how processes of regulation, namely moralisation, medicalisation, and criminalisation have provided a means for the medical profession and the state to develop an alliance of power and exert control over ordinary citizens. It is argued that the medical profession operates as a 'medical ideological state apparatus' (Waitzkin, 1989) to form the site of a class struggle.

***Chapter 2: Methodology and methods***

Chapter 2 outlines the methodological approach adopted within the thesis, justifying online ethnographic methods. The fieldwork was conducted during the social restrictions posed by the COVID-19 pandemic and the impact of this on the research is discussed reflexively. As 'the home' was the ethnographic field, with the laptop screen providing 'a window into feeling and being' (Watson and Lupton, 2022, p. 8), my experiences collecting data in this space are reflected on, highlighting the advantages of utilising this fieldwork site. My relationship with participants is discussed in terms of my researcher positionality as a 'partial insider' due to my practitioner experience. I detail the methods of data collection, sampling, ethics, and explain how the data was analysed using Charmaz's (2008; 2014) constructivist grounded theory methodology. Finally, the theoretical foundations of the thesis are discussed, and it is explained how the research is located within what Burbank and Martins (2009) describe as a 'convergence' between structuralist 'macro' and symbolic interactionist 'micro' perspectives.

***Chapter 3: 'Sites of Tension': inside the space of the community drug treatment system***

Chapter 3 is the first of the four data chapters. Drawing on Henri Lefebvre's (1991) work on spatiality, this chapter argues that community drug treatment systems occupy a spatial site of tension between the 'drug-free world' (United Nations, 1998b) ideology and practical attempts to reduce harms for PWUD. It is proposed that harm reduction work extends beyond

the immediate space of a fixed site treatment service and is embedded within communities and online spaces.

***Chapter 4: 'Responding to the call': compliance with the drug-free world ideology***

Chapter 4 analyses participants' accounts of compliance with the drug-free world ideology, including their own and others' compliance. The process through which compliance occurs is discussed, based on Althusser's (1971) mechanism of 'interpellation' or 'hailing'. It is argued that the drug-free world ideology constructs a binary model of addiction that arbitrarily divides individuals into 'addict' vs 'drug-free citizen'. Thus, participants were 'hailed' to make public performances that demonstrate compliance with these role identities.

***Chapter 5: 'Backstage antics and professional desertion': everyday resistance within the drug treatment system***

Chapter 5 utilises James C. Scott's (1985) idea of 'everyday resistance' to explain how participants embedded small acts of resistance that fall short of outright mutiny within their work, to resist pressures to act in accordance with coercive drug policies. It is argued that participants made what Goffman (1959) terms 'scenes' to disrupt the illusion of the drug-free world, engaged in backstage humour and gossip, and a process called 'moral distress' (Jameton, 1993; 2013) is offered as an explanation for professional desertion. The chapter also discusses acts of 'false compliance' as a means of exerting agency in response to a lack of trust in treatment regimes.

***Chapter 6: 'Burning the straw man' and 'doing it anyway': mobilising harm reduction activism***

Chapter 6 discusses how participants provide oppositional challenge to the drug-free world ideology through harm reduction activism. This uses Baker, McCann and Temenos' (2020) framework of harm reduction mobilisation to discuss how activism was achieved through methods of cooperation, convergence, disobedience and display. This chapter uses Freire's (1970) idea of 'problem-posing education' to explain that participants enacted resistance to the drug-free world ideology by knowledge production and exchange and building the evidence base for the effectiveness of harm reduction interventions. Finally, it is suggested

that activists draw on narratives of 'critical hope' to keep motivating themselves and others to enact activism.

***Chapter 7: Conclusions***

Chapter 7 draws together the findings from the four data chapters to provide the conclusions of this research, commenting on the contribution of the research findings to the literature, the value of the online ethnography methods, and discussing what the theoretical perspective offers to an understanding of oppression and resistance. Finally, this chapter provides suggestions for future research.

## Chapter 1: Literature Chapter: The 'drug-free world' - the making of an ideology

### 1.1. Introduction

Through selective critical engagement with academic literature, this chapter presents a historical contextualisation of intoxication that discusses the origins and evolution of the 'drug-free world ideology' through an oppression-resistance lens. The chapter argues that the drug-free world ideology has developed through the construction of intoxication as a social problem, serving to subordinate ordinary citizens and maintain the economic interests of the dominant social classes. This draws on Louis Althusser's (1971) theory of ideology articulated in his essay 'Ideology and Ideological State Apparatuses' to explain how the drug-free world ideology has evolved, persisting as it reproduces other systems of oppression. It is proposed that these processes of social regulation provide a mechanism for the dominant social classes, termed by Mills (1956) 'the power elite', to maintain their economic power and control over the lower social orders.

The chapter discusses the ideological evolution by drawing on selected examples from history, identifying these as 'salient temporal points to which conceptual meaning is anchored' (Freeden, 1996, p. 98). This provides a historical context for the emergence of the drug-free world ideology. It is argued that intoxication was initially controlled through the appropriation of public space and leisure time, restricting the agency of working-class people who use drugs (PWUD). This uses the examples of church-ales and festivals in Britain during the 16$^{th}$ to 19$^{th}$ centuries and is theorised using Mikhail Bakhtin's concept of 'the carnivalesque', understood as traditional folk-culture festivals that for a temporary period enact 'a world inside out' (Bakhtin, 1984, p. 11). It is suggested that intoxication was further problematised during the 18$^{th}$ century 'Gin Craze' through a process of moralisation. This event formed the site of a 'moral panic' (Cohen, 1972) when certain groups of people were seen by the dominant elites to engage in public displays of alcohol consumption, such as the lower social orders and women.

Next, drawing on the more contemporary historical context, it is debated that the rise of scientific medicine during the 18$^{th}$ century enabled the construction of intoxication within a

moral-pathological model, shifting the concept of 'habitual drunkenness' towards 'addiction', as promoted by American physician, Dr Benjamin Rush. Drawing on the work of public health historian Virginia Berridge, it is proposed that the concept of addiction morphed into an addiction ideology during the 19th and 20th centuries through 'powerful stories' about addiction and recovery. Both alcohol and drug use are discussed through the examples of the 19th century 'temperance movement' (Yeomans, 2009; 2011) with a focus on the UK and the US, the rise of mutual-aid recovery movements such as Alcoholics Anonymous (AA) during the 20th century, and the use and control of opiate drugs in Britain during the 19th and early 20th centuries. Drawing on Waitzkin (1989), it is argued that the medical profession fulfils Althusser's (1971) concept of 'ideological state apparatuses (ISAs) to form a 'medical ISA' that supports the repressive state apparatus (RSA) and 'forms the site of class struggle' (p. 21).

Furthermore, it is argued that addiction ideology was used to underpin an international system of oppression, the global war on drugs. Using Freeden's (1996) idea that ideologies develop from political language that morphs into systems of concepts, it is suggested that the language of the war on drugs has constructed the 'drug-free world' ideology, envisioned by the United Nations (UN) in 1998 (UN, 1998). Finally, the chapter explains the introduction and development of the harm reduction movement, proposing an ideological tension between its aims, and the drug-free world ideology that seeks to stigmatise and enact state-legitimised violence on PWUD. Gerring (1997) emphasises that an important step in explaining ideologies is to examine where they originate and 'what shapes and sustains them' (p. 963). Therefore, a historical contexualisation traces: 'an integral arena within which political concepts and ideologies are located, and it contributes that context required to concretize their particular meanings' (Freeden, 1996, p. 98). Althusser (1971) proposed that ideology 'has no history of its own' (p. 34), as it is a fantasy not based on material events. Thus, ideology 'reflects in a distorted way the material history which it aims to dissimulate and manipulate' (Kahraman (2020, p. 138). Therefore, my presentation of this historical context told from my positionality as an ex- harm reduction practitioner is intended to be a contribution to challenging this distortion.

## 1.2. Historical context for the emergence of the drug-free world ideology: problematising intoxication

This section provides a critical, historical contextualisation for the emergence of the drug-free world ideology, focussing on the problematisation of intoxication. This process precedes the construction of addiction; 'conceptually, at least, the problematization of intoxication must come first' (Room, 1998). This is discussed with reference to two historical periods in British history. Firstly, this examines the measures instigated by the power elite to control working-class intoxication in space and time, using the examples of 16th century 'church-ale' consumption, and 'rude, rough and ready' (Rule, 1986, p. 214) amusements involving drinking during the 16th to 19th centuries. Secondly, alcohol consumption during the 18th century 'Gin Craze' is discussed.

### *1.2.1. Controlling 'church-ales' and the 'rude, rough and ready': the narrowing of the carnivalesque*

'Church-ales' provide an early example of intoxicating substances that were consumed in England prior to the Reformation in the 16th century, the practices of brewing and drinking unhopped, local ale (Bennett, 1992). Church-ale was produced by the Catholic church and sold to the community, acting as a source of revenue for charitable causes in the absence of formalised systems of social welfare. Individual paupers could raise revenue promptly through home-brewed 'help-ale', which was sold within a communal drinking session, or 'bride-ale', a means of financially endowing couples who wished to marry. Fourteenth century English poet William Langland's (1377; translated by Skeat, 1869) verse indicates that church-ales were an important commodity, a decentralised form of social welfare at this time that supported a range of social functions (see appendix 1). Nicholl's (2009) analysis of the social role of church-ales suggests that this economically beneficial activity took place in the context of neighbourly support and festivity that enabled parishes to support the poor as well as increase their own finances.

Through church-ales, alcohol consumption played an important function in facilitating social activities in traditional English life, rather than being regarded as an antisocial pastime (Martin, 2001). Mikhail Bakhtin's concept of carnival illuminates the symbolic importance of

traditional recreational activities among the working classes, particularly where these were linked to calendar festivals. The carnivalesque is 'a world inside out (Bakhtin, 1984, p. 11): 'all were considered equal during carnival. Here, in the town square, a special form of free and familiar contact reigned among people who were usually divided by the barriers of caste, property, profession, and age' (Bakhtin, 1984, p. 10). Within these events, a folk culture is constructed, featuring humour and laughter that frequently mocks ordinary citizens and power elites alike: 'in such a system, a king is the clown' (p. 197). Carnivalesque celebrations such as, wakes, public rituals and traditions, feasts, and fayres historically provided a means for the labouring classes in Britain to experience excitement and escapism from harsh and often boring lives. Although there is a dearth of literature on their relationship, drinks and drugs are intimately connected to carnival, each driving the other, where intoxication is also celebrated as stimulating creativity (Roth, 1997).

Despite a tradition of the elite classes tolerating carnivalesque expression, widespread discourse that problematised alcohol consumption emerged from the 1520's, as the production of church-ales fell under scrutiny through the ecclesiastical reforms that were instituted during Henry VIII's reign (Nicholls, 2009). As the Church of England wished to distance themselves from the Catholic Church, they began to establish power by levelling criticisms that the Catholic Church's association with ale-drinking was immoral and should cease (Poelmans and Swinnen, 2012). As the powers of the Catholic monasteries diminished, these brewing sites were eliminated, paving the way for the success of the commercial ale brewer. Another way in which the state appropriated power was through the transformation of festival calendars: 'the regulation of time is the primary attribute of all government… a new power which wants to assert itself must also assert a new chronology' (Canetti, 1973, cited in Stallybrass, 1986, p. 235). Festival events had traditionally been structured around agrarian dates, which had enabled the church to maintained authority through fund-raising activities. To displace this power, the state initiated festival dates that celebrated monarchic reign nationwide, such as the accession of Queen Elizabeth I (Rogers, 2001). The social control of leisure time coincided with a shift from working people's time being 'task-orientated' to a need for 'timed labour', driven by industrial capitalism (Thompson, 1967). Thus, the discouragement of intoxication practices from carnivalesque excess reflects wider social and economic changes (Measham, 2008).

Problematising carnivalesque practices provided a means for the dominant classes to suppress working class agency, as carnival was one of the few ways in which the poor could exert a political voice: 'the humblest farm labourer could have his go at being the lord of the manor, however theatrically, siphoned off much of his discontent at what was otherwise a bitterly hard life' (Walton, 2001, p. 131). In addition to providing this cathartic 'safety-valve', carnivalesque expression was also a means of criticising the established political order by expressing 'rituals of misrule' (Davis, 1971; Gillis, 1975, p. 106). Like Marx, Althusser (1971) conceives that social relations consists of bourgeoisie (elites who own the means of production), landowners, and the proletariat who sell their labour for wages. The state functions as 'a 'machine' of repression, which enables the ruling classes to ensure their domination over the working class' (Althusser, 1971, p. 11). Within carnivalesque rituals, alcohol takes a symbolic form of transgression or liminality, whereby these social hierarchies are sidelined and individuals can express desires free from the hardships and discipline of work (Lalander, 1997). Particularly, the elites observed that while sober during work time, the labouring classes were docile and subservient, but alcohol consumption loosened their tongues and their inhibitions; thus, there became a growing need to exert control over leisure time too (Walton, 2001). There were elite fears that abolishing carnivalesque expression in the marketplace altogether would result in people flocking to the alehouse instead, a hidden space where seditious talk was commonplace, a relief for some to express their grievances at the social injustices they faced (Wood, 2001).

Thus, the state came to regard intoxication that occurred during folk-festivals as chaos that they needed to regulate nationally (Stallybrass, 1986). As Bakhtin (1984) argues, during the 17$^{th}$ and 18$^{th}$ centuries, the carnivalesque underwent 'a gradual narrowing down' through the state's encroachment on festivals: 'the privileges which were formally allowed in the marketplace were more and more restricted' (p. 33). As well as transmitting ideologies that legitimised the social hierarchy, formalised royal festivities enabled the ruling classes to display benevolence by donating beer, wine, and roast meat to the public within their jurisdiction, purporting a myth of unity between gentry and commoner (Barrows and Room, 1991). However, organised festivals in which the elites displayed their paternalistic charity gave the labouring classes an opportunity to express political agency, particularly once alcohol had been consumed. During the coronation celebrations of King George IV in 1821, one crowd

in Newcastle-upon-Tyne who wished to reject the charity bestowed, stole and demolished the donated roast ox, pelted the sponsors with meat, and paraded the carcass triumphantly through the town (Rogers, 2001). Worse still: 'before the wine fountain, one celebrant even dropped his breeches and reputedly washed 'his posteriors' before 'a great number of well-dressed ladies'' (Rogers, 2001, p. 257). Such scenes of flagrant ingratitude led the elites to withdraw many beneficent traditions in favour of formalised social control.

Further appropriation of public space and time in which intoxication occurred was enforced by the state during the industrial and technological advancements of the 18th and 19th centuries in England (Rule, 1986). Prior to the mid-19th century, 'rude, rough and ready' (Rule, 1986, p. 214) amusements involving excessive drinking and rowdy behaviour were enjoyed by the public, such as dog-fighting, cockfights, and bear baiting. Alcohol consumption and gambling were integral to these events, this combination of activities providing an entrenched Anglian culture that promoted a non-Puritanical way of life (Newsham, 2012). One example of a long-standing folk tradition that was sustained over almost five centuries, was the Stamford Bull-Running, where a wild bull was rampaged through the streets of Stamford, ridden, goaded by hordes of people and dogs, and eventually chased into the river Welland, then roasted and eaten (Walsh, 1996). This tradition and similar others have been outlawed due to pressure from animal welfare groups; after increasing pressure from the Royal Society for the Prevention of Cruelty to Animals (RSPCA), the Stamford bull-running was outlawed in 1840 (Royle, 1987). Contrastingly, despite similarities between the blood sports of the working classes and the respective activity enjoyed by the ruling classes, namely fox hunting, attempts to outlaw the latter in the name of animal welfare have been markedly less successful. Regulations to the hunting of wild mammals with dogs did not appear until 2004 (*Hunting Act 2004*), although there are exemptions to the ban that enable fox hunting to continue legally. These examples suggest that spaces and practices involving public intoxication are subject to regulations from which the dominant power elite can exclude themselves.

However, leisure time of a more controlled nature was still to be encouraged among the working classes, as their increasing expenditure on leisure during the industrial revolution contributed to the emergence of capitalist markets that profited from their alcohol

consumption (Rule, 1986). Rather than banning carnivalesque expression per se, these events were co-opted by the church and the state as institutional powers and transformed into profit-making opportunities (Featherstone, 1990). An elite obsession with the notions of classical morality and respectability of manners meant that the inferior social classes needed to be civilised, so instead of criminalising alcohol consumption, a highly desirable activity for the elites too, social controls were instigated over the contexts and ways that alcohol was consumed by the poor (Withington, 2011). From the 16th century onwards, the nature of alcohol consumption shifted to become characterised by a dialectic where carnival was suppressed, but drunken celebration was encouraged, leaving a legacy into the modern day (Nicholls, 2009, p. 9).

### *1.2.2. The moral panic of the Gin Craze: intoxication as a social problem*

The 'gin craze' of the 18th century, which is described as 'Europe's first modern drug scare' (Warner *et al.* 2001, p. 375), can provide an example to show how intoxication became framed as a moral and social problem. While the rates of beer drinking remained consistent throughout 18th century Britain, the consumption of cheaply-produced, distilled spirits increased rapidly, peaking between 1720 and 1751 (see appendix 2). The emergence of men, women and even children engaging in frequent intoxication influenced a widespread discourse of 'moral panic' in Georgian England (Borsay, 2007). Cohen (1972) proposes that a moral panic occurs when:

> A condition, episode, person or group of persons emerges to becomes defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions… sometimes the panic passes over and is forgotten… at other times, it has more serious and long-lasting repercussions and might produce such changes as those in legal and social policy (p. 1).

The objects of moral panic typically belong to key groups of individuals in society; with reference to alcohol and drug use, the sites of the moral panic are located thus: *'wrong drugs: used by wrong people at wrong places'* (Cohen, 1972, p. xiv). Constructions of wrongness may be construed through sinfulness, immorality, or irresponsible behaviour, and the individuals

involved are righteously condemned by society (Walton, 2001). The 'gin panics' (Yeomans, 2013) bear the hallmarks of Cohen's notions of wrongness, through the demonisation of gin, those who drank it, and the sites of consumption.

Gin was frequently framed as 'wrong drug' (Cohen, 1972) through narratives within 18th century propaganda such as sermons, art forms, and broadsides (Clark, 1988): 'this evil Spirit is an unrelenting, merciless Enemy… a masterpiece of the devil' (Hales, 1751, p. 18). In 1751, a satirical depiction of the distinction between the rightness of beer and the wrongness of gin was famously produced by William Hogarth, two engravings titled *Beer Street* and *Gin Lane* (Royal Academy of Arts, 2019) (see appendix 3). Side by side, these contrast beer and gin consumption, suggesting that alcohol was not considered the 'wrong drug' per se, so much as gin itself, an early example of the problematisation of a specific 'drug'. Beer Street frames alcohol use as being central to the city of London's social and commercial hub, whereas Gin Lane places alcohol at the centre of human depravity (Nicholls, 2003). This emphasises the distinction of gin from other alcoholic beverages in its capacity to create a specific, powerful, and devastating type of drunkenness.

Hogarth's engravings also portray Cohen's (1972) 'wrong people'. Each print depicts the figure of a woman at the centre. The woman in *Beer Street* is respectfully dressed, sits demurely within the protective caress of a man, and holds a key, symbolising 'access to the good life' (Shesgreen, 1973). Contrastingly, *Gin Lane* portrays a woman who embodies moral downfall from purity; she bares naked breasts and in her drunken and diseased state, idly tosses her baby down a flight of stairs. Nicholls (2003) suggests that Hogarth's images present a didactic moralism which juxtaposes bipolar concepts of femininity through the Madonna as virgin and whore. Similarly, Bowers (1996) suggests that a central theme of *Gin Lane* is the social anxiety of maternal failure. Not only is the fallen mother oblivious to her baby's doom, but she neither cares, as she is preoccupied with procuring her pinch of snuff from a tin, an activity that was considered inappropriate for women. The association between gin and the moral downfall of women was cemented through use of feminised language to nicknaming gin: 'the Ladies Delight', 'Mother's Ruin', and 'Madam Geneva' (Warner and Ivis, 2000).

The stigmatisation of women who drank was reinforced by the medical profession, who produced evidence that 'the wombs of gin-drinking women' (White 2003, p. 47) were responsible for the destruction of future generations. One medical theory even purported that women, particularly post-menopausal women who were habitual spirit drinkers, were at risk of human spontaneous combustion (Walker, 1982). In 1725, a commission of medical experts argued at a coroner's inquest that a tavern owner could not possibly have murdered his wife, whose burned remains were discovered by the kitchen fireplace, as she was a known drunkard, therefore, spontaneous human combustion was the more likely occurrence. Subsequently, the defendant was acquitted, and his publicly-known affair with a younger servant girl was deemed incidental to this event. The explanation of spontaneous combustion provided a convenient means to 'dispose of women who were old and in the way' (Warner, 1996), p. 204). The notion of drunken hags spontaneously combusting also appealed to a public thirst for sensationalised tales, and the theory persisted until the mid-19th century.

When examined through the intersection between gender and class, the gin panics formed the basis for the systematic stigmatization of working-class women's intoxication (White, 2003). There were fears that drinking threatened women's traditional role as a homemaker who must sustain a hardworking husband and birth well-ordered children (McErlain, 2015). Although gin consumption rendered both men and women economically less productive and therefore morally reprehensible, panics about women drinking unaccompanied and failed motherhood were far greater (Williams, 2014). Newspapers frequently reported the downfalls of working-class women who drank gin then committed heinous crimes, such as ill-fated childminder Mary Estwick, who in 1736 unwittingly dropped a baby into the fire in a gin-induced stupor (The London Magazine, 1736). Additionally, working-class drinking within the new-found urbanised spaces of 18th century London fostered societal reactions of concern and outrage due to its higher public visibility than the private drinking enjoyed by the elite classes (Nicholls, 2009). Female drinking was perceived to encourage unruly behaviour, promiscuity, and gossiping, the few weapons women possessed that could resist patriarchal domination, so the prospect of these behaviours posed a threat requiring suppression (Martin, 2001). The demonization of drunken working-class women within social, artistic, media, medical and political spheres cemented their position as both perpetrators and

vulnerable (Herring, Berridge and Thom, 2008), or as Cohen (2011) states, 'evil drug pusher' and 'vulnerable drug user'.

Drawing on Cohen's (1972) 'wrong place' as the site of moral panic, 18th century London was vastly becoming regarded by conservatives as a subversion to the traditional social order, as the new commercialism in the city threatened the monopoly held by aristocratic landowners (Royle, 1987). While there were concerns that law and order within the public space was under threat due to intoxication, any possibility that the lower social orders were developing an economic power base within the city was likely to be the greater concern (Critcher, 2011). Moreover, although the distillation of raw spirits tended to be carried out by wholesalers, compound distilling was a new-found, profitable business for the small man, or worse, women, 'upstarts' who were gaining financial autonomy (Adams, 2019). The London beer trade had historically been dominated by larger scale companies who were unhappy about the sudden competition gin posed (Clark, 1988). As such, it is likely that the elite classes were financially motivated to frame gin as a problem and keep the lower orders in their place (Hamerton, 2022). Reframing the concept of intoxication as 'a new kind of drunkenness' (Nicholls, 2003, p. 129) was a key component of maintaining the ideological basis on which society should operate, with the elites at the top, and the working classes, particularly women, in their rightful place at the bottom.

The gin craze bears significance in public health history as this is the first example of widely-collated statistics being used to justify legislative responses from the state (Warner *et al.,* 2001). A series of Gin Acts appeared between 1720 and 1750, introducing retail taxes and limiting gin sales to licensed premises, with a mind to eliminating traders who operated out of wheelbarrows and street stalls (Clark, 1987). However, the new legislation exacerbated illicit trading, as the licensing fees forced smaller, more reputable gin shops to close, enabling business to proliferate amongst unlicenced traders who ignored the laws (Clark, 1988). Additionally, the laws were not implemented without repercussions from the public, who punished informers to the extent that the Gin Act 1736 (*Spirits Duties Act 1735)* was eventually repealed in 1743 (Warner and Ivis, 1999). This also provides an early example of legislation creating a black market for the sale of intoxicants, where laws that aimed to

prohibit intoxication were difficult to enforce as the poorer classes that they were aimed at resisted them (Yeomans, 2019).

These examples of the narrowing of the carnivalesque and the moral panic during the Gin Craze demonstrate a shift in the conceptualisation of intoxication, from a culturally embedded set of practices to a moral and social problem. This shift reflects the social changes characterising post-Reformation England and the rise of industrial capitalism, where rather than banning the pleasure of intoxication, the elite classes sought to privatise it (Roth, 2004). A consequence of this was the 'othering' of the intoxication practices of the subordinate classes, reconstructing intoxication as a privilege to be enjoyed by the rich, and a sign of moral vice in the poor (Withington, 2014). While the upper and middle classes in England regarded their own intoxication as an amusement, drunkenness in the lower social orders was perceived to threaten the profits of landowners through loss of productivity, disease, and early death of the workforce (Abel, 2001). This phenomenon can be explained by Althusser's (1971) argument that ideology exists to reinforce ruling class power. The Marxist notion of a societal structure comprised of a 'base', 'the 'unity' of the productive forces and the relations of production' (Althusser, 1971, p. 8) and a 'superstructure', containing the law, the state and ideology, is the basis for Althusser's theory of ideology. He argues that the elements of the superstructure, operate to justify and maintain the base: 'the upper floors could not 'stay up' (in the air) alone, if they did not rest precisely on their base' (p. 9).Therefore, the historical casting of the working classes' intoxication as a problem paved the way for competing involvements from the church, the medical profession, and politicians to stake claims to its solution and further their own agendas of power (O'Brien, 2018).

### 1.3. The power of medical men: a moral-pathological model of intoxication

This section discusses the vice of 'habitual drunkenness' and provides an explanation for how this dominant concept of intoxication shifted to the disease of 'addiction', a moral-pathological model (Berridge *et al*., 2014). It then briefly outlines the influential work of Dr Benjamin Rush in conceptualising addiction and provides an early definition. Analysing substance use concepts in their historical context is central to understanding how drug use

came to be problematised, and for examining the political and state responses that underpin drug policy (Berridge *et al.,* 2014). One key feature of these dynamics is the increased involvement of the medical profession in the management of 'inebriates' during the 18th and 19th centuries, and the developing power alliance between the state and the medical profession. This relationship is discussed with reference to their functioning as a repressive state apparatus (RSA) and an ideological state apparatus (ISA) respectively. While Althusser (1971) does not include the medical profession as an ISA, Waitzkin (1989) asserts: 'Althusser's analysis of the wide-ranging repressive and ideologic effects of many institutions in society, though controversial, pertains to medicine as well' (p. 224). Following Waitzkin (1989), I suggest that the 'medical ideological state apparatus (medical ISA)' fulfils the definition of an ISA by functioning: 'massively and predominantly by ideology, but (they) also secondarily by repression' (p. 19).

### *1.3.1. Habitual drunkenness: disease or vice?*

Prior to the mid-19th century, 'habitual drunkenness' was generally believed to a self-inflicted vice that should be punishable through imprisonment (Garton, 1987). In England, public drunkenness was legislated against, in a series of six Acts between 1604 and 1627, that prohibited alehouse-keepers from allowing drunkenness on the premises (Nicholls, 2010). Habitual drunkenness was framed as the start of a 'chain of sin' (Rabin, 2005, p. 457), where once drunk, the individual embarks upon a journey of lesser crimes such as swearing, to more severe crimes such as murder. Walton (2001) observes that this 'slippery slope paradigm' (p. 72), that portrayed individuals who enjoy a casual whisky as inevitably risking the gallows, is an enduring feature of how intoxication is constructed into modern times. 'The drunkard' was portrayed as a social menace who undermined the fabric of society and was perceived to threaten the freedoms of the 'sensible majority' who were able to control their intoxication, as laws to restrict sales and consumption were applied to everybody (Hands, 2018).

The notoriety of habitual drunkards proliferated during the early 1800s, as mass rural to urban migration resulted in high levels of deprivation, and an increasing number of arrests were being made relating to drunkenness and 'sexually debauched' behaviours such as prostitution (MacLeod, 1967). Throughout the 19th century, the prison population grew rapidly; the

number of inebriates incarcerated in British prisons increased from 4,000 during the 1860s to 23,000 in 1876 and these individuals would typically be imprisoned for up to several months at a time (Berridge, 2004). Orthodox perspectives concerning the shift from public forms of punishment involving physical torture and humiliation to one where deviants were removed into institutional spaces, consider this transition a departure from barbarity (Johnston, 2008). However, Cohen (1985) argues that this was a means for the state to firmly establish its powers through a centralised system of controlling social deviants. The prison can be seen as an example of Althusser's (1971) RSA in action, where 'the police, the courts, the prisons' (p. 11) oppress the population primarily through violence. Where habitual drunkards were concerned, prisons became something of a 'revolving door' system and the prison administration would typically see the same individuals repeatedly (Berridge, 2004). This indicated that imprisonment was not having the desired effect of curing people from the affliction and was a hotly debated issue in political circles.

Where violence fails to secure the social order, the RSA secures its power by 'functioning secondarily by ideology' (Althusser, p. 19). During the period of social change during the latter half of the 19$^{th}$ century, the RSA demonstrated its adaptability by shifting its ideological foundations to operate: 'hand-in-hand with the dominant discourse generated from other powerful mechanisms it stands allied with' (Pantzidou, 2021) p. 245). The prison system that was failing to contain habitual drunkards adapted to secure the support of the medical profession as an institution that was: 'distinct, relatively autonomous, and capable of providing an objective field to contradictions which express… the effects of the clashes between the capitalist class struggle and the proletarian class struggle' (Althusser, p. 23). Therefore, punishment and medical treatment for habitual drunkards became conflated, as the medical profession became more formally involved with their management (Berridge, 2004).

Medical professionals in favour of inebriety reform sought to persuade the English government that habitual drunkenness was not a vice, but a disease called 'dipsomania' or 'inebriety' that proceeded from an abnormal brain and could be therefore likened to insanity (Reeves, 2019). This epistemological shift from subjective constructions of health and illness to positivist objectivity resulted in the typology of many human behaviours that were

formerly considered immoral vices, such as theft, or 'kleptomania' (Chavigny, 2014). Where alcohol use was concerned, political men were intellectually subordinated by doctors: 'persons of a great professional distinction… men peculiarly enabled to judge of the evils of excessive drinking' (Ross, 1875, p. 398). Scientific advances propelled medical men to a higher realm of power, as they alone could provide undisputable facts based on measurement and scientific observation (May, 1997). By aligning itself with modern science, the medical profession has utilised use the stance of objectivity to pose non-ideologically (Waitzkin, 1989), although as Althusser (1971) argues, by claiming to be purged of ideology, an ISA can reproduce the relations of exploitation as they are 'naturally covered up and concealed' (p. 30).

This shift from a moral to a medical model is described by Bancroft (2009): 'Now the soul sits in the brain… molecules rather than morality rule our world, but they are as fearsome and unforgiving as a Revivalist God was' (p. 22). The *Inebriates Act 1898* was passed, providing courts with powers to order individuals who had been convicted of drunkenness four times during the year to be incarcerated within state-funded institutional reformatories (Flacks, 2023). Implementing this in practice was problematic, as the local authorities and the Home Office became engaged in conflict regarding the funding of these institutions (Berridge, 2013). However, the Act was a significant development in the history of intoxication, in that it was the first time that the law could deny a person's liberty based on an assumed moral failing, which extended beyond the scope of the crime itself (Soares, 2015). Through medical 'treatment' within inebriate institutions, the medical profession aimed to cure patients by instilling the correct social values and acceptable behaviour within them (London, 2005). In doing so, medical treatment was aligned with the repressive ideals of the state, suggesting its ability to function as an ISA by: 'convey(ing) ideologic messages supportive of the current social order' (Waitzkin, 1989, p. 220). This strengthened the developing relationship between the medical profession and the State (MacLeod, 1967), illustrating the interwoven 'interplay' (Althusser, 1971, p. 19) between the RSA that secures the political foundations for control, and the ISA.

However, not everybody shared the view that habitual drunkenness was a disease, offering scripture-based arguments to maintain that it was a vice. In 1847, State Commissioner in

Lunacy, John Ordronaux criticised the disease model as: 'a present attempt to extenuate habitual drunkenness as a special disease, removing its subjects from the sphere of moral accountability' (Ordronaux, 1847, p. 433). This perspective did not frame the intoxication of alcohol as sinful in itself, but purported that frequent drunkenness was sinful, demonstrating poor moral choices. This question of whether habitual drunkenness was a chosen vice or an unwittingly acquired disease fed into a central ideology concerning 'personal willpower' (Valverde, 1997) and was of a greater concern in countries such as England that had a strong cultural tradition of Protestant values that emphasised the importance of upholding self-control (Anderson and Baumberg, 2006). The disease concept propounded by the medical profession occurred within a context of older societal values that linked drinking behaviour to the moral struggle between good and evil within an individual (Johnstone, 1996). This resulted in a 'moral-pathological' explanation for intoxication (Berridge *et al*., 2014) that was flexible to the diversity of viewpoints that coalesced around both the moral and medical dimensions of the debate in Victorian Britain.

Judgements concerning the role of personal willpower within habitual drunkenness was not applied equally to all people; some inebriate reformers from the medical profession maintained that the medicalised perspective could not be applied to *all* individuals, and that in many cases, a lack of moral will *was* the underlying cause: A distinction between 'ordinary drunkards' and 'dipsomaniacs' was stated by London physician Dr John Charles Bucknill (1878): 'there are two distinct kinds of drunkards – the one form of drunkenness being a mere vice which may be reformed by moral methods… the other kind of habitual drunkenness is a morbid condition, a form of insanity... and must, under any methods of treatment at present known to us, be looked upon as a lunatic' (p. xxiii). Ascribing personal responsibility tended to be judged through the lens of social class, deeming the poor's habitual drunkenness as sinful and politically disruptive, whereas amongst the elites, it could be considered a private matter (Rabin, 2005). Constructions of alcohol use during the 19$^{th}$ century were also shaped by gender stereotypes, as the disease model was heavily informed by moral views about women's drunkenness (Soares, 2015). Women who drank were regarded as being even more reprehensible than their male counterparts, as drunken behaviour contravened societal norms about traditional femininity, and they were additionally held responsible for producing 'defective' offspring who would inevitably join the criminal classes and pose a burden and a

threat to society. The majority of those committed to inebriate institutions were women from the poorest social classes, serving the purpose of 'removing problem people from society' (Beckingham, 2010, p. 388) an example of how the medical control of alcohol consumption could be used to constrain women's liberty (Hands, 2013).

The process of medicalization over codes of behaviour that had previously occupied a moral realm, is argued to have strengthened systematic governance over 'the crowd', the rising urban labouring classes who posed a threat to the traditional social order (Rimke and Hunt, 2002). Anxieties that little was known about this group caused them to become the target of regulation through increased monitoring of health, economic, and moral dimensions of their lives. This tactic of social control by reform was raised as a matter for objection in 1899 by Dr Shadwell, the Late Medical Officer of Health of Walthamstow, who noted that the *Inebriates Act 1898* had little to do with public health and was focused on controlling the criminal classes (Shadwell, 1899). Accordingly, the history of crime during the 'Age of Reform' of the 19th century has been described as a 'history-of-how-better-off-people-disciplined-their-inferiors' (Johnston, 2015, p. 2). Ultimately, the role of the state and its Apparatuses is to: 'ensure class oppression and guarantee(ing) the conditions of exploitation and its reproduction' (Althusser, 1971, p. 58).

The tactic of banning alcohol altogether was not politically palatable in 19th century Britain, as it was perceived that most of the electorate were able to imbibe without causing any problems to the state (Hands, 2018). Historically, beer had provided an important food staple during early modern England, had been used to fuel productivity among manual labourers, and was therefore not automatically associated with intoxication (Flavin *et al*., 2023). Additionally, Victorian England contained 'a great army of drinkers' (Hands, 2018, p. 25) who had a lot of political power and could express agency in the development of policy and practices within a growing capitalist society. Indeed, the consumption of wine and port among the British elite and middle classes during 1780 to 1820 increased dramatically and the practice of drinking oneself to the point of slithering unconsciously under the dining table was a mark of masculinity (Ludington, 2013). Hence, it was important to for the government to justify social control for the labouring classes, while supporting the drinking practices of the respectable classes who enjoyed drinking. The conceptual separation of 'moderate drinkers'

and ‘diseased drinkers’ fulfilled this goal, while earning the medical profession authority by enabling them to ‘throw(ing) the cold light of science’ (Berridge, 1988, p. 37) into debates about managing drunkards that were previously dominated by moral judgements. The medicalisation of normal aspects of human life, in this case intoxication, paved the way for medical professionals to occupy what would become an increasing role in social control (Waitzkin, 1989).

### *1.3.2. Benjamin Rush’s concept of addiction: a unified concept*

Towards the end of the 18th and the beginning of the 19th centuries, there was a paradigm shift in the conceptualisation of alcohol consumption, from ‘habitual drunkenness’ to ‘addiction’ (Levine, 1978). Levine (1978) attributes this shift to the influential publication of American Professor of Medicine, Dr Benjamin Rush’s (1785) ‘Inquiry into the effect of ardent spirits upon the human body and mind, with an account of the means of preventing and of the remedies for curing them’. Rush (1785) was a proponent of sudden and entire abstinence for those who had fallen foul of ardent spirits, advocating the mantra: ‘taste not, handle not, touch not’ (p. 36). Significantly, Rush did not promote widespread abstinence from alcohol per se, rather he was offering this as a means for curing the disease of addiction. Rush’s (1785) publication included ‘A Moral and Physical Thermometer’ scale which divided beverages into two distinct categories: temperance and intemperance (see appendix 4). Consumption of temperate beverages is associated with health and wealth, whereas the consequences of intemperance are vices, diseases, and punishments. Central to Rush’s theory are four tenets: that drunkenness is a *disease*, that alcohol is the cause, that individuals are addicts who are powerless over their drinking behaviour, and that addicts can only be cured through abstinence. Similarly, in England, an influential physician called Dr Thomas Trotter published his ‘Essay on Drunkenness’ in 1804, also declaring habitual drunkenness to be a disease that required an abstinence approach to treatment (Edwards, 2012).

Prior to Rush’s theory, the word ‘addiction’, which derives from the Latin ‘addictus’, had meant ‘to devote, sacrifice, sell out, betray or abandon’ and was generally used within the English language to refer to activities of living, such as reading, hobbies, and other habits, in a non-problematised way (Alexander and Schweighofer, 1988). Through an examination of

pamphlets and sermons written by clergymen during the medieval period, Warner (1994) argues that notions of habitual drunkenness as a disease were discussed at least a century previously to Rush's assertions. Accordingly, the concept of addition did not originate within the medical community, but the pulpit, disputing Levine's (1978) claim that Rush was the key innovator in the development of the modern concept of addiction. Even prior to Rush's influence, doctors had long-known that alcohol consumption was linked to disease, and therefore attempts to attribute exact influences on the development of addiction proves difficult, rather, there was a continuing trend towards its conceptualisation (Porter, 1985).

Nevertheless, Ferentzy (2001) suggests that what was innovative of Rush was that he was the first to bring together four constructs of addiction to produce a unified concept. Additionally, the endorsement of addiction by the medical profession was the key to its acceptance, as Althusser (1971) states: 'the ideology of the ruling class does not become the ruling ideology by the grace of God, nor even by virtue of the seizure of state power alone. It is by the installation of the ISAa in which this ideology is realized and realizes itself that it becomes the ruling ideology' (p. 59). A person with a disease that could not be cured by their own free will was viewed to need a medical professional to: 'acquire a complete government over them' (Rush, 1812, p. 181). Thus, during the 19th century, addiction started to evolve into a widely-accepted concept constructed within a moral-pathological paradigm, justifying a medically-centred approach to reforming those identified as addicts.

### 1.4. Legitimating an addiction rhetoric: powerful stories

To understand how an ideology 'sticks', a process known as legitimation, it needs to be considered: 'what is said, but also who said it to whom, when and where, and to what end' (Davoudi, Galland and Stead, 2020, p. 23). Ideology is 'inscribed within language practices, entering all features of our experience' (Berlin, 1988, p. 479) and therefore one can explore how language is used to reinforce favoured social and political perspectives. This section discusses three important influences that occurred in the 19th and 20th centuries to illustrate how an addiction ideology became legitimated through the development and dissemination of rhetoric, 'the use of human symbols to communicate' (Foss, 2018, p. 4). 'Powerful stories'

about intoxication are discussed within the following three contexts: the temperance movement, the rise of recovery through mutual-help movement Alcoholics Anonymous (AA), and opiate use in Britain. Despite being inextricably linked under the umbrella of 'intoxication', alcohol and drug use are tackled separately, as their use, conceptualisation and social control mechanisms have developed along distinct lines (Bancroft, 2009).

### *1.4.1. The temperance movement: tales of redemption*

Rush's concept of addiction is considered the ideological foundation of the 'temperance movement', a political movement within English-speaking and Nordic countries that campaigned for social and legislative changes to promote either moderate alcohol consumption or complete abstinence (Levine, 1978; 1993). A defining feature of the movement was the formation of organised societies who campaigned on this single issue (Nicholls, 2009). At the turn of the 19th century, anti-spirits organisations appeared in the US, such as the 'American Temperance Society' in 1826, which purported that abstinence from intoxicating liquors was necessary to prevent the evils of: 'pauperism, crime, sickness, insanity, wretchedness, and premature death' (American Temperance Society, 1835). The initiation of the temperance movement in England is attributed to Preston weaver Joseph Livesey in 1832 (Berridge, 2013), who with a small group of local men, drew up an abstinence pledge that stated: 'We agree to abstain from all liquors of an intoxicating quality, whether Ale, Porter, Wine, or Ardent Spirits, except as medicines' (Livesey, 1868, p. 5). Initially, the temperance movement lacked a unified vision concerning an end goal; 'moderationists' like Rush considered temperate consumption of non-spirits such as beer and cider to be a normal part of everyday life but problematised addiction, while 'teetotallers' regarded the consumption of all alcohol to be morally reprehensible (Griffin, 2000). However, the common ideological basis of temperance rhetoric was that alcohol was a societal evil, deeming those who became intoxicated to be moral deviants.

An important feature of the temperance movement was autobiography. Reformed habitual drunkards were encouraged to speak publicly about their struggles with drinking and provide narratives` of overcoming hardship to defeat alcohol against the odds (Levine, 1978). This rhetoric aligned with middle-class American ideology that focused on liberating working-class

people from the constraints of addiction through abstinence (Reckner and Brighton, 1999). Cannon (2013) argues that power of these redemption stories lies in the formulaic structure of the 'drunkard's conversion', a personal rebirth narrative, where disreputable men defeat their sins through the grace of God. For the listener, there is a narrative satisfaction that legitimises compassionate conservatism, where citizens in need can be successfully helped to uphold traditional family values. Tales of redemption were disseminated through a variety of means, such as novels, newspapers, plays, 'experience speeches', and lectures held in town halls and music halls (Swiencicki, 1998). Berlin (1988) situates rhetoric within ideology, stating that it is: 'always already serving certain ideological claims' (p. 477). Hence, temperance tales of redemption were an important mechanism for the cementation of the addiction ideology within the public consciousness, as these were rooted in an already-embedded tradition of telling stories about evangelical moral reform (Chavigny, 2014).

An important narrative within UK temperance activism was that the first sip of alcohol propelled the drinker on to a 'highway for drunkenness' (Yeomans, 2011, p. 43), the first step towards further social ills. Consequently, abstinence pledges were promoted to children through pioneering visual strategies such as magic lantern slides and filmstrips that disseminated rhetoric about the dangers of 'the demon drink' (McAllister, 2012). Signs and symbols communicated through visual materials serve an important ideological function within the rhetoric environment (Foss, 2012), as they construct an inevitable and reasoned truth (Davoudi, Galland and Stead, 2020) that is aligned with spoken discourse. For a young generation that was developing a culture of individualism and self-interest, the moral rhetoric about alcohol increasingly failed to hold sway on its own, but it gained momentum in a different guise; by becoming interwoven with narratives of health and social responsibility.

The pursuit of sobriety provided a means for the working and middle classes to gain, 'a passport to respectability' (Warner, 2009, p. 1076). A commitment to 'Christian perfection' was another motivation for sobriety; regions that developed temperance cultures were Protestant societies with moral codes that emphasised self-control and were likely to perceive that intoxication posed a threat to their livelihood (Levine, 1993). As the British population mobilised during the 18$^{th}$ century, the nuclear family was becoming detached from its traditional social support networks and thus, the fortunes of the whole family were

increasingly dependent on the self-control of the dominant male (Room, 2003). Therefore, the depiction of alcohol as a social evil was driven by those who wished to reinforce their social position (Berridge, 2013) and campaigning for moral reform became a vehicle for resisting poverty. Recovery stories 'produce meaning beyond addiction' (Cannon, 2013, p. xii), as they reflect social discourses of oppression and resistance, enabling those in poverty to claim equality and public recognition. In comparison to the UK, the US had relatively weak trade union movements, so the temperance movement provided a channel for working people to express social and political dissent (Calhoun, 1993).

Traditional gender roles also provided legitimacy to the temperance vision. Women's organisations expressed a moral backlash against alcohol, such as the Women's Crusade that formed in Ohio, US in 1873, which staged public demonstrations of praying outside saloons (Webb, 1999). Some historians view the temperance movement as a means for women to resist oppression by gaining a social platform and demonstrating female leadership, as well as challenging alcohol-related problems within their family homes, although the elevated social role of women was constructed by men as well as women in the interests of an overall social mobility of class (Fletcher, 2008). As ideology is transmitted through language, Althusser's (1971) theory of ideology can be useful in examining how the process of language subordinates women to men: 'the feminist project is always already inscribed in a dominant ideology that is patriarchal' (Sharp, 2000, p. 224). Temperance campaigning placed women in a paradoxical role where they were rebelling against the saloons and the burden of a drunken husband, but were also conceptualised as the guardians of sobriety, reinforcing traditional gender stereotypes of the woman as the self-sacrificing home maker (Eriksen, 1999).

While temperance campaigns enabled working people and women to express a political voice, their rhetoric reinforced the construction of addiction as an individual, medicalised problem. Despite its repressive nature, individuals: 'participate in certain regular practices which are those of the ideological apparatus', believing these to have originated from their own consciousness (Althusser, 1971, p. 41) Accordingly, Granfield (2004) suggests that the addition ideology created an 'addiction fetishism' (p. 29) that obscured the social realities and inequalities of drug use, an idea that draws on the Marxist notion of commodity fetishism where commodities are viewed to exist independently from the social means of production.

This illustrates the illusory power of ideology in obscuring the real conditions of existence that exploit working people: 'they (ideologies) do not correspond to reality… they constitute an illusion' (Althusser, 1971, p. 36). Moreover, the individualism characterising the addiction ideology has the power to self-legitimate, as drug dependency creates an intense experience that is frequently linked to searches for personal meaning, rather than the broader political context (Alexander, 2000). The temperance movement contained a paradox concerning the role of the individual; campaigners promoted self-constructing narratives that emphasised the power of man's will to overcome addiction, yet many demanded legislative changes to prohibit alcohol, denying individual liberty (Sulkunen and Warpenius, 2000). Thus, the temperance movement provided a site for a 'symbolic crusade' (Gusfield, 1963), demonstrating many levels of social conflict that operated within society at this time.

Despite the power of tales of redemption, the moral suasion crusade was unsuccessful and prohibitive legislation won the day in the US (Griffin, 2000); 1919 saw the ratification of the *Volstead Act* that came into play in January 1920 (Etheredge, 2020). A critique on the role of the law is notably absent from Althusser's essay on ideology (Montag, 2013), although he does note that that law operates as an ISA: 'the legal ISA' (Althusser 1971, p. 17), which functions primarily through ideology. The use of national law to govern moral behaviour demonstrates the centralised power of the state in orchestrating 'the politics of moral superiority', in the interests of pedalling the rhetoric of the pursuit of 'the good life' among citizens (Sulkunen and Warpenius, 2000, p. 424). A key criticism of Althusser's theory of ideology is its lack of consideration for agency, leaving a lack of explanation for resistance (Shah, 2018). However, many US citizens did not adhere to the new prohibition laws, resulting in criminal gang activity within the black market for alcohol that arose, and increased state violence was required to enforce prohibition (Miron, 1999). This illustrates the state functioning through repression where ideology fails. The 'US prohibition experiment' was repealed in 1933 and its perceived failure buttressed support for the conceptualisation of alcohol as problem that could be confined to a small majority of the population, 'alcoholics', rather than a problem with the alcohol itself (Hall, 2010).

The impact of the temperance movement is difficult to evaluate in the UK, as there was no such clear success for temperance activism in terms of their final demands being enacted in

prohibitive legislation. Warner (2006) argues that: 'the most salient feature of the British temperance movement is how little it was able to accomplish (p. 909)'. However, Yeomans (2011) suggests that from the 1860s onwards, alcohol trading laws in England were tightened up to include the *Licensing Act 1872*, which created the crimes of 'simple drunkenness', and 'drunkenness with aggravation'. This legislative change can show how 'political ideologies become embedded in planning policies and practices through strategies of legitimation aimed at justifying specific ideas, beliefs and values as self-evident and inevitable' (Davoudi, Galland and Stead, 2020). Therefore, the temperance movement left a legacy by reinforcing the powerful story that intoxicated people are a threat to society and require reform, providing legitimacy to formal legislation that criminalised drunkenness (Yeomans, 2009).

### *1.4.2. The rise of recovery: self-help as resistance*

The historical context of alcohol use during the latter half of the 20th century provided a social environment in which the concepts of addiction and recovery became further legitimated. Although the US temperance movement lost much of its credibility post-prohibition, a new, modern approach furthered an addiction rhetoric (Reinarman, 2005). Use of the term 'recovery' within the context of substance use was popularised by US war veteran Bill Wilson, ('Bill W'), and Dr Bob Smith, who overcame their own addictions and set up a fellowship in 1935, where alcoholics could support one another: Alcoholics Anonymous (AA) (Wilson, 1939). In 1939, Bill Wilson published the 'Big Book' that provides guidance for alcoholics by outlining a pathway of twelve steps to recovery (see appendix 5). The first chapter is titled 'Bill's Story' an autobiography outlining his own journey and relationship with alcohol, followed by his commitment to sobriety and belief in the value of human life (Dunlop and Tracy, 2013). His perspective proposes that recovery extends beyond abstinence and consists of 'the twelve steps of The Program of Recovery' (Wilson, 1939, p. 108) that guide the individual towards maintained abstinence from alcohol addiction with transformative positive changes to health, wellbeing, and life functioning (Witkiewitz and Tucker, 2020). This involves a reconstruction of cognitive, emotional, behavioural, and spiritual aspects of the 'alcoholic' person and involves emphases on maintaining abstinence as well as stopping drinking in the first instance (el-Guebaly, 2012).

Central to the AA concept of recovery is power. The first of the twelve steps requires an admission that the alcoholic is powerless over alcohol, and the second is to accept that only 'a power greater than ourselves' (Wilson, 1939, p. 57) can restore the individual. White and Kurtz's (2010) analysis of Bill Wilson's writings indicates that the concept of recovery had an ambivalent relationship with religion, as Wilson was aware that conservatives were keen to base AA principles on a Christian framework, that liberals accepted the idea of God but were not keen to embed this into recovery, while radicals refuted any mention of God. Therefore, the recovery rhetoric was purposely crafted to appeal to the majority by reflecting diverse spiritual paths. Recovery is dependent on the individual's relationship with God (however they conceive this concept) rather than people, although the Big Book is endorsed by the authority of an anonymous medical doctor. This positions the individual within a medical model, but locates power and autonomy within a spiritual relationship, fusing religion and science (Trice and Staudenmeier, 1989).

Following a tradition of telling tales of redemption during the temperance movement (Levine, 1993), alcoholics who follow the twelve steps are encouraged to attend meetings and share their story with their fellows (Humphreys, 2000). Jensen's (2000) ethnographic analysis of AA storytelling suggests that these animated performances provided a form of ideological resistance: 'a social force that opposed the stagnation of the dominant ideology' (p. 86), this being the 'ideological husk' (p. 87) of medical institutions. Althusser proposes that ISAs often form the site of a class struggle: 'the class in power cannot lay down the law in the ISAs as easily as it can in the (repressive) state apparatus… because the resistance of the exploited classes is able to find means and occasions to express itself there' (p. 21). Like a social movement in the classic sociological sense, where workers make collective attempts for social change, the idea of recovery as a mutual-help movement armed ordinary citizens against the machinery of the state and the hegemony of the medical profession (Mäkelä *et al*., 1996). Room (1993) argues that this resistance occurred through the ideological rejection of many traditional American values: professionalisation, traditional organisational hierarchies, and unlike many health-related organisations, membership has always been free. The AA recovery paradigm therefore contrasts a capitalist ideology; instead, helping others as equals is 'the foundation stone' (Wilson, 1939, p. 109).

One important mechanism through which the AA concept of recovery became one of the most influential and widely-adopted worldwide, was storytelling by charismatic leadership (Trice and Staudenmeier, 1989). This enabled a diversity of role models from within the movement to emerge and inspire others to sobriety, such as Malcolm X, who embedded critiques of structural white supremacy in America within his narratives (Kelley, 2020), and became a symbol of overcoming addiction for African American men (White, 2004). The AA recovery story flourished during the 1930s by offering citizens something more than abstinence; the promise of an alternative reality to the utilitarian rationalism that had pervaded American culture and led to its crisis of national identity as it emerged from the Great Depression during the 1920s (Bloomfield, 1994; Cannon, 2013). During difficult political times, the 'rhetoric of transformation' (Swora, 2004, p. 287) provided optimism for the future by persuading individuals that change for a better and more meaningful life was necessary and possible. Hence, the expansion of a concept of recovery that empowered the individual proliferated within a political environment where a series of civil rights movements were occurring during the 1960s and 1970s in the US, that campaigned for a more egalitarian society: the Women's Health Movement (Nichols, 2000), mental patients' rights (Brown, 1981), black power (Joseph, 2009) and anti-war movements (Hall, 2004). In Britain during the 1960s, the language of human rights began to enter patient discourse within British health and social care contexts, reflecting a desired right to autonomy within everyday life that resisted oppression from the medical profession and the state (Mold, 2012).

Despite the AA recovery communities forming important sites for resistance, its rhetoric legitimates some aspects of an addiction ideology that reinforce oppression. Consistent with Benjamin Rush's notion of addiction, the AA concept of recovery viewed alcoholics as a distinct group: 'bodily and mentally different from his fellows' (Wilson, 1939, p. 41). This individualising concept of addiction contrasts previous perspectives that directed moral outrage at the intoxication of specific groups, such as women and working-class people. However, an individualising perspective neglects the social factors that drive alcohol use as a coping mechanism with poverty and violence, leading to the internalisation of structural, political sources of oppression (Kornfield, 2014). This can result in personal blame of failure for individuals who are not able to demonstrate the willpower or 'motivation' to recover (Bouras and Ikkos, 2013). Therefore, the rhetoric of AA recovery contains a core tension

between individualism and community; the community unity offers an alternative to a fragmented society, while the focus on a moral-pathological model of individual therapy thwarts longer-term social change (Thatcher, 2006).

Despite it arguably not being in citizens' interests to propagate an addiction ideology that reproduces their own exploitation, Althusser (1971) proposes that individuals usually comply with ideology through a process called 'interpellation': 'all ideology hails or interpellates concrete individuals as concrete subjects, by the functioning of the category of that subject' (p. 47). Within the ideological state apparatus (ISA), individuals are 'hailed', or addressed by cultural cues and in response, they think, act, and react accordingly. Althusser (1971) illustrates this process through the example of a police officer in the street shouting 'hey, you there!' (p. 48) and the hailed individual turning round to respond the call. It is argued that ideology functions in this way so that individuals are recruited to the position of subject, and this creates a sense of identity for them that is embedded within the state apparatuses in which people live their lives, such as schools and the church. This means that the majority of 'good subjects' (Althusser, 1971, p. 55) comply with what they view as the only true version of reality. Therefore, self-help movements like AA can undermine, rather than promote autonomy, as these rely on an individual to construct a 'hyper-responsible self' (p. 61) that is consistent with state desires for population management self-improvement, productivity and maintaining the social order (Rimke, 2000).

### *1.4.3. Opiates in Britain: from 'widespread commodity' to 'regulated drug'*

During the temperance movement, the problematisation of intoxication was occurring on another front: opium use. The latex and seeds derived from the opium poppy *Papaver somniferum*, have been used by humans since pre-historic times as an analgesic and food source (Lal, 2022). Alcoholic tincture of opium, laudanum, was used by doctors for treating patients, but it was also a household staple reserved for many ailments, such as dental pain and calming crying infants (Walton, 2001). Prior to the *Pharmacy Act 1898*, opium was openly sold as a general commodity from chemists, corner shops, markets, and pubs (Berridge, 1999a). Opium use in Western European medicine was well established by the 16$^{th}$ century

and prior to the early 19th century, frequent use was not conceptualised as a site of moral condemnation or a medical issue, rather 'a bad habit' (Berridge, 1979a; Berridge, 1999a).

During the 19th century, the laudanum bottle 'loomed large' (Hayter, 1980, p. 38) in literary circles. Thomas De Quincey's sensationalised 'Confessions of an English opium eater' (De Quincey, 1821) provided an account of addiction that was highly popular, which Foxcroft (2007) attributes to De Quincey being a 'great projector of the self' (p. 23), framing his addiction within the public consciousness through an honest autobiographical lens. Strang (1990) highlights the importance of De Quincey's account in terms of the dimensions of addiction that were raised within it: initiation into use, causality, the role of responsibility, drug availability and the environment, control and dependence, withdrawal symptoms, and the impact of advertising. Althusser (1971) introduced the idea of the 'cultural ISA' (p. 17), including the arts and literature, emphasising its importance in legitimating ideology. While cultural communications are not always directly used to disseminate ideology that is favourable to the RSA (Zoberman, 2000), as Ruch (2021) suggests, the artists are interpellated by existing frameworks of dominant ideology and these are reproduced through language. De Quincey's work is a departure from a medical framing of drug use, as it focuses on the pains and pleasures of recreational intoxication, however, critics were vocal in their moral and medical appraisals (Caquet, 2022). As well this sensational tale embedding an interest among the public, it forced the discussion of opiate addiction in political and medical circles.

During the 1840s, a public health discourse concerning opium use developed that considered the social causes of intoxication among the working-class (Heath, 2007). A series of reports into working conditions, the most notorious of these being Edwin Chadwick's *Report into the Sanitary Conditions of the Labouring Population of Great Britain* in 1842 (Chadwick, 1842) indicated that opium use was used for 'the quieting of children' and 'the distress of the times' (Chadwick, 1843, p. 174). These findings were buttressed by statistical evidence available during the 19th century to suggest that English opium use was increasing (Berridge, 1978a). One social concern was that opium was a dangerous drug for those aged under five years, resulting in a rising number of deaths from overdose (Lomax, 1973). Opium-containing products such as the well-advertised 'Mrs Winslow's Soothing Syrup' were widely used to calm babies, particularly those who were left with unskilled nursemaids while their mothers

worked long hours in factories (Obladen, 2016). Hence, opium became dubbed 'the poor child's nurse' (Punch, 1849) and was the subject of scandalous news items that demonised women: those who worked, older women who nursed babies, and poorer women (Berridge, 1978b). Medical concerns about the regulation of opium went beyond humanism and were more likely to be driven by anxieties about the intoxication practices of working-class people and the problematisation of women's participation in the workforce (Singhal, 2022).

Considering this new moral panic, an emergent need for the medical control of accessibility to opium was propounded through narratives of risk. The Pharmaceutical Society established itself in 1841 and with the support of the British Medical Association (BMA), campaigned to legitimise the profession by gaining at least the partial control of opiate-containing products (Berridge, 1978b). The *Pharmacy Act 1868* regulated the sale of opiates by granting pharmacists the authority to prescribe psychoactive substances, prohibiting its sale in corner shops and street markets (Berridge and Rawson, 1979). The Pharmaceutical Society exerted their organisational power to adopt a strategic rhetoric that emphasised their superior scientific expertise, providing the key to their widespread acceptance (Coles, 2017). By appealing to the non-ideological realm of rational science, the repressive nature of the developing medical ISA is obscured from populations as the 'legitimation of domination assumes a new character' (Habermas, 1970, p. 83); the promise of increased productivity and a more comfortable life.

Another important influence on the conceptualisation of opium was the rise of British colonialism. In 1773, British forces gained control of Bengal and the monopoly on Indian opium (Levinthal, 1985). The East India Company ran an illicit trade into China, culminating in a black market, mounting conflict with the Chinese, and the ensuing Opium Wars of 1839-42 and 1856-58 (Foxcroft, 2007). Despite concerns about opium addiction in Britain, opium's function as a lucrative overseas commodity prevented the Government from imposing restrictions sooner (Lomax, 1973; Deshpande, 2009). Ultimately, the exercise of state power 'is secured by its unified and centralized organization under the leadership of the representatives of the classes in power' (Althusser, 1971, p. 23) and maintaining the financial interests of the ruling classes prioritises any concerns about addiction. Nevertheless, campaigning by humanitarian anti-opium campaigners led to the formulation of public

attitudes that regarded opium addiction as a degrading vice, setting the wheels in motion for a cessation to the trade in 1911 (Berridge, 1978c).

The rhetoric that opium was an immoral and dangerous vice was central to a racialised debate concerning Chinese influences (Bancroft, 2009). Despite the small size of the Chinese population in England in Victorian Britain, they became the target of a disproportionate cultural reaction (Berridge, 1978c). Popular English novels such as such as Charles Dickens' (unfinished) *The Mystery of Edwin Drood* (1870) and Oscar Wilde's *The Picture of Drian Gray* (1890), as well as journalistic reports (A Social Explorer, 1885) portrayed opium dens in the East End of London as places of Oriental vice: 'dangerous spaces where anxieties about gender, sexuality, empire, race and consumption converged' (Wright, 2017). These literary accounts would most likely have been read by the educated classes, who had no lived experience of London's East End, and thus a stereotype that framed opium use as a socially contagious evil prevailed in elite circles (Wang and Underwood, 2016). It is likely that rather than the dens of iniquity that were rumoured, opium smoking was enjoyed by a few Chinese settlers as a customary practice; yet the racially aggravated hysteria of the time produced an alarmist discourse that justified state-led sanctions (Berridge, 1978c).

The events concerning the British opium trade in China provide an important example in historical analyses of drug use, as China is considered 'patient zero' (Dikötter, 2003, p. 3) in the global drug plague, the source of contamination. This provides an early example of the use of racist, anti-Chinese rhetoric, such as the need to: 'protect White women against yellow men' (Hallam, 2020, p. 40) to justify international drug control apparatus. While the dynamics of race were not mentioned by Althusser in his theory of ideology, Leonardo (2005) uses the theory to argue that to legitimate the ideology of White supremacy, medical science has been employed to 'prove' the inferiority of Black groups. While Althusser (1969) argued for a conceptual distinction between ideology, which is 'practico-social', and science, which is theoretical, he also proposed that 'ideology has no outside' (Althusser, 1971, p. 49), and therefore concedes that science may sometimes emerge from ideology (Leopald, 2013). The framing of addiction as an individual, biological disease, is constructed within a science that is ideologically racist (Iyer, 2022) and the evolution of its conceptualisation is entwined with structural discrimination (Hoffman, 1990; Rosino and Hughey, 2018).

Towards the latter part of the 19th century, medical professionals witnessed symptoms of increased tolerance and withdrawal symptoms among opium users and began to draw a consensus basis for diagnosis and treatment of addiction (Caquet, 2022). German pharmacist Sertürner's discovery of morphine in 1804, followed by the introduction of the hypodermic needle during the 1850s (Schmitz, 1985), led to 'morphinomania', the compulsive injecting of morphine among the wealthier classes (Zieger, 2005). Tales of this practice were frequently voiced by medical men, who portrayed women as weak-willed liars who would do anything to get a fix, although possibly some medical doctors were also keen to absolve themselves of the responsibility for prescribing injectable morphine in the first instance (Zieger, 2005). In 1898, diacetylmorphine, with the brand name Heroin, was marketed as a safer substitution for laudanum and morphine (Floyd and Warren, 2018), however, it was soon evident that this drug was going to present its own problems (Strang and Gossop, 1996). The medical profession's ongoing battled to form a united front, coupled with the medical control of opiates led to their status as a 'hegemonic monolith' (Milligan, 2005, p. 542) in Britain, the US, France, and Germany.

Despite a there being many perspectives on opiate use during the 18th and 19th centuries (Berridge, 1978d), some voices shouted louder than others. Among opium users and shopkeepers who sold it, consumption was a normal and accepted way of life (Berridge, 1979b). Therefore, the disease model story told by affluent medical men was of little consequence to the everyday lives of working people (Cannon, 2013), and the disease ideology of opium consumption being an addiction that required treatment and social control was not necessarily accepted by those who it was most likely to impact. Debates underpinned by logical and evidence-based arguments were generally overcome by rumour, sensation, and a fear of the urban working-class population (Berridge, 1978c). Throughout the 19th century, the addiction rhetoric was shaped by notions of class, gender, and race, paving the way for the structural stigmatisation of 'the addict' during the 20th century; an individual who required control from state-endorsed actors within the medical institution.

## 1.5. From the concept of addiction to the vision of the 'drug-free world': assembling and applying an ideological package

This section discusses how throughout the 20th century, the concept of addiction developed into the 'drug-free world' ideology. Based on Althusser's (1971) theory of ideology, this section argues that the drug-free world ideology is comprised of three core concepts that are assembled into an ideological package: the concept of addiction as a disease, the notion that drugs are a global enemy to be defeated, and the need to convert deviants into morally good citizens through enforcement and treatment measures. However, as one limitation of Althusser's (1971) theory of ideology is that it does not detail how concepts become assembled together, I have drawn on Freeden's (1996) theory of 'ideological morphology', which proposes that concepts are assembled into an ideology through a complex interplay of language and 'historically transferred traditions of discourse' (p. 54).

It is discussed how this ideology has formed a dominant system of ideas by underpinning international legislative and policy systems, dominating the global context of intoxication, and systematically eliminating alternative perspectives. Next, it is argued that the posturing of the drug-free world as a normative and non-ideological position has concealed the exploitation of global citizens through use of the language of the war on drugs. This language demonstrates the political concepts that are organised into ideology, as Freeden (1996) states: 'words are the outwards forms of concepts… words operate as significant rallying calls in politics' (p. 48-49). Finally, it is proposed that the RSA operates through state-led violence that is legitimised through the ideological pursuit of the drug-free world. This secures elite power by reinforcing the oppression of 'ordinary citizens' (Peter and Zerback, 2020) and reproducing existing inequalities: socioeconomic, gender and racial, and where these intersect.

### *1.5.1. Enforcement and treatment for addicts: the 'British System' and incarceration*

At the turn of the 20th century, drug use was conceived by many nations to have developed into a worldwide problem and on 1st February 1909, thirteen countries met to form what would become the basis of international drug control: the Shanghai International Opium

Commission (Caquet, 2022). Great Britain expressed a preference for prohibiting opium except for medical purposes, but also had to consider their opium trade, while the US took the lead and emphasised a moral interest in 'relegating opium to its proper place in medicine' (Wright, 1909, p. 92). This would disanchor opium use from the sphere of self-medication and personal intoxication, a crucial step in constructing a 'constellation', or a 'patterned cluster and configuration of political concepts' (Freeden, 1996, p. 54) that comprise the drug-free world ideology. While the US adopted a discourse of moral righteousness, they were also pursuing the prospect of profitable economic relations with China by being publicly supportive of Chinese desires to solve their opium problem through increased state control (Barop, 2015; Bewley-Taylor, 2002). At its inception, the international drug control system was based on realpolitik rather than ideological considerations concerning opium (Berridge, 1980), was entwined with the rise of the British Empire and the creation of global capitalism, and cloaked in a moral rhetoric (Trocki, 1999).

With the introduction of the First International Opium Conference held at the Hague in 1912, international legislation to enforce prohibition followed, including the prohibition of cocaine (Collins, 1919). This move was possibly motivated by a desire to damage the German's pharmaceutical industry, but nevertheless, marked the beginning of further substances being drawn into the conceptualisation of drugs as a social evil (Mills, 2014). This was an important development in the formation of the drug-free world ideology, as it involved the morphology of the concept of 'drug'. Freeden (1996) suggests that within the assemblage process, there is a three-tier process involving the components of a concept, the concepts, and systems of concepts. Some of these concepts are 'core' or 'uneliminable' and others are 'peripheral'. In the context of the drug-free world ideology, the core concept of a 'drug' now became comprised of 'components', the many intoxicating substances that were considered a danger. Furthermore, the concept of 'drug' developed a conceptual relationship with the concept of 'societal evil' and this link meant that as each new drug gained the status of 'prohibited substance', it became subject to the legislation and belief system underpinning 'all drugs'. Like alcohol during the temperance movement, the drugs themselves were seen to be the source of evil and this meant controlling their supply on a global scale (Carstairs, 2005).

One response from the UK to the development of these conceptual relationships was further domestic legislation, in Althusserian terms, the functioning of 'the legal ISA' (Althusser, 1971, p. 17). Cocaine was becoming the site of a new moral panic in the UK, as the newspapers reported feverishly on a series of scandals, such as the cocaine-related death of West End theatre actress Billy Carleton in 1918, and the antics of the 'Cocaine Girls' (Kohn, 1992), unmarried chorus girls who were perceived to be threatening the moral fabric of society with new-found sexual freedoms. The symbolic images of prostitutes corrupting British soldiers and turning them into cocaine addicts provided sufficient horror to demonise cocaine use for pleasure purposes (Hallam, 2022). Regulation 40B under the Defence of the Realm Act (DORA) that was passed at the start of the First World War in 1914 prohibited cocaine sales and possession to military personnel, but this was extended to all citizens except medical professionals in 1916 (Kamieński, 2019).

Doctors considered that the management of drugs should remain within their medical domain rather than a penal matter for the police to enforce, however, their power base within the Ministry of Health was subordinated by the Home Office and the Dangerous Drugs Act 1920 was passed (Berridge, 1984). This covered morphine, heroin, opium, and cocaine, but the scope was now extended beyond supply and possession to production, import, export, possession, sale, and distribution (Reuter and Stevens, 2007). This illustrates how the power of ISAs shifts as changing social dynamics necessitate it: 'All ideological state apparatuses, whatever they are, contribute to the same result: the reproduction of the relations of production' (Althusser, 1971, p. 28). In the interests of maintaining their political hegemony, dominance of an ISA can be wrested from it by the RSA, in the case of drug control, this was removed from the medical ISA to centralise the role of the state.

Despite formal international agreements, the US and Britain adopted different methods of conceptualising and treating people who used drugs (Berridge, 2012). Regarding opiates, the US provided citizens with two options: abstinence, or gaining opiates on the black market, and the *1914 Harrison Act* criminalised both users and the doctors who prescribed them. The Act was fuelled by fear-mongering propaganda that linked opium use to Chinese Americans and cocaine use to African Americans, setting a precedence for systemic racism that conflates race, crime, and drug use (Kilty and Joseph, 1999; Farahmand, Arshed and Bradley, 2020).

This phenomenon of linking concepts that do not logically link together is known as 'cultural adjacency', which refers to: 'specific historical and socio-geographical phenomena that encourage the association of different political concepts' (Freeden, 1996, p. 72). That these concepts were able to link together despite there being no intrinsic link between race, crime, and drug use, seemed legitimate within an American culture that had been cultivating attitudes of condemnation towards drugs as well as alcohol during the temperance movement (Carstairs, 2005). This cultural adjacency was reinforced by US leadership; between 1930 to 1962, Harry Anslinger was appointed the head of the Federal Bureau of Narcotics and he implemented strict law enforcement, particularly for cannabis use (Berridge and Mars, 2004). He vehemently opposed clinical treatment for 'the incubus of drug addiction' (Anslinger, 1957, p. 41), framing treatment as an unnecessary economic burden. This placed the management of addiction as a social problem to be managed within the RSA.

Between 1921-1924, the British Home Office wished to enforce an entirely penal system for controlling drug use, which would have subordinated the addiction ideology and functioned through repressive means (Berridge, 1984). However, in 1924, a committee led by English doctor Sir Humphrey D. Rolleston, was tasked by the Ministry of Health to 'consider and advise whether it is expedient that any or all preparations which contain morphine or heroin of a percentage lower than that specified in the Dangerous Drugs Acts should be brought within the provisions if the Acts and Regulations and, if so, under what conditions' (Ministry of Health, 1926, p. 1). The ensuing 'British System' of drug control gave the medical profession the legal right to continue to prescribe injectable morphine and cocaine to addicted persons. The Rolleston Report in 1926 'set the course of addiction treatment in Britain' (Ashton, 1989, p. 13) and doctors prescribed to small numbers of relatively wealthy, private patients who used the drug up until the 1960s, enabling them to lead normally functioning lives within the law (Strang and Gossop, 1996). Although the British Medical Association operated as an autonomous professional body, many members of the medical profession were imbricated within the machinery of the state, such as the Ministry of Health, and therefore a medical ideology of addiction prevailed as the basis for policy-making (Berridge, 1979a).

The British System was initially believed to be quite separate from the US penal approach and its humanity for PWUD was praised, but later analyses have argued that the humanity of the

Rolleston Report was designed for the elite classes alone, 'their own people': 'at its heart, Rolleston was a defence of privilege – of private doctors and their private patients' (Ashton, 1989, p. 13). While the system functioned through the medical ideology of addiction, this could easily turn to repressive means of control in a change of circumstances (Berridge, 1984). As Althusser (1971) argues, ideological state apparatuses function primarily by ideology, but secondarily by repression, behind the 'shield' of the RSAs: 'In fact, it is the latter (Ideological State Apparatuses) which largely secure the reproduction specifically of the relations of production, behind a 'shield' provided by the repressive State apparatus' (Althusser, 1971, p. 24). The British System functioned through the ideology of addiction, but only while addicts were few, wealthy, and not perceived as a social nuisance. Indeed, this switch to repressive means in the UK occurred during the 1960s, as the number of heroin addicts rose sharply and in 1964, the number of opiate addicts exceeded 700 cases for the first time (Strang and Gossop, 1986). This 'new type of addict' emerged and as a group, were deemed to be 'non-therapeutic, non-professional, unskilled, uneducated and unstable youngsters' who were unable to lead the productive lives of the older, professional addicts who had 'a better personality type' (Glatt, 1966).

In response to the growing concern of addition, the Home Office published the Brain Reports on drug addiction in 1961 and 1965, which concluded that the rise in younger, non-therapeutic addicts could be attributed to over-prescribing in a small number of doctors, enabling a black market (Ministry of Health, 1961; Teff, 1974). Subsequently, 'Drug Consumption Clinics' (DDCs) were established in 1968 and only specially licensed doctors were permitted by the Home Office to prescribe heroin and cocaine (Stimson, Oppenheimer and Thorley, 1978). The disease model of addiction therefore enabled the medical profession to gain an ideological monopoly on the distribution and production of drugs deemed to have a 'therapeutic value', strengthening the power base of medical institutions throughout the 20$^{th}$ century (Conrad, 2007). This system coerced addicts into complying with 'the sick role' consistent with the disease model of addiction, as those who did not view their drug use in this way or want to be reformed, faced punishment (Bayer, 1978). The imposition of social control on intoxication was viewed by some scholars as an assault on both personal liberty and scientific reason, arguing that the weapons of the state – dynamite and guns – posed far greater threats to the public, yet were more readily available (Szaz, 1978). The medical

monopoly over intoxication demonstrates the conflation of the 'medical' and the 'social' in the construction of the disease of addiction, as the DDCs treated patients, but were also a means of socially controlling a group of people who were perceived to be an emerging threat (Mold, 2004). This grouping of concepts paved the way for a more dominant package of ideas that justified further prohibition on a grand scale. This ideological formation enables a process of political power wielding, as one 'ordering of the political world, prevails over another' (Freeden, 1996, p. 77).

### *1.5.2. Dominant systems: prohibitive legislation*

While the British System was undergoing a transition during the 1960s, the US were utilising the UN as a platform from which to launch a prohibitionist ideology into an increasingly globalised world (Bewley-Taylor, 2002). A series of international drug control treaties were ratified by UN member states that aimed to eliminate the non-medical, non-scientific use of drugs (Hall, 2017). The 1961 Single Convention (United Nations, 1972) provided international standardisation of drug use, assessing addiction as: 'a serious evil for the individual and (is) fraught with social and economic danger to mankind,' (p. 1). It declared that 'one of the most effective methods of treatment for addiction is treatment in a hospital institution having a drug free atmosphere' (United Nations, 1972, p. viii) and it prohibited: 'opium poppy, the coca bush, the cannabis plant, poppy straw and cannabis leaves' (p. 3). Similarly, the 1971 UN Convention prohibited a series of other psychotropic drugs, including amphetamines and benzodiazepines, widening the scope of prohibition (United Nations, 1971). These international controls have been used as leverage to push a prohibitionist agenda (Crick and Holland, 2022). Drug strategies in all countries share a common theme, in that they are grounded in an understanding of drugs as an 'evil' enemy to be defeated, apply criminal sanctions for their cultivation, production, distribution, possession, and use, and are rooted in an interlocking web of legislation and treaties (Buxton and Burger, 2021). Through this comprehensive and unified system of legal ordering, states can achieve a totalising imperialism on a global scale (Koram, 2019).

Although the UK can form their own national drug policy and legislation, member states must do so within the agreed parameters set by the UN conventions (Home Office, 2006; Stevens, 2011). Further to the 1971 UN Convention, the UK government passed the *Misuse of Drugs*

*Act 1971* which repealed and consolidated the previous Dangerous Drugs Acts. This shifted the conceptualisation of drug use in law from 'narcotic vs non-narcotic' use to three classes of use that outline penalties of decreasing severity from class A to class B and to class C (Cahal, 1974). In addition to classes, the Act has a second dimension, schedules, where schedule I drugs are not recognised as having a therapeutic benefit and are subject to maximum restrictions, and schedule 2-5 drugs are recognised as having some therapeutic effect but are subject to respective restrictions to their possession, supply, manufacture, and import and export (except by special licence) (Taylor, 2016). Historical analysis of the *Misuse of Drugs Act 1971* has demonstrated a 'drug policy ratchet', where sanctions for new psychoactive substances tend to increase over time (Stevens and Measham, 2014). This tightening control has been justified on the basis that various psychoactive substances are guilty by association with three mechanisms: lunatic association where the substance is said to cause mental illness, deviant association when a substance is banned due to its perceived links to a deviant group, and molecular association where drugs are chemically similar to other banned substances. This illustrates Freeden's (1996) assertion that ideologies are 'bridging mechanisms' (p. 76) between political thought and political actions, and this example shows how reinforcing conceptual configurations enables the enactment of repressive policy decisions: 'patterns of speech and action within the contemporary 'thoughtworld' of civil servants and politicians that tend to extend, rather than limit, the scope of legislative control of NPS' (Stevens and Measham, 2014, p. 1230).

The *Misuse of Drugs Act 1971* saw the establishment of the Advisory Council on the Misuse of Drugs (ACDM), a statutory, expert body whose duty it was to review the situation regarding drugs in the UK and advise ministers regarding their management. However, the scientific advice offered by them has been ignored by the government when the evidence poses an ideological clash with prohibitionist political standpoints (Monaghan, 2014). An important element of ideology formation concerns their 'diachronic perspectives' (Freeden, 1996, p. 52), how dominant political concepts are sustained over time. Freeden (1996) suggests that the endurance of political concepts can be traced to how they are 'anchored' within other, eliminable concepts around them. Prohibitionists can continue to dispense with science due to its anchorage with the moral truth that, as Jacques Derrida states, 'drugs are bad' in the eyes of society (Israel, 1993, p. 4). Stevens (2019) calls this tactic 'the moral sidestep', where

those who request an evidence-based debate are met with an avoidance of the topic to focus on moral arguments that maintain the use of punitive approaches. This limits the development of neuroscientific research and clinical innovations that have the potential to improve quality of life and limit human suffering (King, Nutt and Nichols, 2023). Consequently, the *Misuse of Drugs Act 1971* is widely evaluated by academics, politicians, and charity groups as 'not fit for purpose' (Transform Drug Policy Foundation, 2021) and there are public campaigns for urgent reform, such as #50YearsOfFailure on social media (Seddon, 2022).

Nevertheless, there is staunch resistance to change at the top. Policy responsibility for the *Misuse of Drugs Act 1971* sits within the Home Office and despite assertions from within parliament (Brown *et al*., 2021) and the Royal College of Physicians (Hurley, 2018) that drug use is a public health issue and should therefore sit within the scope of duties of the Department of Health and Social Care, the Home Office states that they have no plans to relocate it. Hence, drug use remains within the direct control of the RSA, addressed by an approach that prioritises enforcement over scientific reason and population health (Crome and Nutt, 2022), and interventions that demonstrably save lives (Stothard, 2021). Blackman (2004) purports that prohibitionist drug policy does not aim to reduce human suffering, rather, it provides a means for states to justify increased surveillance over citizens and enables America to protect their corporate financial interests abroad. Creating an arena of poor scientific evidence provides the ideal battleground for the ideological advancement of drug prohibition, as these interests can be concealed; instead, 'the drugs problem' can be linked to all-pervading values such as 'how the good society should be formed' (Edman, 2013).

#### *1.5.3. 'Going to war on a noun': the language of the war on drugs*

In 1971, US President Nixon declared the war on drugs stating that: 'America's public enemy number one in the United States is drug abuse. In order to fight and defeat this enemy it is necessary to wage a new, all-out offensive… this will be a worldwide offensive' (Richard Nixon Foundation, 2016). Dr Jerome Jaffe, a methadone prescribing specialist, was tasked with spearheading this offensive that brought together all nine government agencies and $155 million dollars was pledged for spending on enforcement and treatment (Lurigio, 2014). The war on drugs is characterised by a 'symbiotic convergence' of law enforcement and medicine,

that through a century of drug prohibition, regulation, and production, has led to the strengthening of institutional powerbases that control and oppress PWUD (Steel, 2022). Thus, 'medicalisation and criminalisation are interlocked like the concertina wire that tops the walls and chain-link fences of prisons in the United States' (Campbell, 2020, p. 256). The phrase 'war on drugs' was not used directly by President Nixon in this speech but was popularised in the press (Ching, 2020). This demonstrates how individuals can act as influential channels or 'nodal points' (Freeden, 1996, p. 106) for ideological discourse.

There seems to be a tradition of US presidents declaring wars on nouns. In 1964, President Lyndon B Johnson declared a 'war on poverty' (Haveman *et al*., 2015) and a 'war on crime' in 1965 (Hinton, 2016), and a 'war on terror' was declared by President George W. Bush in 2001 (Roberts, 2005). The idea of 'going to war on a noun' has been widely problematised via social media; with reference to the 'war on poverty', US writer John Green tweeted: 'Never go to war against a noun. You can't win. The noun survives.' (Westerman, 2020). Similarly, it has been suggested that the war on terror is: 'like trying to put a cloud in a box' (Greenwood *et al.* (2008, p. 78), on the grounds that the legal system can only specifically pursue the individuals who commit crimes. Accordingly, it is widely joked on social media that 'drugs won the war on drugs' (Osler, 2021; Walter, 2021). Despite the lack of practicality or logic of wars on nouns, their proponents possess the capacity to create an ideological figure that can create powerful justification for controlling populations through increased surveillance, punitive legislation, and legitimate violence (Guest, 2005; McManimon, Lozenski and Casey, 2012). As the war on drugs is a logical fallacy, the war is instead waged on citizens worldwide (Stuart, 2011), through increased death rates associated with higher risk of opioid overdose (Marquez, 2020), mass incarceration that disrupts communities (Moore and Elkavich, 2008), and the destruction of indigenous landscapes (Steinberg, 2004).

Although President Nixon framed drug abuse as an escalating problem that requires a 'new' solution, this declaration of war was mobilised based on the existing ideological nexus between war and drugs (Seddon, 2016). As political concepts 'bear the burdens of their pasts' (Freeden, 1996, p. 98), there is a resulting powerful drugs rhetoric that is couched within militaristic terms that can be used by political elites to gain public consent (Stuart, 2011). Stuart (2011) argues that this is highly effective due to a strong collective memory of war

within the public consciousness that enables the marketisation of wartime, compelling the public to honour the sacrifices made by their ancestors. National identity provided a foundation for Nixon's war on drugs speech as he rallied: 'all American people, wherever they are in the world' (Richard Nixon Foundation, 2016). The creation of the 'United Nations Office on Drugs and Crime' (UNODC) in 2002, by its very title firmly places the pursuit of global drug elimination in the realm of criminal justice, a move that emphasises the centrality of an enforcement approach and subordinates health goals (White, 2012). The language of war and destruction is completely at odds with providing health care for PWUD (Kemmesies, 2002), hence, drug treatment systems function as institutions of social control: 'organized responses to crime, delinquency and allied forms of deviant and/or socially problematic behaviour' (Cohen, 1985, p. 3).

The war on drugs battlefield is comprised of a web of ISAs that combines the family, the education system, and drug treatment; drug (ab)use was initially postured by Nixon as a 'threat to American families' (Richard Nixon Foundation, 2016). The Drug Abuse Resistance Education (DARE) programme that was launched in 1983 aims to keep youths abstinent from drugs through (ineffective) scare tactics (Nicholson *et al.,* 2013). The DARE programme transported the war on drugs language into the lives of millions of American schoolchildren and was disseminated into over 50 countries (Rosenbaum, 2007). The 'Just Say No' to drugs campaign that First Lady of the US, Nancy Reagan, introduced in 1986 asserted that: 'although parents play a major role in protecting children from drug abuse, they need school and community support' (Reagan, 1986). Hence the war on drugs has developed beyond the confines of law enforcement and infiltrated every aspect of life: 'it has become a civil war, one that has invaded our place of work, our schools, colleges, communities and homes' (Buchanan, 2015). This provides an example of the relationship between the RSA and the ISAs that attempt to control populations' beliefs and attitudes towards drugs through ideology. For Althusser (1971), the educational apparatus is the dominant ISA, as it has the power to 'drum in' to vulnerable children's minds 'a certain amount of 'know-how' wrapped in the ruling ideology or simply the ruling ideology in its pure state' (p. 29).

Presidential rhetoric has demonstrated the power to transform ideology into oppressive practices through the social construction of the public problem of 'dangerous others', who

can be targeted through policy and legislation (Yates and Whitford, 2009). The language of drugs disseminated by the media tends to reify these stereotypes, further stigmatise PWUD and becomes enacted: 'Media reporting has real life impact in that it can lead to increased police action and in turn the further criminalisation of people who use drugs' (Doherty, 2023). Althusser (1971) included the media as a component of the 'communications ISA (press, radio and television)' (p. 17). These play an important role in concretising ideology by: 'creating mass populations that entertain politico-cultural assumptions' (Freeden, 1996, p. 123). For example, in the UK, there are recent, highly sensationalised reports concerning a 'new' drug dubbed 'monkey dust' (usually used to describe synthetic cathinones) (Layne, Dargan and Wood, 2022) that purportedly turns users into zombies who gain superhuman strength and turn into cannibals (Castle, 2023). Users of monkey dust were described in tabloid press as 'hopelessly addicted shells of human beings' (Fielding, 2023), 'zombie shufflers', and compared to 'Jack Nicholson in The Shining' (Gleadow, 2023), These 'drug scare' narratives that depict drugs as 'new' and 'dangerous' dehumanise PWUD, justifying a prohibitionist policy approach by emphasising a public threat (Atkinson and Sumnall, 2021).

Moreover, the war on drugs is not waged on all citizens equally; as US Senator Chuck Schumer argues: 'the War on Drugs has been a war on people, and especially people of color' (Schumer, 2022). For example, during the 1990s, the war on drugs in the US shifted to a strong focus on low-level marijuana use, which resulted in the disproportionate arrest rate of African Americans (King and Mauer, 2006). Similarly in the UK, section 23 of the *Misuse of Drugs Act 1971* provides police officers with the power to stop and search individuals if they have 'reasonable grounds' to suspect that they are in possession of a controlled drug. Although Black people in England and Wales use fewer drugs than their White counterparts, they are nine times more likely to be stopped and searched (Shiner *et al.* 2018). The discourse of war constructs an enemy that is a 'foreign menace' and promulgates a racialised rhetoric that reproduces existing prejudices and stereotypes (Esquivel-Suárez, 2018). It is argued that drug prohibition provides a 'key arm of the settler-colonial state' (Dertadian, 2024, p. 1), as it provides ideological justification for modern colonial powers to profit from Indigenous lands by upholding the superiority of whiteness and maintaining the cultural inferiority of Indigenous peoples.

The language of the war on drugs also reinforces gender-based domination (Muehlmann, 2018; Telles, 2019), disproportionately criminalising women globally, while marginalising them from treatment (UN, 2023). Like all cultural practices, drug use provides a means of 'doing gender' and within drug using experiences, women can claim and resist conceptions of femininity (Measham, 2002, p. 350). Women's intoxication is frequently portrayed as being more dangerous than male intoxication, as traditional notions of femininity lead to an idea that women do not require transcendence from the oppressive structures of the everyday through intoxication (Bogren, 2008). Therefore, women who use drugs are deemed to be more socially deviant than their male counterparts, particularly if they have children (Malloch, 2003). Women's intoxication is weaponised to trivialise their rape and physical violation (Black Women's Blueprint, 2016), and there have been global increases in the female prison population catalysed by the war on drugs (Reynolds, 2008). Queer womxn and non-binary, or gender non-conforming people are marginalised by society and are likely to use drugs to cope with their lived experiences, within a climate of prohibition that exacerbates their stigma, politicisation, and dehumanisation (Brennan, 2021). Where gender and race intersect, prohibitionist drug policies pose an intersectional threat to women and girls of colour (Csete *et al*., 2016). However, the stigma of drug use combined with patriarchal power structures have long-rendered women who use drugs as invisible and underrepresented within the research literature (Ettorre, 2004). It has been noted that further research needs to better understand the role that women play in drug-related crimes, such as acting as 'mules' to transport drugs, and consider reform of punitive drug policy (Linklaters LLP and Penal Reform International, 2020).

Within public health circles that tend to be critical of an enforcement-led approach to tackling global drug use, the dominant addiction model of drug use operating within a war on drugs approach, has long-resulted in healthcare underserving those whose patterns of drug use do not fit neatly into an 'addiction vs abstinence' paradigm (Krausz and Jang, 2018). Problematically, the addiction model can be utilised to reinforce a linguistic distinction between the 'addicts' who have fallen victim to the inescapable power of drugs and require medical treatment, and the 'dealers' who predate the vulnerable and should receive harsh punishments (Drug Policy Alliance, 2019). This creates a false conceptual distinction between PWUD and people who sell drugs, which does not account for the overlap between the two

behaviours and disproportionately incarcerates communities of colour. Furthermore, addiction is an individualised concept which obfuscates systemic oppression by reproducing racism, and like the British System that operated on class privilege, the disease model enables White America to carve out a decriminalised space for their addicts, while providing punitive systems for others (Netherland and Hansen, 2017).

The language of the war on drugs masks itself in 'the moral language of humanitarianism' where society must be protected from the evils of drug use (Koram, 2022). PWUD are portrayed as dangerous aliens, separate from the state and law-abiding citizens who require 'protection' from them; the word 'violence' is never used (García-Reyes, 2022). The mass media is saturated with a war on drugs discourse, which in recent years purports to have shifted to the non-racial framing of PWUD, however, it is argued that this content continues to be racialised through 'racial silence', where there is a lack of critique concerning the role of the war on drugs in reinforcing oppression and racial inequalities (Rosino and Hughey, 2017). Public discourse about drugs de-politicises the issues by marketing a militarised attack on drugs as a global evil to be the only truth and 'common sense' prevails over evidence; those in the political sphere who attempt to shift the discussion to a health realm are accused of being 'soft on drugs', and risk political censure (Edman, 2013). This fulfils the objective of ideological discourse; concealing the relations of domination mobilised by power elites on to ordinary citizens (Thompson, 1984).

#### *1.5.4. The vision of the 'drug-free world': eliminating the opposition*

In June 1998, the United Nation's 20th General Assembly Special Session on drugs (UNGASS) was held in New York, at which they called on 'all nations to say 'yes' to the challenge of working towards a drug-free world' by 2008 (UN, 1998a). The session operated under the slogan: 'a drug-free world – we can do it' and member states were mobilised to implement enforcement-led approaches to reduce the demand and supply of drugs (UN, 1998b). The six proposed areas for action targeted the reduction of drug demand, eradicating illegal crops, alternative development, judicial cooperation, tackling the manufacture and trafficking of amphetamine-type stimulants, and countering money-laundering (Fazey, 2003). The ensuing press release framed this move as a crucial step in what was wanted by all: 'a decisive victory

in the war on drugs' (UN, 1998c). This pledge was a means of the UN consolidating their framework of international drug control (Wood *et al*., 2009) which centres around the three internationally agreed UN drug conventions: The Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, The Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988 (UN, 1998a).

The prohibitionist language within the UN mirrors US drug policy, reflecting the dominance of the US in driving the war on drugs agenda (Bewley-Taylor, 2022). This rhetoric has systematically eliminated other perspectives and discourses on intoxication, such as 'altered states of consciousness' that was a popular subject during the 1960s and 1970s (Nadelmann, 2001). This stymies discussions about the medical and spiritual benefits of controlled drugs such as hallucinogens, while neglecting to factor into policy decision-making the health threats posed by dependence on legal pharmaceutical drugs. Freeden (1996) describes this process as 'decontestation', where to endure, an ideology will eliminate 'the competition' from other concepts, thus presenting its own core concepts as the only truth. The key measure of success within the drug-free world vision is reducing the prevalence of drug use in the population, but this neglects to focus on the harms arising from complex patterns of use; a declining prevalence of use per se does not automatically confer a reduction in harms or drug-related deaths (Rolles, 2020). The pursuit of the drug-free world as the sole paradigm for global drug policy fails because it does not address the factors that lead to the development of criminal organisations and drug-related violence, such as social inequality, government corruption, political distrust, and high unemployment (Thoumi, 2012; Tinasti, 2019).

The idea of a drug-free world also denies the role of pleasure in drug taking, which Moore and Measham (2012) highlight covers the scope of the sociology of emotions, spatiality, and embodied risk within the literature. Those who seek pleasure through intoxication are demonised, particularly young people, who have a long history of enjoying carnivalesque behaviours, although this tends to be 'controlled loss of control' rather than the unbridled excesses frequently portrayed by governments and the media (Measham, 2004, p. 319). In practice, reducing demand for drugs is problematic because there will always be an appetite

for the pleasures of intoxication, and prohibiting certain substances shifts use towards other drugs that may pose greater risks (Gomis, 2014). The 'pathology paradigm' of drug use (Mugford, 1988) marginalises discourses about pleasure and accounts of pleasurable drug use are 'subjugated knowledges' within research where medical and elite voices dominate (Moore, 2008). The assumption that individuals *should* be drug-free drives the moralisation of pleasure-seeking, denying PWUD the freedom and autonomy that pleasure-seeking brings (Walker, 2021).

Due to the obligations of member states to fulfil the UN conventions, intoxication using plant-based substances relating to indigenous practices and cultural expression is prohibited worldwide (International Drug Policy Consortium, 2018). This has occurred in instances where use is confined to small groups of people and evaluated as posing little-to-no threat. For example, the UK Government banned 'khat' in June 2014 (Home Office, 2014), a chewing leaf with mildly stimulating effects that plays a cultural role within the everyday practices of people in East Africa, the Horn of Africa, and the Arabian Peninsula where it grows (Patel, 2015). The ACMD conducted an assessment into the potential harms posed by khat use in the UK, recommending that as use was limited to the small Somali community in the UK and the health risks were low, khat should not be controlled under the *Misuse of Drugs Act 1971* (ACMD, 2013). However, in the interests of adhering to the drug-free world vision, the evidence was ignored. This move enabled the UK government to 'score on the key political battlegrounds of crime, terrorism and immigration at no apparent cost' (Klein, 2013, p. 6).

The drug-free world ideology marginalises explanations and models of drug use that undermine it, i.e., are not addiction-focused, maintaining a false binary that intoxication manifests itself either abstinence or addiction. In his interview titled 'The Rhetoric of Drugs', philosopher Jacques Derrida argues that this rationale is underpinned by another false binary opposition based on the 'organic and originary naturalness of the body', that contrasts the dangerousness and unnaturalness of drugs (Israel, 1993, p. 14). Derrida highlights that neither of these opposing canons are valid, and it is illogical to argue that the presence of one results in the exclusion of the other. Illogically, the notion of being 'drug-free' tends to exclude legal psychoactive substances such as alcohol and tobacco, which are freely available globally and are associated with much higher levels of harm than other, controlled drugs such as cannabis

(Zorn, 2009). The false binary has resulted in significant government funding attached to 'addiction research', which places researchers in a position where critical scrutiny of the concept itself is highly politicised, sometimes discouraged, and they must therefore report findings to reproduce the drug-free world message (Delfabbro, McArdle and King, 2020). This illustrates the power of the drug-free world discourse in exerting hegemony over the production of knowledge, which Smith (1990) argues constructs 'ideological circles', 'functional constituents of a ruling apparatus' (p. 172) in which humans are transformed into willing actors within systems of oppression.

The UNGASS met in 2016 to review the progress of the world drug problem since the 'drug-free world' vision was proposed in 1998 (UNODC, 2016), but the newly proposed vision falls short of the complete overhaul that some public health advocates argue it needs (Buchanan, 2015). There has been challenge to the drug-free world ideology from within the UN system from those hoping to develop a more pragmatic approach, but this has been met with tactics of 'rhetoric, denial, manipulation, selective presentation, misrepresentation and suppression of evidence, selective use of experts, threats to funding, and purging ''defeatists''' (Jelsma, 2003, p. 181). These measures prevent the means for political renewal, a mechanism for change: 'decontestation operates at the very least to stabilize change' (Freeden, 1996, p. 99) Despite some recognition at influential levels that the drug-free world ideology has failed, governments seem to be eschewing responsibility for health stewardship in discussing and resourcing realistic alternatives (Klein and Stothard, 2016). Prohibition will not simply collapse, as it has a long history and the machinery of oppression is firmly in place, supported by the interests of industry: 'The forces of repression are always more organised than the advocates of humanitarianism' (Klein and Stothard, 2021). While some scholars argue that we are living in a 'post-ideological age', this is merely a further attempt at obfuscation of political ideologies that provide dominant frameworks for political activity (Schwarzmantel, 1998). The robustness of the ideological package of the drug-free world to change and resistance, is that it eliminates alternative discourses from which the mobilisation of resistance can be launched (Roumeliotis, 2014), fulfilling the fundamental role of an ideology to reproduce the relations between the oppressors and the oppressed (Althusser, 1971). This demonstrates the need for ideology to function as a means of 'engineering consent', which the ruling elite require to maintain mass oppression (Langman, 2015).

## 1.6. Harm reduction: oppositional challenge to the drug-free world ideology

An endeavour to trace the historical roots of harm reduction is not seeking to 'expose or reveal the 'true' or essential nature of things' (Seddon, 2008, p. 102), rather to provide critical challenge to the ideology of 'a drug-free world'. This section provides a brief explanation of how harm reduction evolved and outlines key definitions. This approach is contrasted with enforcement-led prohibitionism to highlight the tensions in their core concepts and aims, providing rationale for the focus of the thesis. The tension between harm reduction and contemporary UK drug policy (HM Government, 2010; HM Government, 2017) is also examined. It is proposed that although the social regulation of drug use has adopted many guises over time, the more recent paradigm shift towards an abstinence-based recovery agenda, termed 'the new abstentionism' Ashton (2008), is a repackaging of traditional attempts to maintain a prohibitionist approach to intoxication.

### *1.6.1. Harm reduction: a brief history and definitions*

The origins of harm reduction are often traced back to the 1920s in the UK, where further to the Rolleston Report (Ministry of Health, 1926), British doctors were granted the authority to prescribe maintenance doses of opiate drugs to their patients (Stimson, 1998). This enabled 'addicts' to live 'a useful and normal life' and reduced the physical and social harms of drug use (Albers, 2012). As the rates of drug use in Britain increased during the 1960s and 1970s, voluntary and community organisations began to provide services for PWUD and homeless populations, including independent charity Release in 1967, who campaigned to improve legal rights (Mold and Berridge, 2008; Release, 2022). During this time, drug clinics began to provide safer injecting services for PWUD, fixing rooms where individuals could inject, and drug information literature (Strang, 1993). Methadone prescribing has been available elsewhere in the world since the 1950s (Ritter and Cameron, 2006).

In the UK, the emergence of HIV and AIDS during the 1980s initiated a political shift of focus, as some concerning trends had been observed by health authorities; an increase of cheaply available brown heroin appeared on the streets of Liverpool, earning it the nickname 'smack city' (Ashton and Seymour, 2010). Additionally, it was realised that the virus could be transmitted through the sharing of injecting equipment (O'Hare, 2007). After the discovery

that over half of the injecting drug users who attended an Edinburgh-based general practice were HIV seropositive, it was recommended that 'rapid and aggressive interventions' would be required to prevent the spread of HIV (Robertson *et al.,* 1986). There were concerns that injecting drug users would transmit the disease to the general population, so the UK government invested money and resources into preventing the transmission of blood borne viruses (BBVs) and reducing drug-related deaths (Lloyd and Hunt, 2007). As Derrida states, 'From now on it (drug addiction) is indissociably tied up with and subordinate to the problem of AIDS' (Israel, p. 20). Therefore, the emergence of HIV and AIDS acted as a catalyst for change (Riley and O'Hare, 2000), opening a 'policy window' for the introduction of a stronger harm reduction narrative (Fischer, 1999).

Single (1995) provides an explanation for the emergence of the harm reduction approach as a form of resistance that was 'developed in response to the excesses of a "zero tolerance approach"' p. 287). However, the UK Government maintained its prohibition stance on drugs: 'the prevention of drug misuse is now more important than ever before. It is self-evident that if people do not start using drugs in the first place then they do not put themselves at risk of infection through this route… We remain therefore determined to prevent the misuse of drugs, through tough law enforcement measures' (Bootle-Wilbraham, 1988). However, some 'inevitable' drug use came to be tolerated by the UK government (Berridge, 2012; Mold, 2018) as HIV and AIDS were perceived by institutional bodies to pose 'a greater threat to individual and public health than drug use misuse' (ACMD, 1988). Providing clean injecting equipment addressed a more pressing concern than driving people towards abstinence and the provision of needle and syringe programmes (NSPs) became widespread in many industrialised countries in the 1980s, including the UK (Hunt *et al.*, 2003). NSPs operate on the assumption that some people who inject drugs may not be willing or able to stop, so they aim to prevent the transmission of BBVs through free provision of sterile injecting equipment and condoms (Riley and O'Hare, 2000). Provision is best located where user access can be maximised and can include drop-in centres, mobile services, vending machines, pharmacies, and outreach (World Health Organization, 2007). The first needle exchanges in Europe were established in Amsterdam in 1984, and Liverpool in 1986 (Ritter and Cameron, 2005).

The First International Conference on the Reduction of Drug Related Harm was held in Liverpool in 1990, and this played a vital role in disseminating the scientific evidence for harm reduction in the years that followed (O'Hare, 2007). The opening address at the conference argued that 'faith must be replaced by science' (Strang, 1993, p. 3), indicating opposition to the moralising, prohibitionist discourse and policy that preceded it. Harm reduction is relevant to the use of all drugs, and can be applied to individuals, specific community groups, or whole populations (Ritter and Cameron, 2005). An early definition of harm reduction was provided by Newcombe (1992, p. 1), positioning it in direct contrast to the dominant ideology of abstentionism:

> …a social policy which prioritizes the aim of decreasing the negative effects of drug use. Harm reduction is becoming the major alternative drug policy to abstentionism, which prioritizes the aim of decreasing the prevalence or incidence of drug use. Harm reduction has its main roots in the scientific public health model, with deeper roots in humanitarianism and liberalism. It therefore contrasts with abstentionism, which is rooted more in the punitive law enforcement model, and in medical and religious paternalism.

However, striving for abstinence is a means of achieving a reduction in harms, and therefore harm reduction does not preclude it (Strang, 1993). Examples of harm reduction interventions include the provision of NSPs, substitute prescribing for opioid drugs such as methadone, buprenorphine, or heroin-assisted treatment (HAT), the provision of safe spaces to use drugs (e.g., drug consumption rooms), more recently naloxone distribution, and free, non-judgemental services where individuals can get their drugs tested (e.g., 'The Loop') (Fisher and Measham, 2018; Stevens, 2022a). Harm reduction goals exist in a hierarchy and the ACMD (1988) recommended that services support PWUD to transition through a continuum of decreasing harms: becoming drug-free, switching from injecting to oral use, and avoiding the sharing of equipment. This approach departs from the dominant ideology by rejecting the idea that any form of drug use equates to abuse or addiction.

Harm reduction principles are: 'grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support' (Harm Reduction International, 2021).

This should be 'very distinct from the 'war on drugs' approach…It implies concern with reducing the adverse consequences of drug use… A war on drugs is in fact a war on drug users' (Lenton and Single, 1998, p. 218). Freeden (1996) asserts that ideological challenge takes the form of introducing new concepts, as well as re-configuring old ones. Tammi and Hurme (2007) conclude that there are four key principles of harm reduction that oppose the war on drugs approach: individualism rather than collectivism, inclusion rather than exclusion, pragmatism over dogmatism, and emancipation over paternalism. The definition and moral basis for harm reduction work is therefore in direct ideological conflict with a drug policy system in which many drug and alcohol practitioners must operate; one that has been consistently founded on a global war on drugs logic that prioritises coercive abstinence regimes (Rolles, 2021). Nevertheless, despite the global, historical adoption of a prohibitive stance on drug use, concerns about HIV and AIDS drove the British System to be 'on the move' (Strang, 1989, p. 109), incorporating harm reduction into mainstream clinical practice.

### *1.6.2. A contemporary ideological tension: harm reductionists, the 'new abstentionists', and new recovery*

In late 2007, a political shift in drug treatment occurred: 'Around Bonfire Night 2007 a rocket shook the peak of England's drug treatment structure - someone asked how many patients ended up drug-free. Clothless as the fabled emperor, '3%' came the reply… the new abstentionists were on the march and the statistics seemed to be with them' (Ashton, 2008, p. 1). The British media launched attacks on methadone provision, declaring that it was ineffective and a waste of taxpayers' money (Wardle, 2008). On 18th October 2007, the British Broadcasting Company (BBC) news outlet ran a story titled 'Drug 'rewards' given to addicts' (Easton, 2007), reporting that some services were rewarding users with increased doses of methadone and anti-depressants in return for clean urine tests. Other news stories appeared, framing OST services as keeping addicts 'parked on methadone' (Walmsley, 2013, p. 387), maintained indefinitely. OST, particularly methadone, was subject to 'intervention stigma', inheriting a set of ideological beliefs that substitution therapies are bad because they 'replace one addiction with another' and undermine abstinence, which should be the ultimate end-goal of treatment (Stewart *et al*., 2021). The status of methadone treatment as an essential

medical intervention that curbed addiction and reduced crime had fallen from grace: 'ally had become enemy' (Ashton, 2008, p. 2).

Subsequently, the NTA and the New Labour Government came under fire for creating a methadone 'problem' (Duke *et al.,* 2013). Using statistical data as evidence of the failure of methadone prescribing to produced cured addicts enabled politicians in favour of abstentionism to prove the ineffectiveness of harm reduction, controlling the political narrative by rekindling an 'either/or' debate (Thom, 2010). This tactic is reminiscent of those observed to fuel the moral panic during the gin craze, and Warner *et al.* (2001) note that 'statistics, both economic and epidemiologic, were enlisted in an attempt to sway public opinion and influence wavering legislators' (p. 375). As Blackman (2010a) states: 'both government and media went forward with a mandate so that abstinence went on the offensive' (p. 339). After a 'full frontal assault' (Wardle, 2012, p. 294) on harm reduction as a set of guiding principles, by May 2008, harm reduction was replaced with 'recovery' as a core paradigm for drug treatment and policy.

At this time, recovery as a mutual aid movement had been growing in popularity worldwide (Best *et al.,* 2010). Since its inception during the 1930s in the US, the 12-step recovery approach has been revised several times and applied to the context of addiction more widely, such as the use of drugs other than alcohol (Narcotics Anonymous was set up in 1953) (White, 2008). While it is difficult to maintain accurate membership statistics due to the anonymous and informal nature of the group, there have been an estimated 2 million members worldwide since 1990 (AA World Services, 2021). A 'new recovery' has been conceptualised following the 'new recovery advocacy movement' (NRAM) that originated in the US in the 1990s, revitalising the historical missions of US recovery advocates during the earlier part of the 20$^{th}$ century, but diminishing the stigma of the sick role, and embracing diversity and the importance of collective voice (White, 2007b). NRAM activists wish to champion the grassroots and mutual aid elements of recovery, believing that these have been lost with the increased commercialisation and professionalisation of treatment services.

Further to the renewed interest in recovery, a contemporary definition of recovery was developed by the Betty Ford Institute Consensus Panel (2007): 'Recovery from substance

dependence is a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship' (p. 222). Recovery capital is defined as: 'the sum total of one's resources that can be brought to bear on the initiation and maintenance of substance misuse cessation' (Cloud and Granfield, 2008, p. 1972). The resources for recovery are comprised of four dimensions: social capital which relates to support the user receives through personal relationships; physical capital, defined as tangible assets such as money or housing; human capital which can be understood as the user's personal attributes that enable them to function in society, such as skills, knowledge, hopes and aspirations, and health; and cultural capital, the user's attitudes, beliefs, and values around drug use. This builds on the concept of social capital that was conceived by the sociologist Pierre Bourdieu (Bourdieu, 1986; Bourdieu and Wacquant, 1992) and views individuals in as agents in a social world who compete for power by drawing on symbolic and material resources, or 'capital' (Ihlen, 2007).

While a renewed focus on more tangible and holistic treatment outcomes post-2007 was welcomed by both harm reduction and recovery model proponents (Ashton, 2008; Best and Lubman, 2012), it is argued that the 'new recovery' wave is being hijacked as a political tactic to centralise abstinence-based recovery within UK drug policy and marginalise harm reduction (Thomas *et al.,* 2019). New recovery discourses can be used to support prohibitionist agendas, insofar as they render PWUD personally responsible for improving their own life circumstances to become legitimate, model citizens (Fomiatti, Moore and Fraser, 2019). Furthermore, new recovery is consistent with austerity measures and a conservative political rhetoric that aims to get tough on drugs and promote abstinence as the only answer to the drug problem (Duke, 2013). Conversely, some scholars suggest that as harm reduction measures condone drug use, they may be incompatible with the goals of recovery, rather than viewing harm reduction as an approach that incorporates abstinence (McKeganey *et al.,* 2004). However, Best *et al.* (2010) argue that the opposition between recovery and harm reduction constructs a 'straw man argument'; '"oppositional" thinking that is prevalent in the UK where abstinence and harm reduction, maintenance and recovery, are seen as not only incompatible but as fundamentally opposed philosophical models of addiction and its treatment' (p. 284). This detracts from critical debates concerning an effective approach to drug policy that is far more nuanced and complex than 'recovery' vs 'harm reduction' (Duke and Thom, 2014).

Although harm reduction interventions have contributed to well-evidenced public health successes such as the suppression of HIV and hepatitis in the UK, the term 'harm reduction' is now notably lacking in UK government drug strategy documents (Winstock, Eastwood and Stevens, 2017). From the mid-1990s onwards, drug policy increasingly exhibited 'a criminalising turn' (Seddon, Ralphs and Williams, 2008, p. 818) that centralised the reduction of drug-related crime and further embedded drug treatment within the criminal justice system. The UK Government drug strategy 2010 was called 'Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life' (HM Government, 2010), aligning itself with the language of the UN (1998a; 1998b) vision of a drug-free world. The term 'harm reduction' does not appear in the 2010 strategy document and appears once in the 2017 strategy (HM Government, 2017, p. 33), but in relation to tobacco smoking cessation. In 2012, the UK Government published a document titled 'Putting Full Recovery First' (HM Government, 2012) that aimed to 'support individuals to be dependence free', using the recovery model to drive abstinence-based treatments within a criminal justice-focused system where success would be incentivised through a 'Payment by Results (PbR) scheme'. The rationale for this system is that linking financial rewards to desirable quality outcomes will result in higher performance, driven by increases in the motivation of service providers and greater local agency for public services and workers (Le Grand, 2003; Mannion and Davies, 2007). This vision of 'recovery-oriented systems of care' adopted in the UK and the US is a far cry from the empowered, bottom-up, mutual-aid community advocated by new recovery proponents, who insist that recovery should be self-imposed, not coerced (Griffiths, 2012).

In a further attempt to appear tough on drugs, in January 2016, the UK conservative Government passed the *Psychoactive Substances Act 2016*, which prohibited the production, supply, offer to supply, possession with intent to supply, possession on custodial premises, and import or export on all psychoactive substances 'intended for human consumption that is capable of producing a psychoactive effect' (apart from 'legitimate' substances that are already legal and taxed). This is a significant prohibitionist development relating to the use of new psychoactive substances that has been criticised as a knee-jerk to a media frenzy about their use, is not based on scientific evaluation, and hinders pharmaceutical research (Nutt, 2019). This approach contrasts the approach adopted in July 2001 by the Portuguese

government, who decriminalised the possession, acquisition, and use of illicit drugs, although their sale continued to be a criminal offence (Hughes and Stevens, 2012). While the Portuguese model adopted a harm reduction approach and is based on a belief that the war on drugs has failed, drugs were not legalised, to enable Portugal's continued cooperation within prohibitionist international drug conventions (van het Loo, van Beusekom and Kahan, 2002; Rego *et al.,* 2021).

The latest UK Government strategy released in 2021 (HM Government, 2021), 'From harm to hope: a 10-year drugs plan to cut crime and save lives', pledges to commit to 'evidence-based harm reduction' (p. 35). However, Winstock, Eastwood and Stevens (2021) observe that despite these new promises, the old contradictions persist: a focus on a criminal justice approach to tackling drug use, no acceptance that the existing drug laws exacerbate health harms and social inequalities, and no mention of harm reduction interventions such as heroin-assisted treatment (HAT) or drug consumption rooms (DCRs). A recent analysis of the UK Government's 2021 strategy, assessed for its consistency with evidence-based public health by a wealth of experts, concluded that it means to continue an un-evidenced criminalisation and enforcement approach, while simultaneously neglecting to implement new and innovative public health solutions that have a promising or established evidence-base (Holland *et al*., 2022). This is unlikely to fulfil the goals of recovery or harm reduction, effectively sidelining both perspectives and where they overlap. What criminalising PWUD is likely to achieve, is the dismantling of the social capital that would buttress any kind of recovery or positive change, such as housing, employment, and family ties (Ashton, 2008). Despite international evidence of the effectiveness of DCRs in improving health outcomes, their approval in Scotland, where drug overdose death rates are the highest in Europe, has only occurred further to the Scottish Government and harm reduction advocates' engagement in a five-year long battle with the UK Government who have long-opposed DCRs (Christie, 2023). In September 2023, the Glasgow City Integration Joint Board approved for a Safer Drug Consumption Facility to be located in Glasgow City and this will be piloted until March 2027 (Millar, 2023).

Duke (2013) questions how these philosophical drug policy tensions will materialise in practice settings, where professionals must enact these new frameworks within a political

climate of austerity. Roy and Buffin's (2011) UK-based study that examined this transition in drugs workers found a lack of practitioner coherence about the concept of recovery, as well as a lack of consistency in how outcomes were recorded. Roy and Buchanan (2016) argue that austerity measures have created a narrow version of recovery characterised by abstinence, cost-cutting and responsibilisation of PWUD, pressuring professionals to demonstrate successful outcomes towards these ends. A study that examined the practice impact of the ideological shift from harm reduction to abstinence-based recovery found that practitioners felt pressured to demonstrate client abstinence in the interests of funding, while being provided with few resources to achieve these (Dennis, Rhodes and Harris, 2020). Individuals who wished to reduce their drug use but could not demonstrate abstinence were 'not allowed to exist' (Dennis, Rhodes and Harris, 2020, p. 4) within the reality of the service and either dropped out or were discharged. Thus, longer term heroin and crack users were no longer a target group for engagement in services that envisioned a drug-free utopia. To manage this gulf between theory and practice, professionals 'tinkered at the edges' to ensure clients could stay in treatment for longer if needed, finding ways to enact 'harm reduction and more'. Little is known about the science of advocacy within the harm reduction field and more in-depth studies are required (Stimson, 2010).

Therefore, this thesis contributes to the literature by critically examining the concept of harm reduction and discussing contemporary conceptual debates concerning harm reduction activism. These are analysed in 'Chapter 6: 'Burning the straw man' and 'doing it anyway': mobilising harm reduction activism', where participants' perspectives and experiences of harm reduction activism are discussed. This chapter draws on Baker, McCann and Temenos' (2020) framework of mobilising harm reduction activism into practice and provides examples of how activists can develop 'oppositional capital' (Wieloch, 2002) to the drug-free world ideology, and disrupt prohibitionist rhetoric through 'critical pedagogy' (Freire, 1970). It also considers the barriers to the progress of harm reduction policy development and suggests future directions for the field of harm reduction activism.

## 1.7. Conclusion

This literature chapter provides a rationale for the thesis that examines how harm reduction activists negotiate the tension posed when undertaking harm reduction work within an institutional environment driven by the 'drug-free world' ideology. Drawing on Althusser's (1971) theory of ideology and Freeden's (1996) theory of ideological morphology, this historical contextualisation and critical analysis has discussed mechanisms through which the abstract drug-free world ideology has become concrete, enacted, and embedded within the mutually reinforcing RSA and ISAs: the church, medical profession, education, family life and the home. In sum, the drug-free world ideology is an ideological package that has evolved through a series of dynamic and mutually interacting processes: problematisation, conceptualisation, legitimation, and assembling.

Using the examples of 16th century church ales and working-class leisure involving intoxication between the 16th and 19th centuries, it was argued that intoxication has been problematised by narrowing the contexts in which working class intoxication could occur. Next, powerful medical men enabled the pathologisation of the vice of habitual drunkenness, developing disease explanations for intoxication behaviours (Berridge, 1988; Bancroft, 2009). As the notion of 'personal willpower' became conflated with explanations for intoxication behaviour, the moral judgement of subordinate groups prevailed within a disease model that privileged the wealthy. This moral-pathological model of intoxication (Berridge *et al*., 2014) morphed into the concept of addiction, increasing the power of the 'medical ISA' (Waitzkin, 1989). Addiction as a concept was legitimated through powerful rhetoric and became culturally embedded through tales of redemption told during the temperance movement, recovery stories performed within the mutual aid movement AA and self-help, and the influence of medical doctors' voices in the context of 19th century opiate use. Addiction has been assembled with other concepts such as 'drugs are bad', race, crime, and used to justify punitive legislation, the 'legal ISA'. In 1998, the United Nations' (UN, 1998b) vision of 'the drug-free world' provided a name to the assembled ideological package, articulating renewed attempts for a system of global prohibitionism.

The introduction of a harm reduction approach during the HIV and AIDS crisis during the 1980s provided an opportunity for oppositional challenge to the drug-free world ideology that

underpins the war on drugs. However, in practice, the abstract ideology of the drug-free world continues to dominate. This is directly at odds with the realities of working with PWUD and attempting to reduce drug-related harm and promote health. Nevertheless, harm reduction activists must negotiate this tension in practice. To further an understanding of the real-world impact of the drug-free world ideology on the lives of PWUD and harm reduction activists, future research should examine the ideological tension posed by the practical reality of reducing drug-related harms within this terrain.

## Chapter 2: Methodology and Methods

### 2.1. Introduction

This chapter discusses the methods and methodological approach adopted in this PhD thesis. The research aim was investigated through an online ethnography of harm reduction activists. The field was an online harm reduction activism and advocacy forum which I have provided with the pseudonym the '*Harm Reduction Activists' Forum*'. The chapter outlines the data collection methods, provides a rationale for the methods employed, explains how the data was analysed, and discusses the methodological approach adopted. This includes a discussion concerning my positionality as a researcher with lived experience of harm reduction activism. I outline my thoughts, emotions and experiences that guided me throughout the research process and enabled ongoing reflexivity.

#### *2.1.1. Research aims*

This PhD thesis aims to examine how harm reduction activists negotiate the tension posed when practising harm reduction work within in an institutional environment driven by the 'drug-free world ideology'. This broad aim incorporates the following research questions:

1. How is the drug-free world ideology realised, perceived, and enacted within harm reduction work?

2. What do harm reduction activists do within their working practices when they encounter tension between the drug-free world ideology and promoting the health of people who use drugs?

3. How do harm reduction activists' lived experiences of this tension relate to structural levels of ideological oppression?

While it is argued that harm reduction work operates within an 'abstentionist' climate in the UK (Ashton, 2008; Best, De Alwis and Burdett, 2017), as argued in the literature review, it is recognised that this institutional focus forms part of a broader, historical system of

oppression that is underpinned by the drug-free world ideology. The following sections in this chapter detail the methods through which these research questions will be addressed, discussing how harm reduction practices are to be examined and interpreted.

## 2.2. Research design: online ethnography

This research is an online ethnography of harm reduction activists' experiences and perspectives managing the tension between the drug-free world ideology and reducing harms for people who use drugs (PWUD) in practice. This section provides clarification regarding the definition and scope of the online ethnography and justifies the adoption of this research design for investigating the research aims. Online ethnography builds on traditional, face-to-face ethnography, a research method and methodology that aims to understand people's actions within the contexts of their everyday lives (Hammersley and Atkinson, 2007). A definition of ethnography is provided by Pink (2013): 'a process of creating and representing knowledge or ways of knowing that are based on ethnographers' own experiences and the way these intersect with the persons, places and things encountered during that process' (p. 35). I adopted an ethnographic research design as I am seeking to understand the meaning that harm reduction activists give to their 'worlds', which involves the examination of: 'shared meanings, beliefs, practices, rituals, stories and material artifacts of social life' (Kitto, Alexanian and Goldman, 2023, p. 128).

Ethnographic research designs have long been used by researchers who wish to investigate drug-using behaviours. Ethnographic research that examined drug using cultures in urban Western settings was popularised with the establishment of the Chicago School of Sociology in 1892, as researchers turned to examining their own city as a 'social laboratory' (Prus, 1997, p. xi). Sociologist Robert Park (1915) noted that the city was comprised of the habits of the people who resided there and therefore this setting provided a structured 'institution' with opportunities for the sociological studies of race, class, employment, politics, and drug and alcohol use. During the interwar period, Chicago School ethnographies sought to offer alternative perspectives on deviant behaviour that departed from explanations concerned with pathologisation and moral depravity, focusing instead on structural inequalities and poverty (Blackman, 2022). For example, Clifford Shaw's landmark study 'The Jack Roller'

(Shaw, 1930) provided a life history of a young delinquent man who violently attacked and robbed drunk people on the streets of Chicago, but from the perspective of 'his own story', aiming to humanise the deviant behaviour. Influenced by Alfred Lindesmith (1938) who presented drug use as a 'normal' human behaviour, Howard Becker (1953) published 'Becoming a Marijuana User' which was influential as it challenged dominant, pathological explanations for drug use by emphasising the important roles of social learning and pleasure (Hallstone, 2002). A more recent study was conducted by Bourgois (1996), who engaged in ethnographic fieldwork with Puerto Rican crack dealers in El Barrio, New York, aiming to show their active agency in seeking dignity, despite their marginalised existence and engagement in violence and crime. Over time, ethnographic research has been instrumental in furthering an understanding of how hidden populations use drugs away from the public gaze, access health services and are treated within these, making a valuable contribution to policy (Page and Singer, 2010). Therefore, ethnography has a long history of contributing to our understanding of drug-using populations from a non-problematising perspective and provides a solid foundation for this PhD thesis.

Under the leadership of Robert Park and Ernest Burgess, the Chicago School dominated the sociological field in the 1920s and 1930s, advancing an understanding of interdisciplinary perspectives on social life through the method of biography and real life techniques (Turner, 1988). This interdisciplinary approach has informed my study, as understanding drug use interventions requires a complex understanding of political, social, and behavioural processes, that field-based research can illuminate (Carlson *et al*., 2009). An interdisciplinary approach to researching marginalised populations involving drug use 'adds value', because this orientation can help to transcend traditional disciplinary boundaries, challenge assumptive binaries, and generate innovative ways of examining research questions and interpreting data (Lopez *et al.,* 2013; Askew and Williams, 2021). Following this philosophy, I have drawn on the fields of critical drug studies, sociology, social psychology, public health, media and cultural studies, anthropology, spatial geography, and the health professions. This combines my own academic backgrounds of psychology and public health, with my practice experiences as a healthcare assistant and a harm reduction worker. As suggested by Lin (2015), I have critically reflected on the assumptions, strengths, and limitations that the researcher's disciplinary perspectives bring to an understanding of the research topic.

Further rationale for selecting an ethnographic approach was its important role in shaping understandings of power and resistance, as well as challenging hegemony in the interests of driving social change (Palmer and Caldas, 2017). Through ethnographic research with political actors who engage in activism, researchers can elucidate how resistance is expressed and enacted within participants' daily lives (Urla and Helepololei, 2014). This is consistent with the aims of the present study that examines how a dominant ideology of a drug-free world oppresses and is resisted by, harm reduction activists. In a post-pandemic world, ethnography is uniquely suited to examining the impact that health policies have on localised harm reduction services and the experiences of PWUD, as it can uncover marginalised voices and examine how lived experiences of class, race and gender are enmeshed with service use and access (Harris and Schlosser, 2021). Therefore, this thesis contributes to ethnographic drug research that challenges inequalities and structural violence: 'Ethnography's challenge is to elucidate the causal chains and gendered linkages in the continuum of violence that buttresses inequality' (Bourgois, 2001, p. 5).

In addition to furthering understandings of drug using behaviour, the Chicago School advanced the field of ethnography methodologically by researching marginalised groups within urban settings and triangulating diverse types of data to construct an 'ethnographic mosaic' (Blackman, 2010b). Through analysis of these data, researchers aim to develop a 'thick description' of cultural phenomena (Geertz, 1973), dense and many-layered descriptions of complex social activities that can ascribe authentic meaning to behaviour and develop cultural theory (Harrison, 2013). This approach has developed from anthropology, where researchers typically spent time living with participants for months, or even years at a time, enabling them to understand their everyday behaviours within a macro-context (Hammersley, 2006). My data collection took place over a 2-year period, so I was able to engage with participants for a relatively substantial period. The research methods employed 'in the field' typically consist of establishing relationships, direct observation, researcher participation, listening to participants and asking them questions (Flick, 2018), and eliciting life histories (De Chesney, 2015). Research data can take the form of field notes, reflective journals, written life histories, recorded observations and interviews, documents, and artefacts (Wolf, 2012). Therefore, forms of ethnographic data and data collection are varied and flexible (Morgan-Trimmer and Wood, 2016). Consistent with this philosophy, I regarded

all forms of interaction with participants as 'data' and kept an open mind about how these might emerge from the fieldwork.

This research study was initially developed with the intention of utilising a physical needle and syringe programme (NSP) space in a local community drug and alcohol service as the ethnographic field. However, the onset of the COVID-19 global pandemic that was declared as an international emergency on 11 March 2020 (World Health Organization, 2020) necessitated the introduction of social restrictions in the UK from March 2020 onwards. This resulted in an unexpected conundrum for qualitative social sciences researchers, including me; the forced removal of the traditional research field (Christin, 2020). I was keen to start the research and did not wish to interrupt studies. Additionally, nobody could predict the duration of the global pandemic, and I reasoned that for ethnographers researching vulnerable people in healthcare settings, research restrictions were likely to continue post-pandemic while services settled back into 'a new normal'. I therefore decided to find an alternative ethnographic field online that would replace this traditional, physical space. Taking Hobbs and May's (1993) advice regarding ethnographic research: 'flexibility is the not-quite golden rule, adapting methods to circumstance' (p. ix).

Fortunately, a strength of ethnographic data collection is its adaptability to changes over time (Naidoo, 2012). Technological advances and the burgeoning global use of web platforms for communication and information sharing have enabled online ethnographies to emerge (Jones and Smith, 2017). Hine (2015) argues that the thick description pursued by traditional ethnographic researchers can be elicited through use of the internet, particularly when its use is a normalised, everyday practice among their participants. Although online communities may be termed 'virtual', their existence does indeed have very real consequences and will affect the behaviour of participants in the real world (Kozinets, 2002). Many communities have on and off-line elements to them and this creates a fusion that combines ways of 'being there' (Cocq, 2019), as the integration of traditional face-to-face methods with digital and online methods is a major ethnographic development (Seligmann and Estes, 2020). These contributions and advantages of internet-based methods to generating ethnographic evidence justified my transition from traditional, physical fieldwork to the use of online methods.

‘Online ethnography’, also known as ‘virtual ethnography’ or ‘digital ethnography’ is a generic term that is used to investigate social life in online settings, including social media, gaming spaces, and online learning (Isomäki and Silvennoinen, 2013). While sharing the basis of traditional ethnography, online ethnographies take several, specific forms with differing terminology (Nascimento, Suarez and Campos, 2022). These include ‘netnography’ where users’ computer-mediated communications within online communities and spaces are examined to explore emerging cultures and identities (Kozinets, 2002). However, my aim was to use online methods as tools to recruit and communicate one-to-one with participants, frequently and spontaneously if required, and for as sustained a period as possible. I wished to be as flexible as possible in terms of the methods of communication and embraced the use of my laptop and mobile phone, as well as the diversity of social media platforms that are now available. Therefore, I have deliberately adopted the term ‘online ethnography’ to describe my methodological approach as this has enabled flexibility of methods throughout the research process.

As illicit drug use is a stigmatised activity, particularly injecting drug use, online spaces provide an accessible means for harm reduction information and education to be disseminated amongst peers and health professionals (Hunt *et al.,* 2003; Tighe *et al.* 2017). In using online spaces, I am enacting an established means of discussing drug using behaviour. Additionally, online ethnographies have been conducted in the field of drug studies to examine new kinds of data produced within digital media, as well as develop contemporary anthropological insights into drug using behaviours (Krieg, Berning and Hardon, 2017). Eaves *et al*. (2022) highlight that the need to conduct ethnographic research online due to the pandemic has elicited some surprising benefits, as this method did not require expensive or time-consuming travel for researchers and participants, so in some cases widened accessibility. Adopting this research design enabled me to recruit and engage with participants from a much wider geographical scope than would have been feasible using a traditional research field, so I was not hampered by the practical barriers of travel and its associated costs. Therefore, while there was practical necessity in conducting fieldwork online, the methodological advantages that that this brought this research well-justified the transition.

## 2.3. Researcher positionality and reflexivity: locating the self

I have aimed for reflexivity throughout the research process, following this strong tradition within ethnographic research (Whitehead, 2004). This means that although the research focus is on participants' perspectives, the meanings produced between the researcher and the participant as a dyad are examined, viewing the research journey as a process of emotional and attitudinal change for the researcher (Ellis, Adams and Bochner, 2011). Hence, this research considers my personal biography, as this was the starting point for the research (discussed in '2.3.1. 'How I got here': a short biography'). The inclusion of this is consistent with 'the biographical turn' in the social sciences during the last 30 years or so, that values lived realities within research and provides a critical departure from a tradition of scientific positivism (Wengraf, Chamberlayne and Bornat, 2002). Such research often attempts to retell social histories in a way that is emancipatory and on participants' own terms (Merrill and West, 2009).

I also consider my emotional responses to participants' reflections, their responses to me, and the data chapters of this thesis reflect my ongoing participation within the production of data during collection and analysis. Online ethnography is an 'embedded, embodied, and everyday' experience (Hine, 2015, p. 13) and therefore researcher reflexivity is a crucial means of developing insight (Hine, 2017). I have also engaged with this dimension of the research in recognition of its importance in enhancing academic 'rigour' (May 1993), which involves thoroughness and authenticity throughout the research process (von Koskull, 2019), and developing a congruence between the research aims, methods, and methodology (Newnham, Small and Allen, 2021).

Locating myself within the research also involves reflection on and informs 'researcher positionality', their orientation to the research topic to be studied, the relationship to the participants (both elements are discussed in '2.3.3. Relationship to the participants: insider research'), and the context and process of the research (Savin-Baden and Major, 2013). The unique blend of personal characteristics of the researcher, such as gender, age, ethnicity, culture, and social class, as well as attitudes, beliefs, political views, and values are also part of the research process, and shape the research design, process, and interpretation of the findings (Manohar *et al*., 2017). Positionality is informed by reflexivity, as the researcher is

required to explicitly self-assess and articulate how these characteristics and preconceptions situate them within the research and consider how these change through the process (Holmes, 2020). In line with these requirements and recommendations, I discuss my positionality to the topic of the 'drug-free world ideology' and insider relationship with the participants as a former harm reduction practitioner, incorporating reflexivity concerning my personal characteristics.

### *2.3.1. The role of the 'self'*

Since 'the reflexive turn' in the 1980s that signified a departure from objectivism in the social sciences, the role and value of the self has been strongly debated within the ethnographic research community (Moors, 2017). These interactions are important for the discipline, as they can co-produce knowledge concerning subcultural lives, examining how identities are constructed and contested from the inside (Blackman and Kempson, 2023). Acknowledging the role of the self by adopting a first-person narrative voice within ethnographic research can provide a 'vantage point of critique' (Venkatesh, 2012, p. 6). Consistent with this, I have referred to the 'I' throughout the thesis and my experiences, emotions and reflections are interwoven with that of the participants.

The acknowledged role of the self draws on 'auto/ethnography' defined by Reed-Danahay (1997) as: 'the ethnography of one's own group, or to an autobiographical writing that has ethnographic interest' (p. 2). In essence, I am writing about my 'own people' (Hayano, 1979, p. 99) and am drawing on an existing understanding about the occupational culture and terrain. However, I have not worked in a harm reduction role for 15 years and I accept that the culture and working practices are likely to have changed a great deal, so I am likely to occupy a positionality where the role of the 'auto' will be fluid and adapting. This reflects Ellis and Bochner's (2000) assertion that: 'autoethnographers vary in their emphasis on the research process (graphy), on culture (ethnos), and on self (auto)… fall(ing) at different places along the continuum of each of these three axes' (p. 740). Nevertheless, I regard this study as 'an ethnography', with the understanding that an examination of the self is an integral component of ethnographic research: 'all ethnography is self-ethnography' (Goldschmidt,

1977, p. 294), that must account for the often-intense social bonds between researcher and participants.

However, there have long been concerns that the shift of focus to the notion of self within the social sciences, causes a lapse into insularity and solipsism that does not constitute 'proper' research (Berry and Patti, 2015); as Geertz (1988) states: 'the diary disease' is now endemic' (p. 90). I will address some of these concerns here with reference to my own research. Some autoethnographers, particularly women, have been trolled in online forums. Campbell (2017) notes that social media platform *X* (formerly known as *Twitter*) is used to accuse autoethnographers of being unscientific, uninteresting, and narcissistic 'self-obsessed c**ts' ('the Tweet did not contain asterisks') (para. 1); another post suggests that autoethnographic research is akin to 'diddling your pet hamster' (para. 36). Rather more politely, but still critically, Roth (2008) suggests that at its worst, 'writing the Self without acknowledging the Other is itself a violent (symbolic) act against the ethical condition that comes with being human' (para. 11). In a 'deliberately controversial' paper, one of Delamont's (2007) objections to autoethnography is that it focuses on the more powerful researcher rather than the less powerful participants, and therefore 'takes the wrong side' (p. 2) of Becker's (1967) question: 'whose side are we on?' (p. 239) which suggests that sociologists are likely to 'fall into deep sympathy with the people we are studying' (p. 240).

While my research is reflexive and critically considers the influence of self, to address Becker's (1967) question, 'the side I am on' is that of harm reduction workers, PWUD and where these identities overlap. This concurs with Weems' (2013) argument that one's endeavours to write about individual experience can only be expressed through a commitment to the collective. Therefore, this research uses an opportunity to represent 'our voices' as health professionals, who experience a disconnect with the mechanisms through which their stories can be told, resulting in 'subjugated knowledges', everyday knowledge and practices within the workplace that are silenced within mainstream discourse (Denshire, 2010). This bears a similarity to drug users' lived experiences, which are often hidden away from mainstream social life and can therefore be referred to as 'hidden populations' (Cepeda and Valdez, 2010, p. 700). Certainly, as a harm reduction worker, we understood the connection between the personal and the political, as Mills' (1959) discusses, but did not often have the means for political challenge.

This can possibly explain why the reserve and reluctance to participate that may frequently be experienced by the frustrated researcher was not present in this research, and in line with Bourgois' (2012) and Bucerius' (2013) experiences working with PWUD, there was enthusiasm for participation in the research and getting the stories told. 'Critical' ethnographers should aim to illustrate how structural influences operate to exert power on individuals and examine their agency (Castagno, 2012), so in an endeavour to strive for this, I aim to highlight throughout the thesis why the voices of harm reduction activists, including mine, is an important channel for social justice.

Therefore, my own reflections on my emotions and personal experiences throughout the research are oriented towards representing participants; personal information is only provided if it serves this interest. This can also help the researcher to draw a loose boundary around the self; as Denshire (2014) highlights, incorporating a strong element of the 'auto' within ethnographic research conducted as a member of a profession can feel uncomfortable, as this can cause the boundaries between professional and personal worlds to become fluid. However, one aspect of personal lived experience – my lived experience as a sufferer of a chronic pain condition requiring drugs for pain relief, endometriosis – is reflected on in places, as this affects my positionality to the research topic itself. Incorporating personal narratives that link to broader, gendered experiences, is a feminist, emancipatory departure from colonial ways of knowing that resists 'disenchantment with the dominant Cartesian paradigm of rationality at the heart of modern social sciences' (Ettorre, 2017, p. 357).

### *2.3.2. 'How I got here': a short biography*

This section explains how my professional experience led me to undertaking this PhD research question and outlines my role as a harm reduction practitioner, as this is the professional context in which I reflect, and influences my positionality to the research topic. I first started working for my local community drug and alcohol service in 2005 aged 21 years, as an administrative temp after I finished my undergraduate degree in psychology. Within a few weeks of working at the service, learning about the work, and getting to know the staff members and clients, I became fascinated with the sector and very keen to know more. What I found most interesting was that my working experiences were raising drug-related issues

that I had often wondered about: '*why is it some people develop addictions and others do not*?' and '*what can we do to support people who want to change but feel that they cannot do so?*' My biggest wonder of all was the chasmic mismatch between drug-related information that I had heard, read, and watched through mainstream media and at school, in comparison with the reality of the work that I was now witnessing and what I saw happening in people's lives. Although I had grown up during the 1990s in a socially deprived coastal town where drug use was normalised, ubiquitous, and embedded within people's daily lives, the notion of 'addiction' occupied a tangential plane of which I had been previously ignorant. Formerly, my understanding of 'a drug problem' existed within individualised explanations relating to inner conflict or pathology. I had been unaware of the now-obvious importance of people's socioeconomic life circumstances in shaping their drug using behaviour. In between doing the admin and making rounds of tea and coffee within my new-found role, I spent what time I could reading drug research studies and talking to practitioners and clients about their experiences, who were usually very happy to impart their wisdom and I was grateful for their time and patience.

After spending several months temping in this role, I gained a job at the same service working as part of a small harm reduction team. The ethos of our professional role was consistent with that proposed by Harm Reduction International (2021, para. 2): 'focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that people stop using drugs as a precondition of support' in the interests of reducing stigma and enabling access to health and social care services. The general responsibilities of our harm reduction team included: front line support, advice, and information; triage assessments; referrals to other services; outreach; tailored brief advice and information interventions; and offering safer injecting advice, blood borne virus support, and sterile injecting equipment in the NSP. One of my key duties was to coordinate the NSPs that the community drug treatment service funded, which included those based within services, pharmacies, and outreach settings. I was responsible for liaising with the clinical suppliers to ensure that we purchased suitable equipment, that the NSPs were well-stocked, and that we were working within budget. I was also required to collate the data that monitored how many people used the services and recorded the items of injecting equipment they took from the service and brought back. I spent a significant proportion of my time talking to service users and staff

within these settings and enjoyed the conversations with the team during group clinical supervision. Within this role, I gained an interest in listening to people's stories and saw first-hand the importance of voice.

Despite enjoying the role and holding a great liking and respect for colleagues and service users, I gained an increasing sense of unease that 'something wasn't right' about community drug treatment services. I began to carry this cognitive dissonance within me every day, that manifested as feelings of irritation, frustration, sometimes outright anger, and sadness. The weight of this became so uncomfortable, that after a few years, I left the profession and went on to work as a community project manager, then transitioned into academia within the public health field. Despite moving on professionally, this 'niggle' never disappeared, and I have since critically reflected on 'what was the problem'. I decided to make this tension the focus of this PhD research.

### *2.3.3. Positionality to the research topic: 'unveiling'*

I have interpreted the 'niggle' on which this PhD thesis is based as a 'problematisation'. Bacchi (2012) argues that problematisations emerge from medical and punitive practices, rather than existing as truisms in their own right, and how problems are framed confers significant importance for the development of public policy and practices. This is based on Brazilian educator Paulo Freire's idea that 'problematisation' can be achieved through pedagogy and is an act of disruption, dispelling the myths purported by oppressors: 'cooperation leads dialogical Subjects to focus their attention on the reality which mediates them and which—posed as a problem —challenges them' (Freire, 1970, p. 168). Therefore, critically examining my own problematisation of my experiences in practice involves examining the historical and social circumstances in which a problem came into being and is a means of making the politics of oppression visible. These are openly reflected on with participants during my interactions with them. Freire (1970) describes these radical acts as 'unveiling'. Within the context of healthcare education, Rozendo, Salas and Cameron (2017) argue that experiences in practice where practitioners do not impose their medical knowledge on patients, but instead attempt to understand their concrete experiences, can generate problematisation; therefore 'problematizations are a way of intervening in the world' (p. 120).

This problematisation has led to me embarking on a research journey in which I have experienced several disciplinary shifts in orientation towards the research topic. I started the journey as a health professional in which I experienced and witnessed the concrete impacts of the drug-free world ideology through the lens of a harm reduction advocate. I then became a public health academic, during which time I examined the ideology in terms of its bearing on health inequalities, but also risk reduction, consistent with the discipline. At this point, I considered the drug-free world ideology to be problematic mainly in terms of the evidence base not supporting an enforcement-based approach to improving health outcomes. However, as I examined this more critically throughout my PhD study using sociological theories such as Althusser's (1971) theory of ideology and critical drugs studies research, I grew to understand the importance that ideology has in reinforcing structural oppression. Examining resistance holds a strong tradition within the discipline of sociology (Hollander and Einwohner, 2004), so it was necessary for me to pursue a line of inquiry that moved me towards a perspective that is more critical of public health and harm reduction in terms of their social control mechanisms and in Althusserian terms, their role within the medical ISA (Waitzkin, 1989). While concepts of resistance used within sociological research varies, I have adopted Weitz's (2001) definition of resistance: 'actions that reject subordination by challenging the ideologies that support subordination' (p. 667), as this is centred on ideological resistance, emphasises symbolic action, and is therefore consistent with the line of inquiry in this PhD thesis.

Nevertheless, the concrete experiences of harm reduction activists illuminate sources of inequality and demonstrate practical resistance (e.g., Temenos and McCann, 2013; Shorter *et al*., 2022). The notion of activism as ideological resistance brings a critical sociology perspective that aims to critique the prevailing power structures within society in the interests of envisioning a more humane and just world, however, while this lays foundations for social transformation, one limitation is that this 'leaves the on-the-ground struggles for change to others' (Dale and Kalob, 2006, p. 127). Another shortcoming of sociological perspectives is the lack of research attention to the role of emotions within social life (Holmes, 2010). This theory-practice gap that pervades this thesis is at the core of C Wright Mills' (1959) 'Sociological Imagination', where it is argued that the task of the social scientist is to link the social with the personal: 'the sociological imagination enables us to grasp history and

biography and the relations between the two in society' (p. 6). Within my approach, I therefore aim to inculcate an interdisciplinary approach to examining the concrete enactment of an abstract drug-free world ideology, bridging the social and the personal. As participants' accounts of working 'at the coal face' are generated through my own positionality as an individual who has personally experienced some of these struggles, a strong commitment to 'on-the-ground struggles' is maintained throughout the thesis.

Finally, through my characteristic as a working-class woman, I feel personally aligned with classes of people whose use of intoxicating substances for pleasure and cultural purposes is deemed non-legitimate by dominant power elites, while they continue to use these themselves. In the UK, alcohol and tobacco remain legalised and taxed, while the relatively less harmful magic mushrooms and khat are illegal under the *Misuse of Drugs Act 1971* (Nutt, King and Phillips, 2010). Whilst writing this thesis, in July 2022, the UK Government introduced a White Paper titled 'Swift, Certain, Tough: New Consequences for Drug Possession' to outline their enforcement-led approach to tackling drug use (HM Government, 2022). By December 2022, news circulated to report that traces of suspected cocaine had been discovered in Chevening estate in the summer of 2022, where then foreign secretary Lizz Truss was hosting a party, and Whitehall insiders described drug use in as 'widely used across Whitehall' (Isaac, 2022, para. 10). Through researching my *'Chapter 1: Literature Chapter'*, it became clear that this double standard is just one example in a long-standing tradition of hypocrisy around the state control of intoxication. When I worked in the services, our harm reduction team used a phrase 'my drugs are better than your drugs' to describe this phenomenon. I oppose the drug-free world ideology as an element of a class war that uses intoxication practices to undermine and oppress ordinary citizens.

#### *2.3.4. Relationship to the participants: a 'partial insider'*

Traditional ethnographic methodology carries an assumption that researchers can be positioned to participants as either an 'insider' or an 'outsider' exclusively and that there would be advantages and disadvantages associated with each position (Merriam *et al.*, 2001). Following this logic, as a researcher, I would be able to adopt an 'emic' perspective, viewing the lived experience from the inside of the group, or an 'etic' perspective, adopting the role

of an outside observer (Morris and Fu, 2001). However, ethnographic research historically involved White, Western researchers studying the 'exotic other' and therefore stemmed from colonial ways of knowing (Angelone, 2018). For example, Margaret Mead (1928) examined 'The Role of the Individual in Samoan Culture' by spending time in the Manu'a Archipelago of the Samoan Islands and Bronislaw Malinowski (1922) provided 'An Account of Native Enterprise and Adventure in the Archipelagoes of Melanesian New Guinea'. These studies assumed a distinct and binary separation between 'self' and 'other' that is problematic when considering one's role as a 'partial insider' who exists between worlds (Sherif, 2001). This would be the case for my positionality; while I share interconnectedness with participants in terms of the shared professional experience, I am no longer working in the drug use field.

It is now an accepted wisdom that the boundaries between insider and outsider are not clearly delineated and that these concepts are not so much binary in nature but can be conceptualised on a continuum (Dwyer and Buckle, 2009). Measham and Moore (2006) argue that as the identity of the researcher is contingent on their audience and the setting, the idea of being a 'complete insider' has always been problematic in any case. Additionally, as Buzard (2003) suggests, we should not assume that: 'one common culture lies across every inch of a people's land like an evenly applied coat of paint' (p. 63), not least as positionality intersects through personal characteristics such as race, age, and class, in which each person is unique (Hayfield and Huxley, 2015). The positionality of participants is also not fixed and shifts within time and contexts (Geleta, 2014). While I adopt the position of 'partial insider', I am aware that my personal characteristics will result in constantly shifting boundaries: my gender identity as a woman, my age (late 30s at the time of data collection) and working-class status. In her research within the police force in England and Wales, Stockdale (2017) found that she was regarded by participants as both an insider and an outsider, as she was known by participants to be an employee but not a police officer. She conceptualised her positionality as being on a 'reflexive roundabout', where she was constantly entering and exiting from numerous positions. Within my research I interacted with participants who all sat under the umbrella of 'harm reduction activists', but within a variety of roles that were not mutually exclusive: paid health professionals, current and ex-service users, and peer mentors (previous or current service users who work on a voluntary basis). I would consider that my role as a researcher is positioned on this reflexive roundabout.

Throughout the data collection, I found that I went 'back and forth' (Hamilton, 2017, p. 2457) between the positions of an academic researcher and a harm reduction practitioner, which was useful in the interests of building rapport and communicating empathy to participants regarding shared experiences. However, as participants discussed more recent harm reduction practice developments that I had not experienced, such as naloxone distribution and working towards the WHO Hep C elimination strategy (WHO 2016), at these points I could pull back into my academic-researcher role and defer to participants' expertise. By doing this, I was able to utilise outsider status by expressing to participants that their taken-for-granted everyday practices were providing useful insights and a deeper understanding (e.g., 'I don't know anything about that as we didn't do it back then, please tell me more'), which can help in 'de-centring' the traditional authority of the researcher (Yeo and Dopson, 2018). Ivankova (2015) highlights that multiple positionality is a key feature of being researcher-practitioner and recommends that to develop ongoing reflexivity, the practitioner-researcher uses 'critical friends', to engage in a dialogue that reflects on and critiques one's own position. In line with this advice, throughout the data collection and analysis phases of the research, I engaged with my two supervisors and during the lockdowns, I took regular, socially-distanced 'walk and talk' meetings with my critical friend, also a researcher-practitioner, to critically reflect on my thoughts and feelings that arose.

## 2.4. Fieldwork setting: the '*Harm Reduction Activists' Forum'*

Establishing a bounded ethnographic field can be a challenge for online researchers, as most individuals occupy an existence that blends online and offline worlds, using multiple devices (Hine, 2017). However, I was already an existing member of an online harm reduction activism forum prior to the data collection commencing, so this setting seemed like an appropriate, conceptually-bounded alternative to a traditional site for fieldwork. The *'Harm Reduction Activists' Forum'* is an online group that aims to advocate harm reduction policies and practices as a key element of the national English drug strategy. Although there is a focus on England, the online presence of the forum means that the reach for members is global; there are over 70 members registered and membership is free. The forum has a Facebook group with over 2,000 followers globally. It meets annually to share good practice and the latest

developments in the field; I had attended their annual meeting in 2021, which took place online due to the pandemic-related restrictions. Members who sign up are added to a mailing list and a Google discussion board. If a member wants to communicate with the whole group, they can add a post to the discussion board and all members will receive an email copy of the message. To preserve confidentiality and anonymity, information about the forum and its members is kept general and all names are pseudonymised throughout this thesis.

### *2.4.1. Access and entrée*

In ethnographic research, 'entrée' is the process of gaining access to participants and their life worlds (Giulianotti, 1995). While traditional fields may feature formal gatekeepers who need to be approached to gain authorisation, online ethnographies can necessitate liaising with informal gatekeepers (Bailey, 2017). This may require demonstrating an authentic commitment to the research topic that goes beyond academic credentials, such as disclosing personal experiences and openness about researcher positionality to the participants. Although I was already a member of the group, there are some key members who have leadership in the group and have done celebrated harm reduction work. I was a newer member and at the time of undertaking the data collection, was working in academia, rather than providing front line harm reduction services working directly with PWUD. I mostly used the forum to keep abreast of the latest developments in the field and to inform my teaching. Although any members can post on the forum discussion board at any time, I was not certain if applying for access to research participants would be permitted. I decided to send an honest and informal email to the chair of the forum to explain my situation as a 'researcher during lockdown', and to request permission to use the forum as a site for the research. They responded promptly and enthusiastically to say that discussion was slow at present, that this research was in line with the aims of the forum and encouraged me to use the discussion board and mailing list as much as was necessary. I felt supported and welcomed by this communication and that I was contributing to the forum as an insider.

I subsequently sent an email to all members on 11th February 2021 through the forum discussion board, explaining the situation and asking willing participants to contact me directly if they were interested in 'having a chat' about their work. It was intended that this

would replace the conversations that I would ordinarily be having with participants within a traditional field. Within one week of posting on the discussion board, I had become slightly overwhelmed with email messages from members saying that they would be willing to take part. At this point, I felt that entrée into the field had begun, as this was an intense experience that required me to spend long hours communicating with potential participants and I immediately felt very much immersed in the process. My offline world became merged with the online one, as my phone pinged constantly and I spent hours on my laptop communicating with participants, reading things that they sent me and making field notes online.

Hart (2017) argues for the importance of online ethnographers making adequate preparations to 'travel' to virtual spaces in the same sense that traditional ethnographers would physically travel to the field, by learning how to use the digital tools that will be needed. In this spirit, I reflected on my own media use and considered how this might impact entrée and rapport building. To balance the power dynamic between myself and participants from the outset, I initially attempted to co-navigate a favourable online space with them, as I was mindful that access is an 'ongoing process of negotiation' (Ackers, 1993, p. 215). I also wished to make the research process as straightforward as possible for my participants, as I was anxious that they might lose interest in taking part if the technological experiences became too onerous for them. I therefore asked them which platforms they preferred and agreed to their choices. It is recognised that social media platforms each acquire their own niche in people's communication behaviours and practices, and users tend to develop their own personalised network of multiple and interacting 'polymedia' (Madianou, 2015). Within this approach, users will exploit each platform for its advantages and use them interchangeably. This involved upskilling myself if participants preferred a platform that I was unfamiliar with, which I did using freely available online user help manuals. I felt that it was worth investing this time, as even if gatekeepers give their consent for access, rapport building is an essential activity to gain consent and approval from participants and elicit authentic data (Martos-Garcia, Devís-Devís and Sparkes, 2022), Additionally, email exchanges between researcher and participants prior to online interviewing has been found to facilitate rapport, so this provided a useful opportunity to build rapport prior to my spoken interactions with participants (Deakin and Wakefield, 2014).

### *2.4.2. Considering the research field: the private space of the home*

Throughout the pandemic, data collection that would typically have taken place within traditional ethnographic fields, such as hospitals and other health care services, participants' homes, and community-based spaces, had to occur from rooms in the private space of the researcher's own home (Watson and Lupton, 2022). Online ethnographers therefore need to consider how they set a boundary between online and offline worlds (Tunçalp and Lê, 2014). This was not straightforward for this PhD research, due to the online nature of the data collection and the social restrictions of the pandemic causing me to be in my bedroom for 20 hours per day for almost 18 months. This was an unusual situation that created an immersive research process, as the medium of the screen (laptop and phone) became the sole and normalised lens through which to contact the outside world (see appendix 6: 'the new research field'). This shift to utilising the private space of the home as the research field raises several methodological considerations relating to data collection and analysis, rapport building, and ethics (Phillips and Blackman, 2024).

The colonial, anthropological foundations of ethnography reinforce an idea that legitimate and authentic research fields are required to be far away and exotic, however, this diminishes the important role that familiar spaces play in active reflexivity: 'this is not a mode of self-indulgent navel-gazing, but important methodological labor' (Anderson, 2021, p. 215). Conducting ethnographic research online is an embodied experience that can enable emotional bonding and trust, enhancing degrees of intimacy between researcher and participants (Blackman, Phillips and Sah, 2019). Interviews with an element of 'everyday talk' can add spontaneity and avoid rehearsed narratives, particularly about patient journeys (Proctor, 2013). I felt that having a snapshot into participants' private lives, rather than their professional lives served to humanise each party and build rapport as we expressed shared empathy for one another's obvious difficulties during the pandemic.

Acknowledging the distractions within the home caused by partners, children and pets with research participants could be commented on humorously by both parties to indicate the shared experience of the pandemic, particularly its impact on how we were required to communicate. I found that the presence of pets had potential to facilitate essential rapport-building with participants and provided a humorous or therapeutic element during emotional

conversations. For example, during one instance where a participant became visibly angry and upset as he recounted his negative experiences of using a healthcare service, his dog crept on to his lap and stared down the camera, obscuring the participant from view. As well as providing a comfort to the participant, the dog's actions amused us both and we laughed as we pretended that the dog was the one being interviewed instead. Despite this, some family members and pets demonstrated annoyance at the participant's lack of attention to them during some of the interviews. I tried to remain composed as I overheard a woman yelling at her husband to 'get off the damned phone', saw children crying for dinner to be cooked, and watched a participant being smacked in the face by his own cat as he disclosed his lifelong battle with drug use. My own frustrations as a researcher mounted at times, as I tried to concentrate on a participant interview, while construction workers dug up the road outside my window, or delivery drivers rang the doorbell. As such, online ethnographic experiences incorporate the inconveniences and awkwardness of inserting oneself into another's world, just the same as one would experience in a traditional field, providing further legitimacy to its use as an ethnographic research field (Lane and Lingel, 2022).

#### *2.4.3. 'A window into feeling and being': managing the screen*

Despite not being in the same room physically with participants, online interviewing places researchers and participants in a social context where they are required to perform impression management, including their emotions (Żadkowska *et al*., 2022). Throughout the research process, I was conscious that communicating with participants online was an emotional experience, the laptop screen providing a 'window into feeling' (Watson and Lupton, 2022, p. 8). Communicating and connecting with other members of the forum through the laptop screen was an everyday part of participants' lives, particularly during the pandemic. Hine (2015) conceptualises ethnography for the internet as 'embedded, embodied and everyday'; *embedded* in various contexts, an *embodied* experience, and that use of the internet is an unremarkable aspect of people's *everyday* lives (p. 32). This framework provided me with a context for considering multiple ways of 'being there' (Geertz, 1988).

Contemporary ethnographic research approaches incorporate multisensoriality of experience (Pink, 2015). In traditional face-to-face ethnography, the opportunity to watch the face and

body is set in the context of the physical location and surrounding environment. In contrast, online ethnography may involve a direct and sustained focus on the face in an intimate and potentially intimidating manner. Therefore, I became a lot more conscious of what my face might look like up close when I knew that was what participants would be forced to focus on. I chose makeup carefully, nothing too bright or 'unprofessional', and hair tied back so that my facial expressions could be clearly observed. This consideration of physical appearance has been observed in other online ethnographies. For example, MacDonald *et al.'s* (2021) study showed that women who would never normally have worn make up, did so in the online space as a means of augmenting their reality and enhancing performance through bodily adaptations. These experiences can be likened to that of researchers within traditional fieldwork settings who experience anxiety about what to wear in the field, as they are aware that even the tiniest aspects of how they dress and present themselves will immediately impact their positionality with participants and have implications for blending in, sexual expression, and interactions (Bain and Nash, 2006). I found that being allowed into some participants' private and bedroom spaces brought with it an intimacy of 'carefulness' in terms of both clothing worn and other items of clothing left observed within the screen. I opted for a 'smart casual' choice of clothes and deliberately avoided anything that would be too distracting, or slogans that could be offensive to an unknown audience and damage rapport.

Another important aspect of managing the performance was deciding whether to make use (or not) of the array of virtual backgrounds that are free and widely available when using video conferencing software such as *Zoom* or *Microsoft (MS) Teams*. Virtual backgrounds are simulated environments that are displayed behind the user and cause them to appear as though they are in an alternative environment, so can be used to conceal the user's location, environment, and other people within it (Conti *et al.,* 2021). These provide opportunities for participants and researcher to re-present themselves by masking their reality and replacing it with a new one (Hay, 2020). In my case, a virtual background could have been used to mask the private space of my bedroom. My supervisor and I did casually wonder how the University ethics committee would respond if I were to state on the application form that I was 'letting 18 participants into my bedroom'! What would I replace this scene with, in any case? To resolve this within my own research, the matter of virtual vs real background was a deliberate and conscious decision, and I took the advice of academics such as Markham (2016) and Cocq

(2019), who suggest that researchers should focus on the reasons why they are carrying out the research at all, rather than be driven by the instrumental aspects of the research. As my research topic involved examination of the tensions posed in healthcare services when motivations for policy and treatment development are non-transparent, any notion of concealment on my part did not align well with the principles of this research. Therefore, in the spirit of authenticity, I invited 18 participants into my bedroom.

I was curious to see where participants would invite me in return. Several participants invited me into their bedrooms, some directly into bed; others into their place of work, one into the centre of a cat activity playground (complete with cats) and a few into their fully kitted-out home office spaces. In one instance a participant had changed his home background into a virtual professional-looking office space. Every now and again the graphics would 'glitch' slightly to reveal sudden glimpses of a living room in a house. This made me as a researcher feel a bit unnerved at what might lie behind the graphics, and I was glad that I had opted for an unmasked space after all. Ultimately, I emphasised that all participants were free choose their own space and modify it how they wished in the interests of them being in control of their own space. This provides participants with the means of controlling the visual aspects of their environment, which can foster a sense of empowerment and enable full immersion with their environment (MacDonald *et al.*, 2021).

As well as attending to participants' emotions, I was required to work reflexively concerning my own emotions, considering that researchers like me who are emotionally invested in the research topic may experience feelings of guilt, vulnerability, and exhaustion (Blackman, Phillips and Sah, 2019). I faced an emotional challenge when a participant became angry and upset about being exploited within his place of work, as this mirrored how I had felt at times and was one of my motivations for the research. I felt limited in how I could show empathy and provide some comfort to him when only my face was showing on the screen, eliminating wider body language in communicating these sentiments. At this point, I felt frustrated that I was not bodily in the same room as the participant, however, in traditional ethnography the researcher is also constrained in their emotional responses to participants due to wishing to act appropriately to their role. For example, Blackman (2007) argues that the subjective, emotional experiences of ethnographers have historically been '*considered too controversial*'

(p. 699) to be published, particularly for early career researchers who are trying to build a credible and respectable reputation within their field, a category that I felt I fitted into. Writing emotions into ethnography generally poses a technical challenge for researchers in terms of conveying the richness of experience, but it is also difficult to know whether we are authentically representing participants' experiences (Beatty, 2010). To enhance reflexivity, these emotional experiences were reflected on and discussed with my critical friend and supervisors as a means of sense-making and as Hine (2015) advocates, using the autoethnographic approach to examine interactions in greater depth.

## 2.5. Data collection methods

The ethnographic data collection process took place between October 2020 and November 2022. This started once I had received ethical clearance from the university. Knowing when to stop collecting data can be a debatable area for researchers (Birks and Mills, 2023). I stopped collecting data once the stream of contact from members of the forum and existing participants naturally dried up. I also stopped when I felt that the data gained was 'rich and sufficient' (Charmaz, 2014, p. 33); no new themes appeared to be arising. There was also a practical time constraint, as the work needed to be written up and completed to meet the formal deadlines, so this explains why the data was carried out within this period.

### *2.5.1. Participants and sampling*

Eighteen participants were recruited to the study, eleven males and seven females. The eligibility criteria were as follows: participants had to consent to participate in the study, needed to be aged at least 18 years, were required to be a member of the forum, and needed to have had lived experience within a NSP setting. The specific eligibility criteria of NSP work ensured that participants would have engaged in some form of harm reduction practice that could be discussed. This experience could consist of paid or unpaid work within a community drug treatment setting, NSP work being practiced within any other health and social care professional role, peer work, volunteering, being a service user, or these roles in any combination. Moreover, the research recognises the liminality of these multiple identities occupied by service users and practitioners. Hence, the participants are not so much regarded

as solely 'harm reduction practitioners' but are considered 'harm reduction activists' who are able to reflect on and discuss experiences relating to their harm reduction practices that were undertaken within mutually-influencing identities and roles. Recognition of participants' liminal identities was maintained throughout the research and explicitly discussed within the results chapters, particularly where the identity of being both a practitioner and a service user overlapped (i.e., a practitioner with lived experience of drug use). A summary of participants' roles is presented in appendix 7.

I responded personally to all members of the *Harm Reduction Activists' Forum* who contacted me directly in response to the recruitment email I sent to the whole email group, which consisted of 77 members at the time of data collection. The response from me took the form of an email, in which I introduced myself and suggested some appointment times at the participant's convenience to meet for a first conversational interview. The overall sample consisted of all participants within the forum who expressed a wish to participate in the study, met the eligibility criteria and were able to meet me for the conversational interview.

As the forum has a global reach, participants could feasibly contact me from anywhere in the world. Fifteen participants drew on experiences living and working in England. Two participants discussed their experiences as German residents and one participant lived in New Zealand and discussed his experiences there. This posed the potential methodological issue that due to large variation in the structure of health systems (in this case, community drug treatment systems) between countries, inclusion of these participants potentially presents some issues relating to compatibility of context (McRobert *et al.,* 2018). However, transnational research acknowledges that in an increasingly globalised world, there is considerable 'overlapping structures and norms of nation-states' (Barglowski, Bilecen and Amelina, 2014, p. 215), which means that the constraints of physical, geographically bound places such as nation states are no longer the assumed unit of reference for research samples. Online ethnographers face the specific challenge of defining boundaries relating to space and time, however, they are commonly drawing on discrete 'technical demarcations' (Tunçalp and Lê, 2014, p. 73) as a conceptual basis, such as chatrooms and websites. Therefore, I decided that this research would examine the life experiences of participants who were spatially united within the boundary of the *Harm Reduction Activists' Forum.*

Moreover, the focus of interest for this study was examining the tension between the dominant drug-free world ideology and harm reduction practices. The German and New Zealander participants met the eligibility criteria for the research and their lived experiences were in community drug treatment service settings with roles that all required some element of harm reduction practice. Nevertheless, these services operate in countries that are members of the same governing international drug policy, the UN Conventions (UN, 1961; 1971; 1988). Therefore, the contexts in which they were operating matched that of the English participants who were required to manage this same tension between ideology and practice. While qualitative health services research that compares countries should not assume homogeneity of policy and culture within Western industrialised health care systems, these can generally be conceptualised and analysed as processes of power that are ideologically enmeshed (Wrede, 2010). On these grounds, it was reasoned that these participants were suitable for recruitment and their data was included for analysis.

### *2.5.2. Conversational interviews*

Nineteen conversational interviews were conducted, one per participant, and one participant was interviewed twice due to a follow-up interview. This follow-up interview was conducted because the participant had a particularly extensive wealth of experience and knowledge about harm reduction activism and the research focus, so we agreed it would be useful to capture and discuss this in more detail and depth. Additionally, our first interview together revealed some interesting debates about topics that I wished to probe further.

Described as 'conversations with purpose' (Hartmann, 1933, p. 207; Burgess, 1984, p. 102), the method of interviewing has long been conducted within social sciences research as an 'information-gathering technique in which the defining feature is the presence of an interaction between the interviewer and the interviewee' (McCrady *et al.,* 2010, p. 109). The online interviews were 'synchronous' (O'Connor and Madge, 2017), occurring in real time which allowed for a natural and spontaneous exchange. These conversations aim to flow naturally, and this adapts as it proceeds, enabling rich insights into the research focus in participants' own words (Flick, 2018). Within ethnographic studies, online conversational interviews pose the advantage of being able to earmark sustained periods of time to interact

with participants (Crichton and Kinash, 2003), so I chose this method to maximise the time I could spend with them. Additionally, an unstructured interview was advantageous over more structured forms of interview, as this technique allows participants to exert more control over the interaction, creating a balance of power between researcher and participants (Corbin and Strauss, 2015). These were conducted one-to-one for the purposes of participant confidentiality when discussing sensitive, stigmatised, and sometimes illicit issues relating to drug use (Barratt and Maddox, 2016).

My decision to conduct one-to-one interviews is consistent with a trend of newer ethnographic work that tends to rely heavily on interview data; some researchers question whether this is 'true' ethnography, as it does not involve the long-term observation of and immersion with participants in their naturalistic settings, as per the anthropological research tradition (Hammersley, 2006). However, ultimately, the goal of ethnography is to elicit and understand participants' perspectives and Forsey (2010) argues that interviews are ethnographically valuable because they prioritise engaged listening, asserting that aural data should not be superseded by observational data. Moreover, interviews can elicit in-depth and focused perspectives that are spatially situated and occur as a culturally accepted form of communication, in the same way that these would arise in a traditional ethnographic field (Hockey, 2002). Therefore, I decided that conducting conversational interviews would elicit these methodological strengths and provide the best means of examining the research question. Furthermore, as a group, the participants are highly familiar with online meetings because this is an activity that takes place within their everyday working roles as practitioners and as members of the online forum. Additionally, in my personal experience, harm reduction activists generally tend to have a positive orientation towards research and are keen to share their perspectives.

Once members of the forum responded to my discussion board posting by emailing me directly, I considered them a participant of the research. A time and date for a one-to-one, confidential interview was arranged by email or Facebook Messenger with each participant. As it is recommended that researchers make the process of interviewing as enjoyable and comfortable as possible for the participants (Valencia *et al*., 1990), I then asked them what their preferred platform would be for the interview; *MS Teams* or *Skype* were used. These

interview slots were then booked into either *MS Teams* or *Skype*. In the instances where *MS Teams* was used, this process generated a calendar appointment that was sent to the participant.

With participants' permission (all 18 participants consented) each interview was audio and video recorded using the platform's built-in recording function. While video recording has become more popular in ethnographic research in recent years, deciding whether to use it is still a conscious decision in the interests of ongoing research reflexivity (Hammersley and Atkinson, 2007). I therefore decided to ask participants at the start of each interview if they would be willing for me to video record the interaction, as this method poses several advantages, particularly that a re-playable, permanent record of the interaction can be elicited (Lee, Baker and Haywood, 2020). Unlike face-to-face interviewing, the use of video recording in ethnographic work is a non-intrusive and normalised function of online interactions. However, I wanted to mitigate the potential for negative impact on the participants, mainly that some participants do not like the experience of being filmed, raising issues around ongoing consent (Coffey *et al.,* 2006). I reasoned that gaining permission to film from the participants prior to the interview starting would mitigate this potential issue. Participants were made aware that consent for this was ongoing and that the recording could be stopped at any time, however, no participants made a request for the recording to cease during the data collection. With participants' permission, I took the additional step of audio-recording video conferencing sessions using the 'Voice Recorder' app on my mobile phone (Moto G 6 Plus) as a backup. This proved necessary in just one instance, where a participant and I were unable to access the videorecorded session due to technical problems. Once each interview was finished, the recording was saved as an MP4 file in my personal space on the University drive which is password protected. It was then uploaded into *Nvivo 12 Pro*.

When interacting with participants using the business communication platform *MS Teams* that I use professionally, I felt that I was entering the field in 'work mode'. The approach that I initially used when interacting with these participants was more likely to adopt a professional tone. Conversely, when communicating with participants using less formal Apps such as *WhatsApp*, *Facetime*, and *Facebook*, I was more likely to feel that I was in 'friend mode' and these spaces were characterised by emojis, memes, humour, and internet slang. Some

participants were somewhat known to me through my past harm reduction practice networks, so I felt that I could be more personally authentic with these latter participants, felt more comfortable being honest about my emotions, and was more likely to be critical about the research. Despite this, several of my participants occupied senior professional roles and I therefore felt that it was more appropriate to initially use a professional platform such as *MS Teams* in these instances. At the same time, there was a valuable place for less formal Apps that could retain a personal and intimate capacity to gather data.

### *2.5.3. Ongoing communications*

Ongoing ethnographic conversation and observations arose naturalistically within online spaces. These consisted of three strings of *Facebook Messenger* conversations, *WhatsApp* messages, and 17 sets of email conversations. The *Facebook Messenger* and *WhatsApp* conversation text was cut and pasted into *MS Word* and saved as a .doc file. This file was then uploaded into *Nvivo 12 Pro*. Email strings were accessed in *MS Outlook*, then saved as a text file. Similarly, this text file was then uploaded into *Nvivo 12 Pro.* Ongoing communications (as with a traditional ethnography) took the form of everyday online interactions that included verbal conversations and participative observation in meetings.

### *2.5.4. 'Online pocket ethnography'*

One feature of traditional ethnography that can help researchers to examine more covert aspects of participants' lives is personal documents that are given to the researcher, termed 'pocket ethnography' by Valerie Hey (1997, p. 50). In Hey's ethnography of girls' friendships in London comprehensive schools in the 1980's, she discovered that 'illegitimate knowledges' were shared among the girls that took the form of secret communications by letter or scribbled notes. Similarly, in Blackman's (1998) ethnography of 'The New Wave Girls' he disclosed that participants gave him notes, letters, badges, and a hand-written poem to express how the girls felt about their relationship with the research and the researcher. Other researchers have considered the meanings of different documents that may be more practically useful to fieldwork; for example, participants in McPherson's (2017) PhD research on the night time drinking economy in Canterbury provided him with flyers that advertised

alcohol-related events. These were useful as they provided the researcher with a valuable source of insider information that documented when and where specific events occurred.

Drawing on Hey (1997) and Blackman's (1998) research experiences, this section considers the value and meaning of 'online pocket ethnography' that takes place in online ethnographic work, reflecting on examples of 'digital gifts' from my participants (Phillips and Blackman, 2024). Examples of 'pocket ethnography' and 'online pocket ethnography' that were gifted to me during the data collection are summarised in appendix 8. Where possible, text files were uploaded into *Nvivo 12 Pro.* In one instance, before the online meeting took place, one of my participants emailed me a magazine article that he had written about harm reduction work. The article demonstrated his positionality relating to a controversial topic that had been discussed heatedly within both academic circles and popular media. When I met with the participant, I therefore already knew what his values were concerning the research topic, however, he did not know mine. After we introduced ourselves, I immediately thanked him for sending me the article and stated that I agreed with his points. The conversation went as follows:

AP: *I wouldn't normally open an interview by saying this, but having read your article…*

RORY: *I had a kind of sneaky suspicion and the only reason for me to send you that was to really test out the water, because it would help with the context hugely, and maybe even give us a bit of a head start… well then, I think in that respect, we're on the same page!*

AP: *I think we are! (Mutual laughter).*

It was interesting to hear that the participant had wanted to 'test' me before the online meeting took place. Such trials are often identified in traditional ethnography where participants set tests for the researcher to prove their authenticity and commitment (Blackman 1998). The exchange of the article led to an immediately honest conversation where each party 'knew where the other stood'. Throughout the research, several participants provided me with the following documents: journal articles, academic reports, or news articles about pertinent issues, some that they had written or taken part in themselves. In these instances, the information contained within the documents was public information

and it seemed that participants were wanting to showcase their work or communicate a positionality to a specific issue that was important to both parties.

Other documents that were sent to me were of a confidential nature and included private email strings, confidential reports, contact details for other potential participants, and files (e.g., spreadsheets and pictures). In one instance, a participant who was employed as a recovery worker had spent a long time compiling a report containing data that revealed a significant drug-related issue in his local area. He was dismayed when the report was dismissed by his managers and expressed during a conversation with me that he was pleased that 'someone was finally taking an interest in it'. This demonstrates a great deal of trust on the part of the participants; in these instances of sharing confidential information, we swore each other to secrecy, and I felt that a bond of trust was indicated. These transactions demonstrate sharing, trust and valuing the research relationship, particularly where confidential and personally exposing documents are shared. The sharing of digital documents poses a significantly greater risk than traditional paper documents, considering how easily a secret could potentially be shared to a global audience within seconds.

In addition to social bonding, the phenomenon of sharing confidential documents can be interpreted as a mechanism for resistance. Examining the letter sharing of participants through a feminist lens, both Hey (1997) and Blackman (1998) concluded that their participants took subversive pleasure in sending one another secret writings, as this mechanism enabled them to honestly express feelings of dislike or disagreement, from critical assessment of their boyfriends to ridicule of the social pressures to comply with constructing an image of a 'nice girl'. Similarly, digitally shared documents can indicate private expressions of rebellion, in this case, a felt need to be a compliant practitioner in health and social care services. The concept of online pocket ethnography may provide further opportunities for researchers to examine expressions of resistance among groups of people whose voices may otherwise remain hidden.

### *2.5.5. Fieldnotes*

In traditional ethnographic studies, researchers commonly keep a hard copy field diary containing written notes. As well as documenting the research process throughout the journey, a fieldwork diary is also data, as it contains observations, reflections and records of conversations that could not be recorded. However, Kozinets (2002) highlights that online ethnographic work may make a sharp departure from traditional ethnography, where a researcher can make rigorous observations and download information, but without the need to write field notes at all. Due to the online methods employed here, I felt there was no need to sneak off or write covertly as traditional ethnographers do, because the screen was always there, so all interactions were recorded as the research journey progressed. Interactions with participants were recorded 'in situ', taking the form of emails and *Facebook Messenger* messages to participants reflecting on the process. The interviews were video recorded, so there was no need to rely on separate fieldnotes.

However, as Hammersley and Atkinson (2007) advise, video recording does not entirely remove the requirement for field notes, because the thoughts, feelings, and ongoing analysis of the researcher during data collection needs to be captured at the time. Therefore, as data collection progressed, I wrote a series of bullet point 'prompts' in the draft methodology section of my thesis that were designed to either act as triggers or be directly included in the final write up. Throughout the data collection process, I attended online seminars run by the graduate school in a deliberate attempt to extend my thinking and discuss issues with other students/the tutor, due to the isolating nature of lockdown. I took notes during these sessions. Again, these were added to the thesis draft in bullet point form to act as triggers for when I was doing the final write up.

## 2.6. Ethical considerations with online ethnographic research

### *2.6.1. Ethical approval*

Ethical approval to commence data collection for this research was gained from Canterbury Christ Church University (CCCU) in September 2020, through the Faculty of Medicine, Health and Social Care research ethics process, as advised in the University's Ethical Procedures for

the Conduct of Research Involving Human Participants. This PhD research project was part-funded by Canterbury Christ Church University.

### *2.6.2. Consent and confidentiality*

Conducting online ethnographic research presents several ethical considerations which were considered throughout the research and are discussed here. Delamont (2007) argues that autoethnography is unethical in terms of consent and confidentiality, as consent from the people included in the researcher's reflections tends not to be gained. This is exacerbated when people who are mentioned in these reflections can be personally identified. To some extent, this may be true of ethnography (and other qualitative studies) in general, where 'internal confidentiality' (Tolich, 2004) can be easily compromised. This term is used to describe an ethical breach, where participants can identify themselves and other participants within the written research. There is a potential risk for issues around internal confidentiality in this research study, as some participants are known to one another within the forum. Furthermore, research involving discussions about drugs use is a particularly sensitive context due to their illicit nature and therefore, confidentiality must be maintained to protect participants from the harms of prohibition (Clough and Conigrave, 2008).

To manage these issues of consent and confidentiality, participants engaging in the one-to-one interviews were asked to read and sign a consent form (see appendix 9) and were provided with a participant information sheet (PIS) (see appendix 10) that explained the research expectations. Participants were advised how the data would be recorded, analysed, and reported, so that there was transparency. There were several cases where some sensitive disclosures needed to be carefully managed between me and the participants to maintain their anonymity. In these instances, I provided the participants with examples of how their qualitative data would be phrased (verbally or by email after the interview), so that they could directly consent to this representation of the material. One participant made a disclosure, then said that he didn't want certain pieces of information to appear in the study, which I promised to do, explaining how consent was crucial to the research process. The information was therefore not included as one of the text examples provided in the data chapters. All names of participants have been pseudonymised throughout the data chapters. Information

relating to specific places, services, organisations, or companies that could be used to identify their employees or service users, or disclose information about these that is not already in the public domain, has been pseudonymised or omitted.

Online ethnographic research presents the additional challenge of a phenomenon called 'lateral surveillance' (Andrejevic, 2006), a term used to describe the process whereby citizens feel compelled to monitor one another, particularly friends, family members, and potential love interests. These activities are facilitated by use of networked, online technologies and devices and can include finding out information about a person by examining their *Facebook* profile, covert audio, and video recording, checking internet search histories and use of specialist 'spying' software. Further, participants may not always have access to confidential spaces in their home where they can engage in an online interview without being overheard by significant others. Therefore, I checked with participants prior to the interview that they were in a suitable environment to discuss their experiences confidentially. In one case, I interviewed a participant from his work office who disclosed stories that involved him making criticisms of his employer. Throughout the interview, he spoke in anxious, hushed tones and visibly leapt into the air in fright when a colleague walked into the room to borrow a stapler. In this instance, I offered to reschedule the interview, but the participant said that he wished to continue with it. As these issues arose, consent could be managed on an ad hoc basis.

### *2.6.3. Managing emotions and wellbeing*

When researching highly emotive and stigmatised topics such as drug and alcohol use, Merrill and West (2009) emphasise the importance of ensuring that participants are not exploited, as they are likely to be disclosing private and intimate information about their lives. This places them in a position of vulnerability and the researcher in a position of relative power. I was aware that the need to avoid voyeurism, understood as exploitation of participants that may be of a sexual nature, has long been an important consideration within traditional ethnography. There are notable examples of controversies surrounding the ethics of research that examines spaces where sexual activity takes place, such as public toilets (Humphreys, 1970) and semi-public spaces hired for parties (Moser, 1998).

The more recent shift to online ethnography has resulted in researcher and participant's private spheres merging; during the pandemic this has become the intimate site of the bedroom. Early sociological work that examined 'bedroom culture' (McRobbie and Garber, 1976) argued that the bedroom provided a site for teenage girls to enhance their agency, but these sites may also be exploited by powerful commercial interests, such as the music and fashion industries (Lincoln, 2012). Several decades on, the bedroom is now a space where people spend significant proportions of their time engaged in online activities and thus, this has developed into a site where media and identity intersect (Bovill and Livingstone, 2001). This may potentially jeopardise participants' wellbeing, as digital spaces have been characterised by consumerism, surveillance, and voyeurism; therefore, online interactions, particularly those that involve a degree of anonymity or deception, are at risk of posing significant mental health issues or even trauma to users (Kavanaugh and Maratea, 2020). As ethnographers seek to discover 'real worlds', there is a difficult balance to be struck between maintaining intimacy and avoiding exploitation (Bain and Nash, 2006).

To manage emotions and wellbeing during the research process, in line with ethical guidance concerning online interviewing procedures recommended by Hair, Akdevelioglu and Clark (2023), participants were advised before the data collection that they had the right to withdraw from the interview at any time. The process of data collection was explained fully to participants at the beginning of the conversation, so that they could mentally prepare themselves at the outset. Participants were advised that if they became distressed by any of the issues that were discussed, they would be able to discuss this with the researcher who would support them. Within my professional role, I am familiar with providing support for individuals who are discussing emotionally sensitive topics, as well as accessing support for my own wellbeing. To do this, I utilised the support mechanisms within the university, primarily my supervisors, but also critical friends within the CCCU Graduate College.

## 2.7. Data analysis: a constructivist grounded theory approach

This section provides a rationale for my adoption of Kathy Charmaz's (2000; 2005; 2014) 'constructivist grounded theory' approach to data analysis and outlines the process of data

analysis that was undertaken. Grounded theory initially emerged from Barney Glaser and Anslem Strauss's work examining death and dying in hospitals (Glaser and Strauss, 1965) and at its conception, aimed to explain behaviour and be practically useful to practitioners: 'The theory must also be readily understandable to sociologists of any viewpoint, to students, and to significant laymen' (Glaser and Strauss, 1967, p. 3). This work was revolutionary, as it departed from the dominant idea that theory should only be generated by elite academics: 'They recast theorizing as arising from systematic analysis of qualitative data about the world, not the domain of armchair elites' (Charmaz, 2008a, p. 130). It also accounts for the social conditions in which meaning is generated and places a high value on human experience (Denzin, 1998). As this thesis is concerned with how individuals, including me as the researcher, experience and resist their social conditions, this grounded theory approach was selected for its practical utility, methodological alignment with the research aims, and its contestation of hierarchical approaches to social science.

Glaser and Strauss (1967) initially proposed that data analysis should take the form of the 'constant comparative method' (p. 1010), suggesting that this process takes four stages: '(1) comparing incidents applicable to each category, (2) integrating categories and their properties, (3) delimiting the theory and (4) writing the theory' (p. 105). Since grounded theory was introduced, it has undergone significant development and refinement, with Glaser remaining faithful to the classic grounded theory that promoted inductive reasoning, while Strauss subsequently advocated a role for deduction and verification (Heath and Cowley, 2004). Glaser (1992) argues that using one's existing knowledge in the analysis phase 'forces' preconceived ideas rather than allowing for the data to 'emerge on its own in whatever direction the data dictates' (p. 53) through the constant comparison method. This perspective appears to be grounded in positivism, as it insinuates that an objective answer lies in the data and the researcher is simply a means of discovering it (Bryant, 2003).

The notion of 'emergence' is methodologically problematic for researchers in my position who are drawing on personal and professional positionality, as necessitated by contemporary ethnography; as Charmaz (2014) highlights: 'the extent to which coding is an application or an emergence is somewhat ambiguous' (p. 150). Additionally, Mills (1959) proposes that the pursuit of social studies is a form of 'intellectual craftmanship' (p. 195), recommending that

'you must learn to use your life experience in your intellectual work' (p. 196) in the interests of connecting intellectual inquiry with direct experience. I personally didn't feel that 'emerging' was a suitable perspective for this study, as it is a passive notion and denies the agency and positionality of the researcher (less than ideal in an ethnographic study about resistance). Therefore, in line with Charmaz's (2014) approach and Mills' (1959) assertion, I consider that themes were 'constructed' from the initial codes within my positionality, experience, and emotional reactions to participants' perspectives.

I have followed Evan's (2013) recommendation that it is important for researchers to clarify the specific grounded theory approach that they adopt, as researchers demonstrate a tendency to 'skip and dip' (p. 38) within the broad church of approaches to grounded theory that have developed, resulting in methodological slurring. Charmaz (2000) makes a distinction between 'objectivist grounded theory' and 'constructivist grounded theory', advocating for the latter which she defines as: 'systematic, yet flexible guidelines for collecting and analysing qualitative data to construct theories from the data themselves' (Charmaz, 2014, p. 1). This contrasts Glaser and Strauss' initial theory by: 'acknowledge(ing) subjectivity and the researcher's involvement in the construction and interpretation of data' (Charmaz, 2014, p. 14). As the aim of this PhD thesis was to understand how participants negotiate a tension between theory and practice, constructivist grounded theory was selected as the best of means of explaining this as a social phenomenon; what people do, and the meanings that they provide for their actions (Thornberg and Charmaz, 2012). The implications of utilising Charmaz' approach for this ethnographic study are that I am able to acknowledge my role as an ex-harm reduction practitioner in constructing and interpreting the data, aiming to: 'develop(ing) an audible writer's voice that reflects our empirical experiences' (Charmaz and Mitchell, 1996, p.285).

Additionally, incorporating grounded theory methods into ethnographic research can transform it from a descriptive or realist piece of work to one that emphasises qualitative rigour and analysis (Charmaz, 2014). Further rationale for the utilisation of a constructivist grounded theory approach is that this enables exploration of the research topic through a critical, social justice line of inquiry that centres participants' voices: 'participants can be crucial publics who we try to hear, not for whom we speak… (there is a) need for qualitative

research on ignored, forgotten, and hidden inequalities that wreak havoc on people's lives.' (Charmaz, 2020, p. 166). This asserts a social justice approach: 'grounded theory methods not only offer social justice researchers tools for developing innovative analysis, but also for examining established concepts afresh' (Charmaz, 2013, p. 292).

### *2.7.1. The role of the literature review in grounded theory*

The literature review plays an important and debated role within this interpretation of the research findings (Qureshi and Ünlü, 2020), despite consideration of its role and timing in shaping constructivist grounded theory remaining an under-researched area (Turner and Astin, 2021). The theoretical coding phase was conducted through my own lens as an ex-harm reduction practitioner, accounting for some prior knowledge of the literature. Glaser and Strauss (1967) initially advocated delaying the literature review so that this could be written without the researcher carrying the unwitting assumptions from existing research that would 'contaminate' the assignment of data to categories and themes: 'similarities and convergences with the literature can be established after the analytic core of categories has emerged' (p. 37). However, Charmaz generally argues that a researcher, particularly one with practitioner experience, is not a 'blank slate' and will already have an awareness of the literature and bring their own orientation to the data (Puddephat, 2006). As an academic and an ex-practitioner, I have existing knowledge, but not as much as more experienced researchers; in view of this, I found it best to strive for maintaining 'an open mind rather than an empty head' (Giles, King and de Lacey, 2013, p. 34).

At the start of the PhD, I needed to do some preliminary literature searching to ensure that I had a topic that was worthy of investigation and knowing how to focus it. Following these considerations, I wrote some aspects of the literature review during the data collection, analysis, and chapter write up phases, but completed it once these chapter of the thesis had been completed. Thornberg and Charmaz (2014) propose that data analysis in constructive grounded theory begins with the logic of inductive reasoning, but moves into 'abductive reasoning', where the researcher moves back and forth between the data and conceivable explanations for the findings. The relationship between the data collection, analysis and my ongoing learning was an iterative process, with each informing the other. This can account

for emergent 'surprises, anomalies or puzzles' within the data, that can be checked against new data and refined explanations built up (Charmaz, 2008b, p. 157).

### *2.7.2. Use of NVivo 12 Pro*

All forms of data were uploaded into Computer Assisted Qualitative Data Analysis Software (CAQDAS) platform *NVivo 12 Pro* for organisation of the files and data. As ethnographic work generates diverse data in many forms (Walford, 2009), this software provides an efficient method of organising and managing ethnographic data as the research progresses (Zamawe, 2015), ensuring that I could keep track. As each piece of data was generated, I uploaded it as a file into *NVivo 12 Pro* so that nothing became lost. Use of NVivo software is common among researchers who adopt a grounded theory approach, as this conveys the advantages of maintaining a systematic approach to storing and coding data, as well as enabling the movement from thick description to explaining processes (Hutchison, Johnston and Breckon, 2010). Additionally, as data analysis using grounded theory is an iterative process (Charmaz and Thornberg, 2021), I used *NVivo 12 Pro* as a convenient means of moving 'back and forth' between data collection and analysis on the same laptop.

### *2.7.3. Transcribing the interviews*

Through the embodied practice of transcribing, ethnographers can increase their level of immersion by sustaining the interview experience in space and time; additionally, this generates knowledge by providing rich, analytic insights into the data (Schindler and Schäfer, 2021). Therefore, I transcribed the 19 conversational interviews from the video recordings into text in *MS Word*, using a *VEC Infinity 3* transcribing pedal. This involved watching and listening to the recordings of the interviews several times whilst typing up what was being said. This was done to add value to the research process, as it meant that I could keep re-entering the field by re-visiting the interview experiences whenever I needed to. Once this process had been completed, the result was 19 *MS Word* files containing verbatim transcripts of the interviews. As each transcript was generated, they were uploaded into *NVivo 12 Pro* in the form of *MS Word* files.

Methodologically, transcribing is an under-researched area (Ploder and Hamann, 2021). Nevertheless, it is an important consideration, as the transcriber is a medium through which participants' voices flow, representing a source of political power (da Silva Nascimento and Steinbruch, 2019). Bucholtz (2000) distinguishes between 'naturalised' transcription, which privileges written convention over the features of oral speech, and 'denaturalised' transcription, which aims to represent oral accuracy. The transcription method I adopted was primarily denaturalised, so that I could communicate authenticity as much as possible. However, it is impossible to remove the transcriber from the research process, as even the decision to edit the data excerpts is subjective. For example, one participant used a few spoonerisms, mis-pronounced words frequently, and used several easily-confused English words out of context (e.g., specific vs Pacific, and pseudonymised vs sodomised). As a dyslexic researcher I am conscious of how embarrassing this issue can be and wished not to upset participants or have the importance of their narratives undermined. Therefore, when adding examples from the data to the thesis, these were sometimes naturalised, edited very slightly in some places to ensure that the phrasing and spelling of words would make sense to the reader.

The transcribing process was also an important component of the emotional reflexivity within the research, as this task enables researchers to re-live the emotional engagement of the interview experience: 'Emotional labour does not stop after the interview… if these responses to the data are not processed, researchers may find themselves significantly affected' (Rolland, Dewaele and Costa, 2019, p. 287). The emotional dimensions of research are frequently framed as a form of 'emotional labour' (Thorneycroft, 2020) within 'sensitive' topics, such as drug and crime-related studies. However, this can lead to the problematisation of emotional experiences within research and therefore little has been published concerning broader emotional experiences with participants, such as shared joy or amusement, but also other difficult to process emotions such as anger and frustration. In addition to considering emotions as a 'problem to be managed', throughout the transcription process, I considered and reflected on my emotional responses to the data. To capture this, the accounts that elicited the strongest emotional reactions from me have been included in the data chapters of this thesis and I have discussed my responses and reflections within the analysis.

### *2.7.4. Coding the interview data*

To analyse conversational interview data, a process of 'coding' is typically undertaken to label the data in a way that assigns categories of meaning (Flick, 2018). An advantage of adopting a constructivist grounded theory approach for this research was that it provides a highly suitable means of coding and analysing participant interviews as a data type, however, it is flexible enough to analyse many types of data as they emerge from interactions with participants (Birks and Mills, 2023). This approach was suitable for my research, as data consisted primarily of interviews, but also involved the analysis of online pocket ethnography and ongoing communications.

In line with a constructivist grounded theory approach as Thornberg and Charmaz (2014) prescribe, my interview data was subject to two stages of coding: 'initial coding', followed by 'thematic coding'. I therefore took the first step of initial coding for each of the 18 conversational interview text transcripts. These were developed 'in vivo, i.e., directly from the data' (Vollstedt and Rezat, 2019, p. 86). This required me to move carefully through each transcribed piece of text line-by-line, assigning a short conceptual code. In this initial coding phase, every code is required to fit the data and the researcher should keep an open mind, rather than trying to make the data fit prescribed categories of meaning. Initial coding was done as soon as the data from each successive interview was generated.

To assign the codes, I went through each transcript from beginning to end, highlighted each portion of the text and assigned it a code based on the topic that was being discussed. There was no prescribed length (or limit) of text assigned to a code; within the conversation, topics naturally changed, and the coding was done as this occurred. Codes were allowed to overlap, so for example, multiple codes could be allocated to the same piece of text. The list of codes was displayed next to the window where the coding process was taking place, so that I could keep track of the individual codes. New codes were created when a new topic or concept within the discussion arose that was not already matched to an existing code. This process generated 133 codes once all 18 transcripts had been coded (see appendix 11).

Throughout the initial coding process, an increasing number of codes were accumulated. Therefore, after this process had been completed for the first time, the process was repeated

for a second time so that codes that had been generated in later interviews could now be added to interviews that were coded earlier on in the process. Hammersley and Atkinson (2007) warn researchers that one shortcoming of relying solely on a simple coding is that it decontextualises the data into fragments. I was keen to avoid this. This second step enabled me to engage in a process of what Charmaz (2014) terms 'focused coding', where the initial codes are condensed and sharpened, and the researcher can gain a sense of which are the most important. However, by the time I had re-listened to each interview, and transcribed and coded them over the course of several months, I felt that I really 'knew my data' and the whole became greater than the sum of the parts, i.e., the transcribed text had broader meanings and could not just be reduced to a series of discrete codes.

#### *2.7.5. Thematic analysis of the interview data*

The thematic analysis phase requires the researcher to consider the relationship between the codes: 'these consist of ideas and perspectives that researchers import to the research process as analytic tools and lenses from outside' (Thornberg and Charmaz, 2014, p. 159). While the initial coding process can be straightforward, the practicalities of implementing the next stage of developing themes has historically been less well documented; some researchers report that the themes simply 'emerge' from the data, but others have highlighted a lack of clarity with how this happens in practice (Wasserman, Clair and Wilson, 2009). Charmaz's (2014) constructivist grounded theory approach proposes that to analyse the data beyond initial and focused coding, the researcher should embark on the following process: developing 'theoretical sensitivity', making constant comparisons within the codes and the data by writing memos, and constructing theory by 'asking analytical questions of the data' (p. 247). This section explains how I engaged with these interacting steps as a whole process.

To assist with the analysis, at the start, I took the additional step of using a 'focal document' (Bhattacharya, 2015), a document that can be uploaded into NVivo to act as a point of reference to help the researcher maintain a focus on this aspect of the research (see appendix 12). This helped me to maintain a discernible focus while managing a lot of rich data and writing memos or 'analytic notes', an important stage in grounded theory as this enables the

researcher to 'explicate and fill out categories' (Charmaz, 2014, p. 163). The focal document breaks the research aim down into 3 key sub-elements: (1) the role of the harm reduction practitioner; (2) the 'oppression-resistance lens'; and (3) the environment in which the work operates. This way, I could make conceptual, thematic links between the initial codes and each of these 3 sub-elements in turn.

Theoretical sensitivity is a concept initially proposed by Glaser (1992), referring to the researcher's 'knowledge, understanding and skill' that incurs 'an ability to generate concepts from the data' (p. 27). Charmaz (2014) defines the concept emphasising its strength in being able to link their codes to abstract concepts and find links between them. For example, using my focal document, I firstly considered the environment in which the tensions were being enacted first; one important consideration for thematic analysis is to: 'clarify the general context and specific conditions under which the phenomenon changes' (Charmaz, 2014, p. 151). What I then discerned through going back and forth between the codes, the data, and the focal document, was that the phenomena participants discussed were occurring within specific spaces or 'sites' of tension, and that descriptions of space and place were embedded within all participants' experiences. I then went through the codes and the data again, this time writing lists or 'memos' of all the sites that were drawn on and discussed by participants. This process generated the first of the data chapters: *'Chapter 3: Sites of tension: inside the space of the community drug treatment system'*. Each section of chapter 3 addresses an identified site of tension, one site at a time: fixed sites, pharmacy and secondary needle exchange, outreach, and online spaces.

Next, I considered Charmaz's (2014) memo-writing prompt: 'what are people doing?' (p. 169) within these spaces, considering participants' actions through the oppression-resistance lens that was central to the research aim. Again, by going back and forth through the codes and the data, I identified that ultimately, participants were engaged in acts of either compliance, or resistance. This generated 2 further 'memo-stage themes', 'broadly compliance' and 'broadly resistance' and I was able to separate practitioners' actions into one of these two broad areas. At this stage, Becker (1993) highlights that a common pitfall within grounded theory research is for the researcher to remain within the realms of description and to neglect to advance their findings into 'theory'. To develop my overview of the data beyond

description, I began a process of making 'advanced memos', considering Charmaz's (2014) prompt: 'identify the beliefs and assumptions that support it' (p. 170). By comparing the codes and data within each of the memo-stage themes, I noticed that many accounts of 'broad compliance' were not clearly delineated from resistance, i.e., participants complied with policy when they did not want to or gave the appearance of compliance that could be considered a form of resistance. Similarly, by comparing and contrasting data in the 'broadly resistance' category, I found that resistance manifested in different ways and at different levels of influence.

Therefore, I refined these two broad themes into three final themes, each of which forms the basis of the following three data chapters. Firstly, 'compliance' is discussed in '*Chapter 4: 'Responding to the call': compliance with the drug-free world ideology',* where it is examined how participants' enacted compliance with the drug-free world ideology. This chapter considers the role of intention within acts of compliance and argues that compliance may be done willingly or unwillingly and is a core performance that is driven by participants' roles and identities. Secondly, the theme 'everyday resistance' forms the basis of *'Chapter 5: 'Backstage antics' and 'professional desertion': everyday resistance within the drug treatment system'*. Here, James C. Scott's (1985) notion of everyday resistance is used to examine how participants develop tactics to resist the drug-free world ideology through everyday and normalised practices that may be expressed overtly or covertly. Thirdly, the theme of 'activism' is discussed in '*Chapter 6: 'Burning the straw man' and 'doing it anyway': mobilising harm reduction activism'*, which discusses participants' diverse experiences developing oppositional challenge to the drug-free world ideology through the mobilisation of harm reduction policies, critical pedagogy, and narratives of hope (Freire, 1970). The role of the harm reduction activist is a concurrent theme that is discussed throughout all four data chapters. To develop a theory that is 'substantive', i.e., grounded in the data and applies within a specific area of inquiry, researchers should discuss the data with use of literature to illustrate or expand the findings (Engward, 2013). The four data chapters in this thesis aim to do this, developing theory that is interpretive: 'allow for indeterminacy rather than seeking causality and aiming to theorise patterns and connections' (Charmaz, 2014, p. 230).

### *2.7.6. Analysing ongoing communications and artefacts*

A constructivist grounded theory approach is flexible enough to incorporate the analysis of 'elicited documents', rich textual data produced by participants that can take the form of reports, logs, and answers to questions conveying their viewpoints towards the research topics (Charmaz, 2014). Within anthropological studies of agency, artefacts can be regarded as objects that enable social action, rather than passive symbols of people's lives (Chua and Salmond, 2012). In line with this, artefacts, in this study termed 'online pocket ethnography' were considered through the lens of their agentic power (summarised in appendix 8). The ongoing communications and online pocket ethnography artefacts that were elicited were uploaded to *NVivo 12 Pro* and stored in two separate folders, one for each type of data: 'ongoing comms' and 'online pocket ethnography'. This was done so that each of these data sources could be analysed by comparing it to the respective participant's interview data, understanding that artefacts 'need to be analysed in their broad ethnographic contexts' (Hammersley and Atkinson, 2007, p. 134). Significant findings relating to these forms of data have been reported on within the data chapters of the thesis and excerpts of text from the communications and artefacts have been presented as findings as well as the excerpts from the interview data.

## 2.8. Methodological approach: the convergence of symbolic interactionism and structuralism

This section discusses the methodological approach adopted within the thesis, an 'area of convergence' (Burbank and Martins, 2009, p. 25) between structuralist and symbolic interactionist theoretical perspectives. A brief definition is outlined for both perspectives, then their convergence is discussed with reference to the research aims, the ethnographic fieldwork employed, the use of constructivist grounded theory as a method of data analysis, and the philosophical values that underpin the research inquiry.

The foundations of symbolic interactionism are found in the works of George Herbert Mead (1934), a social psychologist who proposes that human behaviour is determined and organised by 'symbols' derived from our interactions with others and our environment: 'meaning as such, i.e., the object of thought, arises in experience through the individual

stimulating himself to take the attitude of the other in his reaction toward the object' (p. 89). This takes a social constructionist perspective that focuses on how shared knowledge and social meanings are constructed through human interaction, an ontological departure from the search for objective realities (Andrews, 2012). Mead was heavily influenced by Charles Darwin, whose naturalistic theories of evolution indicated a departure from relying on supernatural explanations for human behaviour (Charon, 1998). This is consistent with my stance on examining intoxication from a sociocultural perspective that critically examines an individualistic, moral-pathological model of addiction. While the stance that I adopt on drug use respects and maintains the importance of spiritual perspectives, again, these are examined from a sociocultural perspective, rather than considering that external supernatural or moral forces determine individuals' patterns of use.

Developing Mead's ideas, Herbert Blumer (1969), a Chicago School sociologist, coined the term 'symbolic interactionism' in 1937, a methodological standpoint that is premised on three core assumptions. He proposed that firstly, humans 'act towards things on the basis of the meanings that the things have for them' (p. 2), involving objects, people, and institutions. This means that objects do not so much hold meaning intrinsically, more that meaning is a social product, created as individuals act within their environment. Secondly, meaning is produced through our interactions with other people. Thirdly, the individual makes sense of these through an interpretive process; psychologically, the individual must acknowledge to himself that the object has meaning. As a theory and research method, symbolic interactionism is a leading approach that is applied across many settings within sociology and the social sciences to examine the relationships between self and society (Carter and Montes Alvarado, 2018).

Conversely, within structuralist perspectives, the individual actor is not the unit of analysis and instead, the focus is on cultural and ideological systems, and population-level properties (Mayhew, 1980). Structuralism was pioneered within the field of linguistics by Ferdinand de Saussure and Roman Jakobson during the early 20$^{th}$ century (Percival, 2011). It was adopted within anthropology and sociology to examine cultural life by Claude Lévi-Strauss from the 1940s onwards (Kronenfeld and Decker, 1979; Badcock, 2015), and Roland Barthes' in his examination of modern French life that was published in 1957 (Barthes, 1972). Structuralist perspectives assert that social life can only be understood by examining it within the systemic,

broader patterns and structures within which it exists (Barry, 2017). This is epistemologically consistent with traditional European, materialist explanations for phenomena concerning formal cause and effect (Maranda, 1972). Despite its lack of currency within the field of sociology, structuralism continues to provide powerful explanations for macro processes: 'it is the theoretical perspective which I find most powerful at the macro-level' (Delamont, 1989, p. 3). Although structuralism and interactionism are traditionally considered 'separate fields of inquiry' (Colby, Fernandez and Kronenfeld, 1981, p. 422) it is asserted that they are compatible and complementary, as their convergence can illuminate the emergence of social meaning as actors are oriented to a normative social order (Handel, 1979). This thesis primarily uses a symbolic interactionist approach to interpreting participants' perspectives but draws on a structuralist concept of an ideological system to consider how a drug-free world ideology influences and shapes their behaviour.

### *2.8.1. Converging symbolic interactionism and structuralism in a study of oppression and resistance*

My thesis contributes to existing research that takes a symbolic interactionist approach to enhancing our understanding of health, illness, and medicine. For example, Becker, Hughes and Strauss' (1961) 'Boys in White: Student Culture in Medical School', investigated how US medical students transitioned into doctors, through analyses of participant observation and interviews. Symbolic interactionist inquiry within medical institutions has challenged dominant structural approaches to develop insights into lived experiences of health professionals and patients and consider how individuals interact with institutional structures (Charmaz and Olesen, 2003). Within these settings, the work of Erving Goffman (1961b) has been highly influential in contributing to our understanding of professional roles, particularly within medical institutions such as asylums (Fink, 2015). Goffman's work was also methodologically ground-breaking as it extended the scope of symbolic interactionism from place-based ethnography into concept-based ethnography (Manning, 2005). This provides an existing theoretical basis on which to develop my own ethnographic research within community drug treatment services as a medical institution. In line with this tradition, I have drawn on Goffman's ideas throughout the data analysis and incorporated his work within the data chapters of the thesis.

Symbolic interactionism developed as a 'bottom-up' response to dominant structural functionalist perspectives that focus on how 'top down' forces constrain and define individuals (Carter and Fuller, 2015). Adopting a symbolic interactionist approach takes an interpretive perspective, considering the role of individual differences and lived experiences that can be examined through ethnographic research (Prus, 1996). This provides scope to examine participants' everyday practices and experiences told in their own words. Symbolic interactionism is rooted in idealism, which considers that human consciousness is an organising process within society; it is not how the 'facts' truly are, but how we perceive and interpret the world that generates our knowledge of it (Rock, 2001). The perspective also enables researchers to investigate the important role of emotions within our social interactions with others, considering how within systems of oppression, individuals construct meaningful selves and (Fields, Copp and Kleinman, 2006). This is an aspect of inquiry that I have attempted to incorporate within this study, including reflecting transparently on my own feelings and considering how these are shared, or contrast with that of the participants.

However, as this thesis considers how the top-down drug-free world ideology is managed within everyday healthcare practices, throughout, I have drawn on Althusser's (1971) theory of ideology for its specific focus on examining how ideology oppresses populations through institutions. The structuralist explanation offered by Althusser is criticised as overly deterministic (Fuchs, 2019), and lacking in scope for individual agency (Shah, 2018). Conversely, symbolic interactionism has historically been considered limited by its focus on 'micro' processes, forming a 'micro-macro debate' between two of the dominant sociological methodological perspectives (Fine, 1993, p. 68). The use of Althusser's (1971) work to discuss processes of oppression and compliance follows a tradition within the Centre for Contemporary Cultural Studies (CCCS), a research centre at the University of Birmingham in England, that examined culture from an interdisciplinary perspective and drew heavily on the work of Althusser to examine how culture provided 'a site of struggle for domination' (Dickens, 1994, p. 99). Where explanations for individual agency are required, I have drawn on James C. Scott's (1985) work to consider the role of everyday resistance. Paulo Freire's (1970) problem-posing model of education is used to discuss activism, as this emphasises the necessity for 'purposeful reflection' (Ollis, 2015) within activism, enhancing the commitment to reflexivity in the thesis, as well as enabling me to incorporate my lived experience as an

educator. Symbolic interactionism can be integrated with other theoretical perspectives, and used at any point during the research process in the interests of developing theoretical insights (Charmaz, 2014). Hence, the symbolic interactionist perspective enables me to meet the research aims, when considering its more contemporary incorporation of macro processes, such as how powerful actors within institutions can create social conditions for other actors that endure into the future (Hall, 2003).

As this thesis examines oppression and resistance within the context of community drug treatment services, participants' agency within this environment is examined. The symbolic interactionist perspective proposes that internalised self-communication is revised as the meaning is handled within the context in which the actor is placed, so humans are viewed as active agents in a social world, agency being 'the locus of action, whether in the person, in language, or in some other structure or process' (Denzin, 2004). Nevertheless, symbolic interactionism acknowledges that individuals have limited control over the social contexts in which they find themselves due to 'structural and cultural constraints' (Snow, 2001, p. 373), such as their role, or social norms. They may or may not be aware of these constraints, which can become routinised and taken-for granted, but when these become disrupted, agentic action can spring to the fore. Therefore, since its inception, symbolic interactionism has provided the methodological basis for studies of social deviance, demonstrating a departure from deterministic and biological explanations for human behaviour (Puddephat, 2009). This perspective provides opportunities for me to consider how participants enact agency by ignoring, resisting, or finding workarounds for routine forms of oppression that are rooted in health systems.

A symbolic interactionist perspective emphasises the important role of language in how individuals make meaning of the world: 'a set of symbols as arise in our social conduct, in the conversation of gestures – in a word, in terms of language' (Mead, 1934, p. 122). The thesis considers Althusser's (1971) argument that the mass media forms part of the cultural 'ideological state apparatus' to create a reality that is designed to obscure oppression. However, a symbolic interactionist perspective considers that the mass media are interdependent, but how people respond to this is richly diverse and dependent on: 'their interests, their forms of receptiveness, indifference, or opposition, their sophistication or

naivete' (Blumer, 1969, p. 188). Therefore, the thesis considers the role of language within oppression and resistance, in terms of the language that the vision of the drug-free world uses to construct a reality, the language adopted by participants in resisting it, and the channels of communication though which language flows, e.g., spoken word, body language, emotional language, written materials, online information, and the mass media. Throughout the research process, I have also attended to my own language as Charmaz (2014) advises: 'adopting this perspective also impels us to attend to our language and to understand how it shapes what we ask, see and tell' (p. 284). During the data collection and writing up, I have been conscious that the language I use bears responsibility on representing participants' worlds and have particularly sought to avoid terminology relating to intoxication that can reinforce stigmatisation (e.g., 'addict', or 'treatment compliance').

To address Becker's (1967) question 'whose side are we on?' as researchers, Denzin (1992) highlights that interpreting the stories of others is a political act, and that symbolic interactionists: 'valorize villains and outsiders as heroes and side with the downtrodden little people' (p. 2). In terms of 'whose side I am on', I have described myself as a 'partial insider', where me and participants as a collective are able to make general statements about our experience and offer recommendations for future directions, to 'produce knowledge that can challenge the dominance of the powerful' (Charmaz and Belgrave, 2013, p. 33). Therefore, the research is aligned with the perspective that symbolic interactionism is an evolving approach that incorporates a broad scope of empirical research but has the potential to contribute particularly to studies that examine social justice, as it invokes a need for 'intimate familiarity' (Charmaz, 2008c, p. 54) and respect for the social worlds of others. In line with this, a symbolic interactionist approach is consistent with my examination of a topic that is justifiably a matter of social justice; illuminating the resistances and struggles of activists who aim to promote the health of PWUD.

#### *2.8.2. Symbolic interactionism and structuralism within grounded theory*

Symbolic interactionism is the central theoretical perspective to constructivist grounded theory (MacDonald and Schreiber, 2001), the methods of data analysis that I have used. Symbolic interactionism focuses on meaning and action, which grounded theory can elicit

through inductive inquiry, thus these complement one another in an 'epistemological alignment' (Salvini, 2019, p. 16), to form a 'theory-methods package' (Charmaz and Belgrave, 2013, p. 12). Within this package, research participants are viewed as reflective and creative problem-solvers who are involved in social processes of constant change (Charmaz, Harris and Irvine, 2019). Symbolic interactionism is epistemologically rooted in pragmatism which propounds that human experience determines knowledge, and that these experiences occur in a shared world (Hammersley, 1989). To pragmatists, the nature of truth is actively interpreted by human beings and therefore, reality is a subjective and 'what is it that we actually notice' determines individuals' experiences and perceptions (Charon, 1998, p. 30). This places a high value on my participants' perspectives as constructing knowledge and understanding, as well as my own reflections of what I notice and perceive to be important during data collection and analysis.

In using a constructivist grounded theory approach to data analysis, I am adopting Charmaz's (2007) perspective on social constructionism which proposes an examination of: '(1) the relativity of the researcher's perspectives, positions, practices, and research situation, (2) the researcher's reflexivity, and (3) depictions of social constructions in the studied world' (p. 398). Within the research, I have aimed to investigate these three elements by considering my positionality to the research topic and participants, maintaining reflexivity, and analysing the data as socially constructed. By openly explaining my positionality to the research within this chapter, I explain how the research aims and methods are framed, although this does not dictate the content of the data. This is consistent with Blumerian symbolic interactionism, where the research world is regarded as socially constructed, but the research methods are not; through the comparative method that is core to the analysis, the research can examine how reality is constructed, but within an obdurate world (Prus, 1996).

Ethnography is a highly flexible research method that tends to become characterised and shaped by the discipline in which the researcher is applying it (Pink and Morgan, 2013). Blending ethnographic work that seeks to generate rich description of a social world with a social justice approach can illuminate the contexts in which actions and processes occur, indicating the social conditions that can give rise to agency, conflict, and compliance (Charmaz, 2005). Moreover, applying a grounded theory analysis adds depth and criticality to

both endeavours, while a social justice approach increases the significance of grounded theory analyses. Although Chicago School ethnographers were analysing social worlds long before Glaser and Strauss (1967) introduced grounded theory, this theory and method enabled ethnographic work to theorise social processes and improve rigour (Charmaz, 2014). Increasingly, constructivist grounded theory researchers are attempting to contextualise their data within the social structures that it is produced, linking the micro- processes to the meso- and the macro- (Charmaz, 2021). Thus, incorporating a structuralist perspective into a symbolic interactionist study has enabled me to maintain a strong focus on the research aim and address the research questions; theorising what participants do within the social structures that are imposed upon them.

## 2.9. Conclusion

This chapter has discussed the online ethnography research design, the fieldwork setting, ethical considerations, methods of data collection and analysis, and the symbolic interactionist methodological approach. The online ethnography research design was adopted partially out of practical necessity, but this conveyed significant advantages to the data collection process and the development of participant rapport. As I have endeavoured to maintain a strong element of researcher reflexivity and transparency throughout the research process, I have outlined a short biography that indicates my motivations for problematising practice and pursing this line of inquiry, discussing the implications of researcher positionality as a 'partial insider'. This positionality was discussed in terms of enabling access and entrée to the participants and the impact on the fieldwork through the 'window into feeling and being' provided by the laptop screen. As in traditional face-to-face ethnography, the online field was found to be characterised by a multisensoriality of experience (Pink, 2015) requiring performance management on the part of researcher and participants. This required attention to the emotional aspects of data collection, particularly considering the sensitive nature of the topics discussed that related to emotionally-charged workplace experiences and drug use.

The data collection methods were detailed, including how I sampled participants and determined their inclusion in the research, conducted conversational interviews, and

collected ongoing communications and 'online pocket ethnography', gifts from participants. These data were analysed using Kathy Charmaz's approach to grounded theory methodology, 'constructivist grounded theory' (Charmaz, 2014). This approach provided flexible guidance for coding and thematic analysis of the data that accounted for a strong element of researcher reflexivity, a departure from some of the more objectivist approaches within grounded theory. I emphasised that themes were actively constructed from the data rather than 'emerged', to explicitly discuss the role of agency that I played in the interpretation and analysis processes as a partial insider with harm reduction practitioner experience.

Finally, the methodological approach for the thesis was discussed, explaining that a symbolic interactionist was primarily adopted, but that this incorporated a structuralist perspective. Despite traditional viewpoints that these two theoretical perspectives are incompatible, it was argued that using these in combination enabled a deeper analysis of the relationship between an ideological system and individual behaviour, while accounting for the role of human agency. This examination of agency is fundamentally important within this research topic that advances social justice and illuminates processes of oppression and resistance within their social context.

## Chapter 3: 'Sites of Tension': inside the space of the community drug treatment system

### 3.1. Introduction

Based on the data and personal reflections on my harm reduction practice, this chapter argues that community drug treatment systems occupy a spatial site of tension between the 'drug-free world' ideology and practical attempts to reduce drug-related harm (United Nations, 1998a; 1998b). To illustrate this process, an explanation of the spatial sites in which participants enact harm reduction work is provided. The grounded theory constructed from the data suggests that within fixed site drug treatment services, there are 'space wars' between workers undertaking harm reduction activities such as needle exchange, and workers engaging in more structured forms of treatment, such as counselling and appointments involving the criminal justice system. At its most extreme, conflict over physical space gave rise to a phenomenon called 'junkie jogging', where the police attempt to take control over open drug scenes in public spaces by chasing groups of people who use drugs (PWUD) *en masse* and inflicting state-endorsed violence upon them. The important harm reduction role of the community pharmacy needle exchange is highlighted, and it is discussed how the tension between the drug-free world ideology and harm reduction manifests in these spaces. The scope of participants' harm reduction activities extended beyond the physical site of the community drug service and into outreach settings, particularly 'out the boot of the car' and providing 'DIY needle exchanges' to groups of people who are personally known through peer networks to have high levels of need. It is argued that the community drug treatment system is comprised of an interconnected physical and online spatial web in which the materiality of the drug-free world ideology conflicts with harm reduction work.

#### *3.1.1. Theoretical ideas that inform the chapter: ideology and spatiality*

Ideology and spatiality are imbricated, as ideology becomes a lived reality within physical spaces; as Althusser (1971) states, 'ideology has a material existence' (p. 39). As the 'beautiful lies' are enacted in real-world spaces, the abstract becomes concrete. Based on the data, it is argued that the abstract drug-free world ideology is made concrete through physically enacted rituals and practices within these spaces, and these undermine the goals of harm reduction work. In studies of power and resistance, 'space matters' (Johansson and Lalander,

2012, p. 1085) and these are not fixed entities, but are malleable, dynamic, and constructed through the political actions of individuals. While community drug treatment services usually occupy a fixed geographical site or an 'ecological unit' (Logan, 2012), harm reduction work is frequently mobilised throughout the fabric of urban spaces (Temenos, 2017). Valentine (2001) argues that radical approaches to understanding social space tend to draw on a Marxist perspective to consider how social forces construct, use, and organise spaces; thus, spatial patterns reflect and reinforce social inequalities. This approach to understanding spatiality as an organising device for power and resistance is methodologically situated within the aims and values of the research, and space has long been regarded as a core observational dimension within ethnographic research (Spradley, 1979; Reeves *et al.,* 2013).

To provide a theoretical basis to the notion of spatiality in this thesis, this chapter draws Althusser's (1971) theory of ideology together with Henri Lefebvre's (1991) work on the production of space. On the relationship between ideology and space, Lefebvre (1991) posits that space is a prerequisite of ideology: 'what is an ideology without a space to which it refers… ideology only achieves consistency by intervening in social space and its production' (p. 44). Social space is produced by people and their social relationships, rather than is something that exists per se: 'every society – and hence every mode of production with its subvariants (i.e., all those societies which exemplify the general concept) – produces a space, its own space' (Lefebvre, 1991, p. 31). This production is underpinned by a conceptual triad comprised of three dimensions: 'spatial practice', whereby our need for our physical bodies to interact with the environment spaces produces space, 'representations of space', which consider how spaces are conceived, and 'representational spaces' that embody lived experience. As Elden (2007) summarises, for Lefebvre, space is perceived, conceived, and lived, and this conceptual triad unites the physical, the mental, and the social. Social spaces incorporate individual and collective social actions. The actions of participants in this study are considered within this conceptual triad and these three dimensions of spatiality are illustrated using the data. Like Althusser, Lefebvre (1991) also adopts a humanist Marxist approach, by developing the Marxist idea that 'production' is an innate human tendency, although Marx's works focus on productivity relating solely to labour. As my research focuses on resistance within the harm reduction workforce, this justifies an approach to understanding spatiality as a product of human labour. There has been a recent resurgence

or ‘third wave’ (Wilson, 2013) of interest in applying Lefebvre’s works to modern urban contexts and challenges (Brenner and Elden, 2001), such as the increased marketisation that is driving the design of public spaces (Elmborg, 2011; Siagian, Bahri and Sitorus, 2022). This chapter adds to this body of literature by applying Lefebvre’s (1991) production of space to community drug and alcohol services as sites of ideological tension.

## 3.2. Fixed sites for community drug treatment: ‘space wars’ and ‘junkie jogging’

### *3.2.1. ‘Space wars’*

Participants’ accounts of how physical spaces were used within fixed site community drug treatment services demonstrated that ‘space wars’ were frequently experienced. These manifested as conflicts of interest over the use of physical space as a resource, as well as tensions regarding what working practices should occur in these. This conflict over the use of space is a fundamental feature of space; in a review of Lefebvre’s work on the production of space, Molotch (1993) states that ‘ways of being and physical landscapes are of a piece, albeit one filled with tensions and competing versions of what a space should be. People fight not only over a piece of turf, but about the sort of reality that it constitutes’ (p. 888). By engaging in space wars, participants are fighting for the recognition of their daily reality, which is a need to deliver harm reduction services to service users. Ex-Drug Interventions Programme (DIP) worker Adam provided an example of this, recounting that due to a general lack of confidential meeting rooms in treatment services, other workers would use the needle exchange room for alternative purposes:

ADAM: *The biggest problem we had was that the needle exchange room was also a treatment room. So clients would say ‘I need some needle exchange materials’ and you’d look and see the door was locked!*

AP: *I’d forgotten about that! It used to be a nightmare.*

ADAM: *Yeah, it was! You’d wind up having to do needle exchange stuff in the corridor or knocking on the door: ‘how long you’re gonna be?’ and they’d be like ‘I’ve only just started, I’ll be another hour’. ‘Do you mind if I come in and grab some stuff?’ and you’d just kind of do a ramraid on the filing cabinet and shove it all in a brown bag and go into the corridor and do your needle exchange.*

Adam's account provides an example of harm reduction work being physically sidelined within a community drug treatment setting. In the context of Lefebvre's (1991) representation of space, Adam conceives the needle exchange room as a space that should prioritise harm reduction work. He also conceives that its use should be to carry out needle exchange transactions, as their layout and the equipment within them are designed for this purpose. However, treatment sessions that are more aligned with a drug-free world ideology, such as counselling sessions for 'less chaotic' service users trying to maintain abstinence, or sessions with a criminal justice aspect (e.g., mandatory sessions linked to probation services) exerted dominance within these spaces. This account reminded me of my own experiences in practice, of how stressful and embarrassing it was to have an anxious client, potentially in a state of withdrawal, waiting for a quick needle exchange in the corridor while the needle exchange room was occupied. I remembered that workers in the service found a 'work around' for this problem, which was to ensure that needle and syringe equipment was stashed in various spaces around the building, such as in corridors, the reception area, and other treatment rooms. I shared this memory with Adam:

AP: *We used to keep spare stuff outside that room in case that happened.*

ADAM: *Exactly, yeah. It was a shame… we tried to keep it as free as possible… but we had so many clients that we couldn't do that.*

Despite the practical value that this workaround of 'alternative stashing' offered, this practice conflicts with World Health Organization (WHO) (2007) recommendations that needle and syringe programme (NSP) equipment is stored in a lockable room and that alternative rooms should be provided for other aspects of treatment. In my personal experience as a practitioner, workers were generally aware of this guideline, but nevertheless resisted the rules in the interests of solving a more immediate problem, which was experiencing the discomfort of managing a stressed service user in a corridor. This example illustrates Lefebvre's (1991) assertion that individuals produce space in which they can enact agency, however, unintended consequences may occur that then limit their agency. Harm reduction workers who lose this competition over the production of space can re-gain some control by

problem-solving so that the needle exchange transaction can still occur, but nevertheless remain sidelined in a corridor and this becomes a normalised practice over time.

Although NSPs are a life-saving and commissioned component of community drug treatment services (Sweeney *et al.*, 2019; Harm Reduction International, 2020a), in practice, these spaces are rarely given enacted primacy within the day-to-day rituals of services. Adam confirmed his experiences that the needle exchange room was never a priority:

AP: *Like a lot of those old buildings, it was the only accessible room we had, and of course, lots of people on crutches, groin injecting, so they can't get upstairs, and you'd have to offer them the downstairs room which was often the needle exchange… so the needle exchange was always a bit of a second service.*

ADAM: *Yeah (sighs) – it never took primacy in the room, did it? It was always the backup thing in there…*

In my harm reduction practitioner experience, the needle exchange was often the smallest, dingiest room in the building, and in some cases was just a cupboard containing the equipment. In comparison, the rooms that were used for counselling sessions by the relatively higher-paid counsellors tended to be located on top floor towards the quieter parts of the building and were more likely to contain vases of artificial flowers and ornaments, or display pictures of serene scenes on the walls. These sensory cues in these rooms that Lefebvre (1991) describes as 'spatial practices', indicated to me that these spaces occupied higher status, as the work that was done here was considered to be of a higher value. In a Lefebvrian analysis of health clinic spaces in women's prisons, Stoller (2003) argues that objects in space are important and argues that 'each (object) plays a crucial role in the story' (p. 2270). Counselling clients tended to be more 'stable' and were therefore given precedence over drug users deemed by some workers to be 'chaotic' as they still required injecting equipment. I considered that the superior treatment rooms that were quieter, larger, and furnished, could be regarded as a 'reward' for service users who could demonstrably align themselves with the drug-free world ideology.

Harm reduction practitioner Darren perceived that providing spaces for NSP work was clearly not a funding priority. In his experience, a national focus on minimising costs had led to reduced accessibility of harm reduction services in terms of the centrality of these services and the times they were offered:

DARREN: *If you go back 10 or so years ago, we had a centrally located building that had a needle exchange, Monday to Friday 9 to 5 and half a day on Saturday mornings. There were recovery workers running groups and one-to-ones in the same building… but I don't think we'll be going back to something like that. Pretty much everything is because of funding at the moment.*

Darren's account illustrates one of the conclusions of the 'Independent review of drugs by Professor Dame Carol Black' (Black, 2021), that 'harm-reduction services, including specialist needle and syringe programmes, have been cut back in many areas' (section 3.2, para 4.), which increases health risks for PWUD who cannot access clean equipment and support. The issue of reducing service opening hours that Darren describes indicates the importance of the relationship between space and time: 'Time is distinguishable, but not separable from space' (Lefebvre, 1991, p. 175). Where services are limiting their opening times, they are reducing the accessibility of these spaces. Similarly, Senior Recovery Worker, Lucia, explained that she was sometimes limited in what she could achieve with her service users, because the needle exchange room was too small:

LUCIA: *We have a room with needle exchange equipment, but it's too small for a worker and the client to come in. We were told from the beginning of the pandemic to make a list for the client, and we'd go and get it and give it to them. I personally raise concerns with this because the part I most enjoy about needle exchange is the conversation around harm reduction and getting people into treatment.*

Lucia emphasises that these physical spaces are crucial within her role, not only for the purposes of a needle exchange transaction, but also to find 'teachable moments' (Mitka, 1998; McBride, Emmons and Lipkus, 2003), naturally occurring events within healthcare contexts that can be used to enable service users to increase their opportunities to gain meaningful control over their health. Here, harm reduction workers can potentially utilise the

space to produce agency for service users. However, the lack of priority given to physical spaces for NSP work to occur means that opportunities are also missed for take-up of other resources within the service, such as on-the-day scripting for those presenting with complex needs. Paradoxically, this undermines individuals' attempts to work towards being drug-free if they wished to do so:

LUCIA: *The amount of people you can get into treatment just by saying we had rapid prescribing clinics for anyone who is high risk, particularly injectors, but also homeless people, history of seizures, anything complex. Needle exchange is a really useful platform while you're having that conversation around harm reduction to say 'I know treatment has been hard to access in the past, but we've got this, I wonder if you'd be interested? Because it would literally be, I assess you today, you get scripted today'.*

Providing the smallest room in the building, sometimes even just a cupboard in a corridor for NSP services is reminiscent of the phrase 'Cinderella services', used to describe services that are underfunded, receive relatively less media attention than other services, and where service users struggle to advocate for improvements (Clark, 2005). This phrase is used frequently in the UK to describe the lack of 'parity of esteem' between physical and mental health service provision in the NHS (Parliamentary Office of Science and Technology, 2015). Arguably, the term 'Cinderella services' describes community drug treatment services considering Black's (2021) findings that they have been underfunded out of line with other health services. While Lucia and I were discussing this issue, it occurred to me that the lack of priority given to NPS spaces within fixed site drug services suggests that if drug services are Cinderella services, needle exchanges more like 'Mrs Rochester services'; like Brontë's character in Jane Eyre, they are hidden away to be forgotten like the madwoman in the attic!

In addition to harm reduction spaces being minimised through size restrictions, it was found that there was conflict regarding the use of spaces that were deemed to be 'illicit drug-free' vs those that were seen to condone illicit drug use. Mia explained a scenario where commissioners were planning to develop a diamorphine programme at a needle exchange drop in where she worked in Germany:

MIA: *We had a pilot diamorphine programme, and there was the question of 'OK, where are we gonna put this?' In the end they decided not to have it in the drop in, because they said there will be a weird overlap, you might have people who go into the programme and totally wanna stay away from the scene as well, like they don't wanna mix with other addicts. So in the end we still have people on diamorphine, but it's never become a really big thing.*

AP: *How come?*

MIA: *People were complaining that they have to make their way to the clinic three times a day? They went like: 'oh yeah, it's nice to have a clean supply, but before I started this, I was a slave to my routine of making money, selling my body, chasing and making sure that I don't go into withdrawal, and now I'm a slave to the clinic! I have to go there three times a day, my bus money, where the Hell am I gonna get that from, bus tickets are expensive'… so the project now is just operating on a really small scale…. It's a real shame.*

The 'diamorphine programme' that Mia refers to is supervised injectable heroin treatment (SIH) that emerged in Switzerland during the 1990's as an alternative to oral methadone (see appendix 13) or residential rehabilitation (Strang, Groshkova and Metrebian, 2012). Service users administer the dose under clinical supervision with the aims of ensuring safety and to prevent the drug being diverted to the illicit market. However, the planners expressed a need to maintain a spatial separation between services where service users were injecting illicit drugs (usually street heroin) and the new service where service users would be injecting medical grade diamorphine under clinical supervision. Therefore, the design rationale for the new diamorphine programme was centred around a tension between 'illicit drug use' vs 'illicit drug-free' (despite both sets of service users effectively injecting heroin). This takes what Lefebvre (1991) terms a 'reductionist' approach to planning space: 'specialists who view social space through the optic of their methodology and their reductionistic schemata' who Lefebvre predicts will oppose his production of space concept, as this 'threatens their carefully drawn property lines' (p. 109). Problematically for the service planners, it was unfeasible to design such a space to enable this physical separation. Mia explained that this resulted in a decentralised location for the diamorphine programme clinic, greatly reducing the physical accessibility of this service for service users. As a result, the service was not widely successful.

### *3.2.2. 'Junkie jogging'*

German drug consumption room worker, Hanna, explained that the space wars in the service where she worked led to a phenomenon that workers called 'junkie jogging':

HANNA: *We used to have a massive drug scene, open drug scenes in the city centres. This started to change, and they actually started to implement the first consumption rooms, actually even a fucking space where the open drug scene can meet. We call it junkie jogging –*

AP: *What's that!?*

HANNA: *When you have an open drug scene, here it's around the central station, the city centre, and when the police are bringing in a lot of pressure, controlling people, sending them away… the scene in the small groups are just moving from one point to another because the police are just pushing them away and this we actually called junkie jogging.*

AP: *Right…! I'm now just imagining these hordes of people running away from the police!*

HANNA: *It is like that! On the open drug scene, the people are really easy to identify as drug users because normally they are homeless and everything. The police put on a lot of pressure, gripping people off their bikes and shit, because the whole scene is just 'Aaaaaaargh!' Everybody is so stressed, the dealers are stressed, the users are stressed… this is not working.*

Junkie jogging was a colloquial term used to describe a frequent situation where the police would attempt to stop, question, and search groups of people outside the drug service. However, the groups would attempt to run away *en masse*, resulting in chaos. Hanna described a situation where the space war is occurring between police and service users directly outside the service. The physical space directly outside the service provides what Mia describes as a 'grey zone', where conflicts of interest between drug use and policing drug use arise and are enacted (Mia and Hanna were describing the same service):

MIA: *On the open drug scene, people would say: 'hey, let meet at the drop in'. It's so close to the institution that they even call the place by that name, which is a really good thing. Of course, the police knows that there are lots of dealers around, and I am sure that they actually have on the other side of the rail tracks, cameras and shit… So they are just picking out bigger dealers, but of course they have to kind of accept that there are dealers and that you can buy illegal drugs there, so it's kind of a grey zone there. But if they are coming over and over all day and raiding all these people, it's fucked again. You are back to where you came from. Because no one is meeting up there, everybody is stressed… really often, you can feel that tension.*

'Junkie jogging' is a concrete example of the ideological conflict between framing drug use as a criminal justice issue vs a public health issue. This phenomenon has also been observed on the open drug scene in Frankfurt, where the police attempted to control crowds of PWUD by chasing them from one end of the park to the other (Lloyd *et al.,* 2016). Mia explained that the police were angry because they wanted to do their job and keep the streets 'drug-free', which meant keeping the streets free from PWUD. The harm reduction workers were frustrated with the police because they felt that the space directly outside the drop in was their territory and that the police should not inhibit individuals from accessing treatment. Evidence shows that an increased police presence within urban spaces is likely to result in reduced accessibility to NSP services and a subsequent increase in equipment sharing, which is at odds with harm reduction (Wood *et al.,* 2003). Workers had to work hard to reassure service users that the police would not be allowed into the service itself, otherwise nobody would have used it. The 'grey zone' outside the service was a compromise of sorts; the treatment service could provide a boundary for service users where dealing was concerned, and this also acted as a boundary for the police:

MIA: *The other thing is that the drop in made it very clear that our property ends at the door, so basically what that does is it closes the window of opportunity for police to try and argue that we are condoning dealing on our premises. And we are like no, the dealing happens out there. That area doesn't belong to us, it's not our responsibility.*

The grey zone is a physical space in which police efforts to repress the activities of PWUD through direct violence and force can be directly observed. This provides an example of the

RSA at work, functioning predominantly by violence but ideology second: 'the Repressive State Apparatus functions by violence… the Army and the Police also function by ideology both to ensure their own cohesion and reproduction, and in the 'values' they propound externally (Althusser, 1971, p. 19).

In Hanna and Mia's example, we can see the public and the state competing with one another for the production of space. Lefebvre (1991) proposes that: 'places can also be viewed in terms of the highly significant distinction between *dominated* space and *appropriated* spaces' (p. 164). Those who seek to dominate space do so with an abstract purpose, for example: 'In domination, space is put to the service of some abstract purpose… This can be to facilitate state power' (Molotch, 1993, p. 889). Appropriated space is space that is produced to serve a human function or need, such as the indoor space of family life. Lefebve (1991) proposes that the dominator will ultimately win the competition. As Mia explains, PWUD will actively avoid spaces where the RSAs dominate, i.e., there is a police presence, which leads to some drug using communities becoming spatially marginalised:

MIA: *Underneath Munich in all the tunnels and stuff they (PWUD) made up their own consumption rooms, which doesn't have any kind of safety provisions, there's no fresh needles, no nothing, not even access to water or anything. It's just basically a space they found for themselves to ensure that they can use their drugs without being prosecuted or picked up by the police.*

However, the use of the Munich tunnels demonstrates a resistance of sorts; it provides an example of what Lefebvre (1991) calls 'diversification and reappropriation', where a space outlives its initial purpose and a group of individuals put it to different use, producing a new space where they can exert their own agency. Nevertheless, the drawback for this group is that their human needs are unlikely to be met: 'one upshot of such tactics is that groups take up residence in spaces whose pre-existing form, having been designed for some other purpose, is inappropriate to the needs of their would-be communal life' (Lefebvre, 1991, p. 167). As Mia highlights, individuals in this community are more prone to overdose, transmission of BBVs, injecting injuries, and infections. This case exemplifies how the dominance of space and its subsequent spatial marginalisation undermine harm reduction goals.

3.3. Pharmacy and secondary needle exchanges: 'filling in the gaps?'

In addition to fixed site NSPs in drug treatment services, community pharmacies in the UK and New Zealand also provide a site for NSP. Pharmacy NSPs aim to 'fill in the gaps' of service provision, by increasing the geographical coverage of NSPs and enabling service users to access sterile injecting equipment during hours when drug treatment services are closed (Sheridan *et al.,* 2000). Pharmacists can provide three different levels of service provision (National Institute for Health and Care Excellence (NICE), 2014). Level 1 involves giving out loose equipment or ready-made needle exchange packs containing the essential equipment required to prepare and inject the drug (see appendix 14), as well as some written harm reduction information. Level 2 provision requires service providers to distribute the equipment as well as delivering harm reduction advice, and level 3 provision involves level 2 provision plus referral and/or provision of specialist services. Uptake of harm reduction services is not always popular with pharmacists, who have historically expressed concerns about NSP service users stealing, appearing in their shop intoxicated, and exhibiting aggressive or violent behaviour (Sheridan *et al.,* 2005; McVeigh *et al*., 2017). Pharmacies operate as businesses and require remuneration for providing these harm reduction services, which may need to be substantial to incentivise involvement in NSP schemes (WHO 2007). Most OST (mainly methadone and buprenorphine) in the UK is administered by community pharmacists through clinically supervised dispensation (Yadav *et al.,* 2019); 147,568 people in England and Wales received OST in 2018 (Home Office, 2021).

Peer lead Olly explained that needle exchange coverage is not consistent in New Zealand where he lives and works, so pharmacies 'fill in the gaps' for fixed site harm reduction services within rural areas:

OLLY: *The pharmacies provide coverage in areas where we don't have any other coverage… There's a couple of reasonable sized cities that don't have a dedicated needle exchange, Gisborne's one, Queenstown doesn't have a dedicated service, Taupo, so there's a few cities, probably populations of 50 to 60,000 people that don't have any dedicated service, so pharmacies are important there… also major cities like Christchurch and Auckland when there's one or two needle exchanges, some people might have to drive 45, 50 minutes to get to a dedicated service and so the pharmacies fill in that coverage.*

Olly did not feel that it was acceptable for people to have to drive so far to access healthcare, reflecting a key concern highlighted by Harm Reduction International (2020b) that the uneven geographical distribution of NSPs in New Zealand means that rural populations are underserved. Unfortunately, the provision of geographically flexible services was not viewed positively by commissioners:

OLLY: *We could use more mobile services in areas where we don't have good coverage, but the Ministry of Health won't support any more as long as there isn't net consistency in the way that it's delivered.*

The idea of refusing to operate services based on a need for 'net consistency' can be understood as an example of the Weberian concept of 'rationalization', where: 'magical elements of thought are displaced, or positively by the extent to which ideas gain in systematic coherence and naturalistic consistency rationalized on the basis of rigorous calculation' (Gerth and Wright Mills, 1946, p. 51). These are 'oriented to the exploitation of political opportunities and irrational speculation' (Weber, 1930, p. 37), in this case, the bureaucratic principles are used to justify cost-cutting. These principles are namely efficiency, calculability, predictability, and control, which are now the principles on which all societal institutions are based, including medicine (Dorsey and Ritzer, 2016). Dorsey and Ritzer (2016) argue that, when medical services are based on these principles, it is to the exclusion of humanistic values, particularly the relationship between health professionals and patients, and patient care. Olly's example that harm reduction services will not be provided for PWUD unless there can be an overall net consistency in how these are delivered, demonstrates a prioritisation of the pursuit of bureaucratic principles over human need. The result is a lack of NSP coverage where PWUD need to travel long distances to gain access to health care resources. Ironically, where additional NSPs cannot be provided to 'fill in the gaps' due to a concern for demonstrating net consistency, there is less consistency of care, because PWUD and reside in rural areas receive less accessibility to the service than those in central urban spaces. While it might be more efficient for the funders to not provide services in rural areas, this is less efficient for the service user, who must travel more to receive less.

Evidence suggests that spatial factors pose a crucial influence on accessibility to services and if PWUD must travel longer distances to visit them, they are less likely to access these services and more likely to share injecting equipment (Allen, Ruiz and O'Rourke, 2015). Julian Tudor Hart famously asserted the Inverse Care Law to illustrate this phenomenon: 'The availability of good medical care tends to vary inversely with the need for it in the population served' (Tudor Hart, 1971, p. 405). In other words, those who need medical care the most are proportionately the least likely to access it. Central to the inverse care law is its relationship with market forces: 'this inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced. The market distribution of medical care is a primitive and historically outdated social form, and any return to it would further exaggerate the maldistribution of medical resources' (Tudor Hart, 1971, p. 405). Nevertheless, this system dominates.

However, as Dorsey and Ritzer (2016) note, the principle of calculability does not account for quality of the medical service being provided. As a harm reduction worker in a seaside town in the UK, Darren explained that the role of pharmacy needle exchange was currently compensating for the lack of NSP services within the fixed site service. However, he was concerned about the quality of harm reduction services being offered in these pharmacies:

DARREN: *I think there are probably going to be quite a lot of people that are not having their needs met… pretty much everything is because of funding at the moment. I think also, because we've got quite a lot of pharmacy needle exchanges, which… I've got mixed feelings about and I'm sure you probably do as well…*

AP: *I think they might be the same mixed feelings…! When they work, they can be convenient can't they, but what we've found where I live is that it's a lottery of the attitudes, education, and willingness of the individual pharmacist and if you get somebody who is in a key location and they're really anti-harm reduction, we run into problems. Is that something similar to what you've had?*

DARREN: *Yeah (nodding). I mean they're good because they make clean equipment very accessible over large areas of the city. But I think in practice they don't generally do any harm minimisation to be honest.*

In New Zealand, Olly had worked as a 'mystery shopper' in pharmacies and found that approaches to the treatment of service users were highly variable:

AP: *Are your pharmacists on board with it all?*

OLLY: *It's totally voluntary, they don't have to be part of the programme. So there are occasionally issues where pharmacists feel like they have some great moral dilemma when a client on methadone also wants to purchase needles and syringes or exchange them. Occasionally there's been the odd misguided pharmacist that has had a sign up saying something like: 'methadone and needle exchange clients: do not steal'.*

AP: *(Explodes into laughter of disbelief)*

OLLY: *(Laughing) yeah, I know!*

The signs that some pharmacists had put up in their shops to specifically and publicly target methadone clients for stealing provides an example of how the physical space of the pharmacy is aligned with the drug-free world ideology, where those who use drugs are morally bad. This can be seen to illustrate how health professionals operate as agents of the ISA, normalising this moral judgement within the openly visible spaces of the service. There is a relationship here between language and space, as Valentine (2001) posits: 'in some cases, hegemonic discourses are literally inscribed into the landscape' (p. 5). Language is being used here in an attempt by pharmacists to impose social control over people with a methadone prescription. Service users at this pharmacy are likely to feel othered the moment they walk into the store, as their stigmatisation is physically written and imposed into this space.

Activist and harm reduction educator Rory suggested that there was an urgent need for harm reduction training for pharmacists and pharmacy technicians:

RORY: *We (our organisation) did an audit a while ago to see where we were in terms of harm reduction awareness for pharmacists, because we realised that provision was declining quite dramatically. I think that's kind of in line with what's happening at a national level. I was speaking to many colleagues in and around the country, it does seem to reflect what's going on everywhere, so the audit did see how harm reduction aware the pharmacists were and whether there was a training need… it was clear that there was.*

Rory's role operated at strategic levels, so he was able to gain an overview of the national picture in terms of coverage and quality of service provision. Community Pharmacy Substance

Misuse Commissioner Sue's role also involved the strategic management of local pharmacy NSP provision, and she expressed concerns that the built environment was not providing sufficient physical discretion for service users to want to access them:

SUE: *Our pharmacy needle exchange was really good at one time and it's a shame that it's dropped off, so I'm looking at how we can build it back up again. But service users do seem to have stopped accessing pharmacies for needle exchange as well, so many factors… I know that many pharmacies have got peculiar hours now, you have to queue outside sometimes to get in, all these things are barriers for service users, they don't want to queue, they're ashamed of what they're doing sometimes, so it's looking at what we can do to bring people back. We had another very busy community needle exchange at one stage but there was quite a lot of redevelopment in the town and I think that put people off of going there as well, because it made it suddenly physically inaccessible to get to and people couldn't just drive up and park outside and run in like they used to. We tried really hard to bring that one back but unsuccessfully.*

This shows the relationship between the pharmacy setting and the wider built environment. Ideally these need to work together in synergy to address the need for confidentiality and discretion, as these are recurring barriers to the physical accessibility of NSP services within all locations. To address this lack of accessibility, some harm reduction workers are using volunteers to provide secondary needle exchange services in community spaces, as peer lead Ed explained:

ED: *One volunteer said they were all using dirty pins in the town where he lives, there's no good needle exchange provision down there. So I've given him a load of packs and he's been delivering them to people.*

Participant Matthew, an ex-service manager who is now a commissioner, suggested that secondary NSP provision tended to be a natural response to filling in the gaps:

MATTHEW: *There's a main service in Bath centre, 30 miles away. Its coverage is low for needle exchange, so one of our workers has really been active in doing secondary supply schemes… there are pockets of really good services for voice and activism out there, but when you get big providers like the organisation I work for, you just sort of go with what comes up naturally.*

Service manager Jackson showed me his extensively detailed spreadsheets of NSP coverage in his service, which is located in a region of England with pockets of rural settlements and inconsistent public transport links. He monitors coverage closely in his locality so that gaps can be filled in by secondary exchange, where workers simply drive round and deliver equipment to people's residences. This secondary system enables provision with discretion that can meet local needs at a low cost:

JACKSON: *We put out 60,000 1ml syringes (see appendix 15) between April 4th and January 1st, 60,000 1mls in 9 months. So that shows you the scale… Well that's the pharmacies as well as clients, but all that would have gone to injecting drug users.*

AP: *Yeah, so do you keep quite close tabs on surveillance, what you're… (Laughs, as participant produces numerous spreadsheets and shows them across the camera) Oh, you've got everything!*

JACKSON: *Yeah! I've got everything on spreadsheets and I've anonymised it.*

Jackson appeared pleased that this system was working well to address need in his local area. I was impressed with his personal efforts to monitor local needs with a level of detail that far surpassed the requirements placed upon him by commissioners. He and his colleagues have developed a network, i.e., produced a 'liquid' space throughout their community that enables wider access to harm reduction services and connects individual to health professionals.

### 3.4. Outreach needle and syringe programmes: 'out the boot of the car' and 'DIY needle exchange'

Although the majority of NSP service provision in the UK is managed by community drug treatment services and pharmacies, these may also operate through outreach or detached services, where workers find opportunities to encourage people to use the treatment services or deliver them elsewhere in the community (National Institute for Health and Care Excellence (NICE), 2014). Participants described how the geographical scope of harm reduction work was being broadened in response to service cutbacks, poor resourcing, and lack of service user accessibility. Where harm reduction services are not prioritised within the

space of a fixed site service, workers must essentially create spaces elsewhere if they wish to continue providing these services to PWUD. The data showed that these spaces included 'DIY needle exchanges' and using 'the boot of the car'. Problems arising from the lack of allocated space for needle exchange transactions and storage was highlighted through a conversation with Adam:

ADAM: *I bumped into one of my former colleagues… she's dropped to very, very part time –she's like 'oh I go to probation, but most of what I do is out the boot of my car'. Which is just… madness. Granted, most of what I did was out the boot of my car, but I at least had a hub I could go to.*

AP: *I heard about the boot of the car rumour around here, that someone has just got a needle exchange in the boot of their car and they're just travelling round with it!*

ADAM: *Yeah, because they're going to these hubs, these satellite places, it's all in the boot of their car because that's the only place they can do it, because there is nowhere to go.*

AP: *And that's relying on someone having car. It's like they're outsourcing storage!*

Adam and I discussed our experiences using 'the boot of the car' to provide needle exchange services:

ADAM: *I used to stuff the boot of my car when I worked there.*

AP: *(Laughs) so did I!*

ADAM: *Cos you just did, didn't you!? (Laughs) I used to have a really disgusting carrier bag full of used drug tests from probation… I managed to develop a way where I could seal them all in a glove and I had this bag full of old rubber gloves and then I'd take them into the office and dump them in the waste bin.*

I interpreted Adam's statement as an acknowledgement that using the private spaces of personal vehicles to transport needle and syringe equipment from one place to another was a normalised and practical aspect of a harm reduction role. What Adam and I agreed was problematic, was the potential for this to become the only feasible means of providing essential NSP services in the face of austerity:

ADAM: *I used to keep loads of stuff in the boot of my car, but the idea that this is the only place that clients could access is just… I mean, talking to my ex-colleagues fills me with dread every single time… every time it's like: 'oh how's it going', and they say: 'oh yeah well we've lost another ten members of staff here, 3 members of staff there, we're cutting x, y and z' and 'oh I hate it, but it pays the bills'.*

Lack of resources and poor working conditions for harm reduction services can be attributed to economic and socio-legal environments that are unfavourable; funding tends to be short term, insufficient even in relatively affluent countries, and subject to disproportionate levels of political scrutiny (Olding *et al*., 2021). Furthermore, harm reduction work is constantly undermined by dominant drug prohibition and enforcement approaches that imagine a drug-free world and criminalise and punish PWUD. Media channels tend to reinforce this by stigmatising PWUD; this fuels public moral outrage towards drug service provision and can lead to 'needle anger', a widespread, global phenomenon that has been demonstrated to have led to the closures of community fixed-site NSP sites in Australia (Körner and Treloar, 2003), Canada (MacNeill and Pauly, 2010), and the UK (Scottish Drugs Forum, 2017). The UK needle exchange was located by Glasgow train station and the land was owned by Network Rail, who made the decision to close the needle exchange after needle litter was found in this public space. This provides an example of 'dominated space'; according to Purcell (2013), Lefebvre saw cities as capitalist cities, dominated spaces where 'the production of space is thus driven by the needs of property owners' (p. 149). This need dominates the rights of the public to these spaces and alienates them. Combined with this, the perpetuation of the drug-free world ideology jeopardises the longevity of these spaces that, according to MacNeil and Pauly (2011), may be the only 'safe space' conceived (i.e., their 'representation of space') by people who inject drugs, who are also disproportionately likely to be homeless. MacNeil and Pauly's (2010) analysis of the impact of the closure of a Canadian fixed site needle exchange found that harm reduction workers still maintained efforts to provide NSP services in the community, but like the participants in this study, this had to be done through individual, creative problem solving that drew on the resources of urban spaces. While this met a small level of need, the disruption negatively impacted coverage, and it was found that fixed-site spaces had been more advantageous in terms of increased referrals and greater levels of confidentiality compared to more open, public spaces.

I tried to imagine a scenario where relatively more affluent health professionals (e.g., surgeons) would be required to carry the means to do their job in the boot of their car and transport 'returns' from one place to another! These concerns about the lack of provision for harm reduction services were discussed with Ed, who was also delivering NSP equipment 'out the boot of his car'. I shared a personal experience with him. During my prior experience as a harm reduction worker, I had encountered a problem whereby my car broke down, I could not afford to fix it on a harm reduction worker's wage and therefore the service was unable to transport the equipment to pharmacies or outreach services:

AP: *One issue I had when I was driving round with a needle exchange in the boot of the car, was my car broke and I couldn't afford to get it fixed, so I had to get on the bus with these great big needle exchange packs and sharps bins, and everyone on the bus is looking at me like I'm crazy… so is yours a private vehicle but you're having to use it for this purpose?*

ED: *It's private, but I've got a locked box I've just bought. I haven't been able to accept returns until now. I haven't got peers doing it yet cos they'll have to use public transport and we were worried about the risks. But now I've got a locked box, I'm going to screw it to the boot and then I can get people to bring their sharps bins and put them in the box and I can take them to the drug service. The nurse also said she'd do it, she's transporting stuff in her car as well.*

Ed disclosed that the lockable box had not been cheap, and he had been required to pay for this item personally. However, during the conversation with Ed, I sensed that he seemed pleased that the 'boot of the car' NSP provided a useful way of resisting austerity measures by continuing to provide NSP services to people who really needed them. Nevertheless, I expressed my frustration about this, feeling strongly that the drug treatment system was relying on low-earning individuals to compensate for a lack of government investment:

AP: *But this is relying on people's cars… I never forgot this because they dragged me in when my car broke down and they were like 'well we need you to have your car' and I was like 'well give me a work vehicle then'. But there wasn't a budget for it… it was horrendous*.

At this time, the service manager explained to me that if I did not have the means to a private vehicle as my job description stated, I would be in breach of contract, and it might be

unfeasible for me to continue the role. I had found this situation highly stressful and embarrassing. These accounts of workers using personal time and resources to compensate for a lack of funding for essential services, are consistent with evidence that austerity policies have led to lower paid workers needing to 'fill in the gaps' themselves (Baines, Cunningham and Shields, 2017, Olding *et al*., 2021).

Service manager Jackson outlined a situation where using the 'the boot of the car' had provided a means of enabling an elderly service user to maintain his anonymity and avoid public stigmatisation. The service user was reluctant to visit his local pharmacy to obtain injecting equipment for fear of being seen by people that he knew, so he had developed a habit of 'digging a pin out the bin' and re-using his own equipment. The service user, a 75-year-old man who injects 1g of heroin per week, was offered a home visit for NSP:

JACKSON: *I went to see him the first time at home, and he said: 'oh it's such a relief', because he had to go 7 miles to the next nearest pharmacist because he knows everyone in his local pharmacist. He was dreading the day he'd walk in there and see someone he knows, so he always used to get the bus to the next nearest pharmacist or drive there. He said it was such a pain in the arse, like sometimes he'd leave it too late that sort of stuff and like dig a pin out the bin if he never had nothing, so this has been quite good for him.*

The service user expressed relief that the service was brought to his home, as this increased physical accessibility for him. Furthermore, this account shows an example of how service users can exert agency by keeping needle exchange spaces physically separated from non-drug-related aspects of life. In this instance, the service user would rather 'dig a pin out the bin' and re-use old injecting equipment in the interests of maintaining secrecy. This illustrates a motivation for people who inject drugs to sacrifice physical health needs in favour of keeping their injecting practices and locations invisible (Parkin, 2013). This also suggests that the spatial marginalisation of PWUD not only proceeds from their motivations to avoid violence from RSAs, additionally, PWUD actively avoid ideological shaming in legitimate, public spaces (e.g., pharmacy needle exchanges). The private space of the home can be utilised to maintain secrecy of activity and avoid feeling shamed or stigmatised within the space of an ISA.

Overall, the data suggests that in instances where needle exchange provision is inadequate to meet service users' needs, workers feel compelled to address these by using personal resources such as time, money, and vehicle space. While harm reduction work has a long history of personal activism and can manifest as a mutual self-help movement (Tammi, 2004) there is a tension raised between theory and practice when the non-departmental public body for health, NICE, makes best practice recommendations for NSP provision (NICE, 2014), but funding constraints do not enable these services to exist in real space and time.

### 3.5. Online spaces: advancing the spatial scope of harm reduction

Online spaces are diverse and dynamic, and the internet can be conceptualised as a tool, a place where users interact and learn, or a way of being (Gerber *et al*., 2017). As a response to the social restrictions posed by the COIVD-19 pandemic at the beginning of 2020, global citizens were forced to undergo 'digital adaptation' (Hylland, 2022) and enact normal, everyday practices in online spaces. Online spaces have been utilised to buttress health service infrastructure during pandemic-related social restrictions (Prins *et al.,* 2022) and participant Rory advised me that the scope of drug treatment has also expanded into online spaces. He expressed that within the drug treatment sector, there were widespread concerns among drug treatment services, pharmacies, and governmental bodies about NSP coverage at the start of the pandemic, as without the ability to go out of doors or travel, people who inject drugs would be likely to resort to re-using injecting equipment and sharing. It was feared that this could exacerbate the spread of BBVs and infection:

RORY: *When Covid came along, pharmacies were reducing footfall in pharmacy. So clients would turn up and they'd say: 'Just give me your pins and go!" They (the pharmacy staff) would say: 'No. You have to queue'. Even if it's pissing with rain. Picking my pins up, that's the last thing I generally do before I go and use, so I've got a graft to do – well there's nowhere to graft now, all the shops are shut, but I've got my money, I've bought my drugs, I then go get my pins. So to expect somebody to then queue for 20 minutes in the pouring rain outside a pharmacy for pins - they'll just go home and use the pins they had yesterday.*

In response to falling presentation rates at pharmacy needle exchanges, the organisation that

Rory works for investigated how injecting equipment could be made more accessible to people who inject drugs. It was eventually decided to develop an online postal needle exchange service where people who inject drugs could order equipment to be delivered directly to their home addresses, or a care of address at a local service:

RORY: *We were all saying 'shit, the numbers are going down what we going to do?' We looked at all the options… vending machines was one option, but to respond to Covid… You'd have to have so many of them, and you can't do that practically because these things cost thousands of pounds, but they also need refilling, maintaining… Canada and France do it well, you know, but for us to do it in the UK – it was never gonna happen… But when we started thinking about a postal service… which is something we had thought about before, because we've been selling to people online for years anyway. So we thought what if we could just do this for each geographical area, but in their own account you know?*

Initially, the prospect of online ordering and delivery of equipment was considered to 'fill in the gaps' during COVID-19, but longer-term solutions about the use of online spaces were debated considering the barriers to the accessibility of pharmacy NSPs:

RORY: *One of the things I hadn't fully appreciated was the financial cost of getting to pharmacy… just two days ago somebody was telling me that they have to get three different buses to get to their nearest pharmacy… A friend of mine in Liverpool said it costs him a tenner to get into town. And he says 'you know, if I've got a tenner in my pocket, what am I going to do?'*

AP: *(Laughs)*

RORY: *It's also about flexibility, we've never been able to get people to take enough equipment… but when people buy online, there are various techniques you can use to make sure they buy enough. It's also about the moment – at 10 o'clock at night they can just go online and order it. And if I don't have a smart phone or a computer, my worker can order for me.*

Rory explained that service users do not have to pay for the equipment that they order, as the system is coded in such a way that the equipment and delivery charges are sent to the local authority who would normally pay for the equipment anyway.

Rory's example of setting up the online service demonstrates a process whereby harm reduction activists can produce online spaces for the purposes of promoting the health of PWUD. Prey (2015) argues that Lefebvre's concept of the production of space is flexible enough to be applied to online spaces and that this enables an analysis of how the interface between human and machine creates social spaces that are perceived, conceived, and lived. In the case of Rory's online service, the *perceived* is primarily visual, as users can use laptops, desktop PCs, or phones to navigate their way around the online site and make decisions about their future drug behaviours and choose equipment based on these. How the space is *conceived* is likely to be more variable and Prey (2015) proposes that this is measurable via user data that can establish user preferences. In the future, it is possible that Rory's organisation will perform analyses that enable them to take an informed approach to increasing the conceived desirability of this space. This online service as a '*lived space'* accounts for behaviours that are undertaken in this space, and how it is used and integrated within daily life practices. The production of these online spaces merge with the offline physical world: 'From the glare of the sun on a screen to the roar of traffic, we are reminded that "digital space" is always embedded in, and interwoven with, "physical space"' (Prey, 2015, p. 7). This creates a hybrid space that will continually morph and shift as harm reduction services adapt to the post-pandemic world.

Peer manager in New Zealand, Olly, explained that he oversaw the production and management of online spaces for people wanting to access harm reduction services:

OLLY: *We run an online shop which came out of COVID, so people can order equipment… and there is an online chat that people can contact us through. The online shop provides harm reduction advice and information, whatever people need, via the online chat…*

In addition to ordering equipment online, service users can communicate with Olly via an online chat channel, producing an online space that is directly social. Jackson stated that his service runs an online art group that aims to improve social engagement:

JACKSON: *We've got an art group that runs online, so we've got a Spanish girl whose like really good at – I want to say she's like an art therapist, but that's bullshit she's not really, but she does like a lot of art therapy type work, so you probably wouldn't be able to put it up as some sort of intervention properly. But it's really, really, popular.*

Lucia worked in a service that was finding ways to produce interventions within online spaces to reach out to non-dependent alcohol users during the pandemic:

LUCIA: *There's going to be online groups being run for non-dependent alcohol drinkers and then several self-help tools and their website as well, so there is plenty of material for them to access at the moment.*

While online spaces confer practical benefits to making services and equipment more accessible, particularly during the pandemic, the stigma attached to being a drug user and general fears of legal repercussions for using illicit drugs have channelled PWUD into using online spaces where drug-related experiences can be shared, and advice sought, with greater secrecy and anonymity (Bilgrei, 2017). Here, users can learn from one another and build trust; they tend to regard authority with suspicion and derision. One example of such an online social media platform that supports drug user forums is Reddit: 'every day, millions of people around the world post, vote, and comment in communities organized around their interests' (Reddit, 2022). Ex- harm reduction worker with lived experience, Dave, described a situation where he had used Reddit to investigate some new drugs that he wanted to try. However, he became concerned that the drug was an illicit benzodiazepine that took a relatively longer time to take effect than other, similar benzodiazepines. These drugs have a high overdose potential, as users think that the drug has not worked, take a higher dose, then the drug suddenly takes effect (Manchester *et al*., 2018). Dave tried to alert the drug service to this new drug, but found himself 'not believed' and patronised:

DAVE: *I phoned the drug service up and said 'there's some pills going about, very strong, very slow acting you're going to have some problems'. I gave them the name of them, and everything. I guessed what they were, but after I'd guessed, I sent them off to be tested… And I was right. It wasn't hard to guess, because - this sounds really poxy - but I am a bit of a connoisseur, do you know what I mean?*

AP: *(Laughs)*

DAVE: *I like to try them all! You only have to go online and fucking do a tick box on Reddit. I phoned them up and said 'these are dangerous for people who are chaotic'. And they didn't take a blind bit of notice of me. Three months later, I get a panicked phone call saying 'have you still got any of those pills left? That we could send away for testing?' And I said 'so what's happened then?' 'Three overdoses in a week.' I fucking told you! I actually was quite concerned at the time. Luckily no one died, but if someone had, I would have phoned head office and really kicked up a stink.*

Online spaces demonstrate potential for hearing 'the word on the street' from PWUD. By analysing mentions on drug forums in Reddit, Barenholtz *et al.* (2021) evaluated the usefulness of online drug user forums as an indicator of potentially harmful or lethal NPS (novel psychoactive substances) emerging on to drug markets. It was found that these online spaces facilitated the discovery of these NPS for the researchers, who recommended use of these forums in the development of 'early warning systems' in the real world. The lack of trust in the credibility of service users' expertise on the part of treatment services partially accounts for the rise of an online phenomenon called 'broscience', a portmanteau of 'brother' and science' (Bilgrei, 2017). This term is used to describe a trend where patients are turning away from mainstream health advice such as that offered by 'expert' health professionals and instead, undertaking self-directed information-seeking using internet and social media sources. Broscience has proliferated among online communities of male image and performance enhancing drug (IPED) users who are rejecting expert-led sources of drug-related information in favour of peer-led lived experiences (Huang *et al.,* 2022). While peer education shows an increasing potential for being an effective means of health education and has been demonstrated to facilitate HIV prevention practices among people who inject drugs (Topping, 2022), mistrust of mainstream expertise can result in widespread misinformation that can exacerbate health and social harms (Lavorgna and Myles, 2021). Unfortunately, the

prevalence of drug-related misinformation on social media is higher in comparison to other public health topics (Suarez-Lledo and Alvarez-Galvez, 2021). This is an unsurprising issue, as the mainstream media narratives concerning drug–related harms are dominated by sensationalised anecdotes rather than systematic science, and are tainted by stigmatisation (Schlag *et al*., 2022). These narratives are driven by the unattainable drug-free world ideology which reinforces the marginalisation of PWUD and increases health harms (Buxton and Burger, 2020). Thus, there is the potential for online spaces to be used for the achievement of harm reduction goals, but the mismatch between the felt and expressed needs of PWUD versus a globally-dominant enforcement approach that emphasises the 'fixing' of users by making them drug-free, has increased their stigmatisation and levels of mistrust (Lago, Peter and Bógus, 2017).

### 3.6. Conclusion

Overall, the data illustrates how the community drug treatment system functions as an ISA that is comprised of an interconnected web of hybridised real-world and online spaces. As Lefebvre (1991, p. 86) states: 'social spaces interpenetrate one another and superimpose themselves upon one another'. These spaces are perceived, conceived, and lived, functioning as sites of tensions between the ideology of the drug-free world and the health needs of PWUD. Consequently, fixed site NSPs that are located within community drug treatment services feature 'space wars' where those who dominate space are in competition with those who wish to produce spaces for human need. However, practitioners enacted some agency by 'alternative stashing', placing NSP equipment in corridors and other rooms where it could be readily accessed when the NSP room was being used for another purpose. The power of the abstract drug-free world ideology is made concrete within these spatial webs through the denial of harm reduction spaces and resources, underfunding, and where PWUD cannot show sufficient cooperation, structural power is deferred to RSAs such as the police, the courts, and the prisons. This power of the repressive state apparatus was demonstrated through a phenomenon known as 'junkie jogging', where the police resorted to violence towards PWUD in public spaces in the interests of keeping these spaces 'drug-free'.

Between fixed sites, pharmacies, and secondary needle exchanges, services attempted to 'fill in the gaps' and enhance service coverage. Producing these spaces was challenging for workers and peers, as resources are increasingly rationalised in the interests of consistency, rather than driven by human need. Nevertheless, harm reduction workers aspire to develop creative solutions to produce community outreach spaces that are tailored to the lived experiences of PWUD in those localities. This includes using the private space of the 'boot of the car' as a means of connecting fixed sites and other public spaces where harm reduction work occurs. Additionally, online spaces are being produced by harm reduction activists as a response to the COVID-19 global pandemic, with the aim of tackling the health needs of PWUD. These online spaces are inextricably linked to offline physical spaces and PWUD have been producing their own online spaces to resist moral outrage about drug use and avoid stigmatisation.

Overall, participants are engaged in ongoing, often emotive, and stressful negotiations to produce legitimate spaces for harm reduction work. Increasingly, harm reduction spaces are being diverted into other uses, due to resource and funding constraints that have been a common feature of healthcare services in over a decade of political austerity. There is also pressure from the public and private companies to keep public spaces drug-free by removing or diverting spaces allocated for harm reduction work, such as needle exchanges. Denial of harm reduction spaces and practices is a form of oppression as it controls the narrative in favour of the drug-free world, despite the real-world health needs of PWUD; as Xi and Ng (2021) state: 'when you erase the space, you also erase the voice' (p. 925).

## Chapter 4: 'Responding to the call': compliance with the drug-free world ideology

### 4.1. Introduction

The data indicated that in some contexts of tension between the drug-free world ideology and harm reduction practice, participants enacted and reproduced the drug-free world ideology through compliance. Examination of these interactions is central to analysing ideological compliance within the medical ideological state apparatus (medical ISA): 'At the micro level of interpersonal interaction, elements of ideology appear in doctor-patient communication' (Waitzkin, 1989). As such, it is argued that the community drug treatment system operates as a component of a medical ISA that functions 'primarily by ideology' (Althusser, p. 19), in this case, the ideology of the drug-free world. The processes through which compliance occurs are analysed using Althusser's (1971) concept of 'interpellation' or 'hailing', a process that explains how ideology produces docile and obedient subjects who comply with authority. The data suggests that the drug treatment system constructs drug workers as gatekeepers for treatment, positioning them with relative power over service users who are perceived by participants to be 'set up to fail'. This draws on C. Wright Mills' (1959) concept of 'the cheerful robot' (p. 171), citizens and workers who are cheerfully unaware of the sources of elite power that control their social position through 'steady coercion and controlled environment' (p. 171): 'the alienated man… the society in which this man, this cheerful robot flourishes is the antithesis of the free society' (p. 172).

The chapter also explores participants' experiences of 'unwilling compliance', where they felt that they had little choice but to comply with gatekeeping policies and practices, despite not wishing to. This considers the role of intention in investigating compliance. As participants in this study were recruited through a harm reduction activism forum, they have publicly positioned themselves in opposition to the drug-free world ideology. Participants recounted experiences where their working practices and perspectives contrasted that of 'a new breed' of workers who were viewed to be willingly or unquestioningly compliant with drug-free world narratives. Based on the data, it is argued that the financial infrastructure of community drug treatment services, namely outcome-based commissioning, hails workers to comply with the dominant ideology that drives an abstentionist agenda.

Finally, it is discussed how participants with lived experience of drug use are 'hailed' to align themselves with a drug-free world ideology that positions people who use drugs (PWUD) as requiring moral salvation. This requires a public performance of abstinence-based recovery, which reproduces the stigma of drug use and constructs these individuals as having a 'spoiled identity' (Goffman, 1963). Those who are successful in achieving cessation of drug use are hailed into becoming a 'poster boy', a public role model for being drug-free, where abstinence is pedestalised. Individuals who are unable to comply and continue to use drugs or relapse, are treated punitively by the treatment service. These experiences are discussed with reference to Becker's (1963) concept of 'deviants', those who are seen to break the rules.

#### *4.1.1. Theoretical ideas that inform the chapter: compliance, spoiled identity, and interpellation*

In the context of health services research, compliance is often conceptualised uncritically and is defined as: 'the extent to which the patient's behaviour (in terms of taking medications, following diets, or executing other lifestyle changes) coincides with medical advice' (Murphy and Canales, 2001, p. 175). This conceptualisation follows a traditionally biomedical, paternalistic, and coercive perspective that some researchers have criticised as outdated and disconnected from more recent understandings of healthcare that seek to promote patient autonomy (Spencer, 2018). Trostle (1988) asserts that this perspective has historically dominated because health researchers tend to be outsiders to the patient group and are sympathetic with the medical worldview that positions the role of the physician as the powerful expert who should be obeyed. Contrastingly, this PhD research with insider elements problematises the notion of compliance and critically considers it a form of repression that is installed by the ISA of the drug treatment system: 'the ideological state apparatus thrives on voluntary compliance' (Andrews and Skoczylis, 2022, p. 428). As a point of clarification, this in no way attempts to undermine service users' personal intentions to cease or decrease their drug use, or the efforts of health professionals to support them on this journey. Specifically, the chapter offers a critique on the enforcement of the drug-free world ideology as a basis for achieving abstinence. The concept of compliance is conceptualised here as 'submission to the rules of the dominant ideology' (Butler, 1997a, p. 118).

To examine how compliance occurs, the chapter draws on Althusser's (1971) concept of 'hailing' or 'interpellation'. It is argued that the community drug treatment system constructs identities through the interpellation of individuals who 'respond to the call' by engaging in a process of practical obedience, where the goal of abstinence dominates policy and practices (Ryder, 2015). Within community drug treatment service spaces, the abstract drug-free world ideology becomes concrete, as the individuals within these spaces enact practices and rituals that are desirable to the power elites. Thus, the drug-free world ideology serves to keep individuals in line through subordination: **'**The reproduction of the docile subjects is the major duty of ideology' (Kahraman, 2020, p. 138). The chapter utilises Judith Butler's (1997a) reformulation of Althusser's theory of interpellation to further explain the process of hailing relating to participants' practices.

Finally, the chapter draws on Miller's (1996) argument that the drug-free world ideology constructs the existence of two mutually exclusive role identities: a person who uses drugs with a 'spoiled identity' (Goffman, 1963), versus a person who is drug-free and is a morally good and productive citizen. The service user is an 'addict' or 'junkie' who struggles to control their personal drug use, but then can become a drug-free citizen through a process of recovery, while the identity of the health professional is traditionally aligned with abstinence from drugs. This perspective is underpinned by a 'compulsion/volition binary' (Pienaar *et al*., 2017, p. 519) that reduces addiction to a matter of individuals' levels of personal control and is used to classify and control PWUD. To demonstrate recovery, PWUD must perform a significant level of 'recovering identities' that includes making changes to their social relationships and networks in addition to ceasing drug use (Herold and Søgaard, 2019). The data in this research contributes to the critical discourse on models of addiction by arguing that establishing the role identities of participants and the individuals within community drug treatment spaces with whom they have worked is deeply complex, particularly in this field of work where the traditional role of the health professional is 'blurred' with that of the service user through the lived experience of drug use (McPhee *et al.*, 2023). It is argued that just as the drug-free world cannot be achieved, these two discrete role identities are also a fantasy; thus, individuals must comply with a public performance of the role of the recovered addict. To remain employed, health professionals must be seen to comply with institutional policies and processes to steer service users towards a performance of abstinence.

## 4.2. Gatekeepers and cheerful robots: worker compliance

The fieldwork showed that enacted compliance with the drug-free world ideology occurred in contexts where drug workers were required to act as gatekeepers. Gatekeeping in health organisational contexts can be understood as a process where health professionals act as 'gatekeepers' to restricted resources, making normative decisions to decide what and how these may be allocated to service users (Chiarello, 2013). How these decisions are made impact health and treatment outcomes for service users, financial costs, and patient satisfaction (Greenfield, Foley and Majeed, 2016). For example, workers are placed in positions of relative power over service users as they gatekeep access to treatment resources such as referral pathways and the scheduling of appointments (Mahmood, 2021), judgements regarding methadone and buprenorphine prescribing (NICE, 2007), and information about self-help groups and other services (Day *et al.,* 2015). Therefore, gatekeeping plays a crucial function in processes of interpellation, as it is an instrument through which superordinates can achieve oppression (Ticha, 2006).

### *4.2.1. Unwilling compliers*

An example of gatekeeping was described by ex-practitioner with lived experience, Dave, who had experienced a situation in which the treatment service where he worked implemented a new policy concerning service users' initial access to treatment. Service users were provided with the additional step of needing to attend an 'initial group advice and information session' before being permitted to access individual treatment, including a methadone script. Dave explained that when he was a senior recovery worker, he was made to lead these groups himself, even though he did not want to:

DAVE: *Groups should always be optional. I remember when they first made me take them, I was terrified… it was bullshit and I couldn't bring myself to do it. I found one poor girl outside throwing up on the pavement, she'd been forced to go, and told 'no group no script'. That shit just makes my fucking blood boil. It's abusive.*

Dave explained that he felt this particular use of groups was a form of gatekeeping that he found morally unacceptable. However, he initially complied with the new system because it

was his job and he was expected to do it by management, although he eventually refused. Ex-Drug Interventions Programme (DIP) worker, Adam, had also worked in a service that had adopted the gatekeeping practice of insisting that service users attend a 'motivational group' before they would be referred for treatment:

ADAM: *I had to go into the waiting room and explain to this client why he couldn't have a script, and why he had to attend a motivational group session… then hopefully in 2 weeks' time, we'd be able to give him something. The waiting was full of people, it was really heckly, the guy's in tears, then he's angry: 'I'm gonna die because of this, you haven't helped me'. I was like: 'I'm just relaying what I've been told by management, and I cannot make any difference, there is nothing I can do'. He was confused: 'but you're DIP and you can do this and that!' and I'm like: 'not any more'.*

While Adam unwillingly complied with the new process implemented by management, he recalled feeling so angry and upset that his job was setting service users up to fail, he resigned the role shortly afterwards to avoid having to be a gatekeeper any longer:

ADAM: *It was the point where – my motivation broke, I no longer went to work thinking: 'I'm doing a good thing, it's difficult, but at least I'm making a difference with these people', to: 'I am literally, actively harming these people…' I'm a gatekeeper, I'm preventing people from accessing something that is useful and important and life-saving to them and I don't know why, it just doesn't make sense to me.*

Similarly, ex-prescribing worker Isabella felt that she was playing a role in making service users jump through hoops, which she did not agree with. As a part of her professional role, Isabella was required to complete paperwork where she needed to indicate that she had contacted service users on a regular basis to find out where they were, particularly if they did not attend an appointment or pick up their methadone dose from a pharmacist:

ISABELLA: *I would do things like ring clients and say: 'where are you?' and they'd be like: 'sorry I forgot'. And then they'd come in and I'd see them very briefly, so I would then tick my box – and for me, what's important is knowing why I'm doing something and – it wasn't quite right.*

These experiences reflect the findings of an Irish study which demonstrates older service users are likely to have spent a life 'grovelling' to a series of gatekeeping health professionals to keep their methadone prescription maintained (Mayock and Butler, 2022). This positions professional workers as the 'professional managerial class', an element of the administrative state whose major function is to 'reproduce capitalist culture and class relations' (Cohen, 1985, p. 162). Stevens and Zampini (2018) argue that the interests of the elites within the public health field and the state overlap to form what is described as a 'medico-penal constellation', complex policy systems where groups of social agents deploy structural power to reinforce social regulation, such as drug policies and laws. Within the medical ISA, professionals are 'hailed' to respond to the authority of the drug service by following the processes, and thus are 'accepting the terms by which he is hailed' (Butler, 1997a, p. 106) through 'the appropriation of guilt' (p. 107).

Despite this dynamic, participants' accounts suggest that in some instances, workers were aware of their power and were unwilling to wield it, choosing instead to refuse to follow orders, or removing themselves from situations where they would be required to act as a gatekeeper. Althusser's (1971) theory suggests that interpellation 'just happens', so unwilling or non-compliance calls into question the role of agency within interpellation. This is an under-researched aspect of organisational studies, yet it is of crucial importance to our understanding of how workplace rules are followed (Klemsdal and Wittusen, 2021). While the limited role of agency is a valid criticism of Althusser's theory of interpellation (Smith, 1985), Butler (1997a) proposes that interpellation fails where individuals misrecognise the call, i.e., they do not hear the call, mishear the call, or fail to respond to the call. In these instances, an 'agential gap' (Davis, 2012, p. 884) can appear, a potential site for resistance to occur. In situations where participants did comply with orders, their narratives suggest that they felt they could not comply in instances that this would cause harm to service users. Not wanting to do harm is the ultimate principle of a harm reduction philosophy and seemingly, this competing discourse disrupted the hail, providing an opportunity for what Aggleton and Whitty (1985) term a 'contestation', a personal challenge directed at 'localized principles of control' (p. 62). These researchers distinguish this concept from resistance, which they consider to be a challenge to the dominant power that operates within the wider social formation. Contestations are limited in their effectiveness to redress structural power

relations, but they can provide individuals with a sense of increased personal autonomy in the face of oppression.

Workers demonstrated a consciousness that if they did not comply with policies and practices that they did not agree with, there would be unpleasant consequences for them. One such example was fear of losing one's job and not being able to afford to pay bills:

RORY: *People need jobs, they've got mortgages and people to feed. You're going to be led where the money is, unless you're profoundly principled or decide to do something different… you either join, collude with it, or you come into conflict with it and you leave.*

Dave stated that he would have left his role sooner had financial implications not been a consideration:

AP: *I've had people saying ', it shouldn't just be about the money' but that's the reality of people's everyday lives, you've gotta find a way of paying your bills... whatever that looks like.*

DAVE: *Yeah, whatever that looks like. That's why it took me so long to leave, I could have resigned… but it had to get literally unbearable before I had to get out.*

One explanation for compliance is that 'resistance and rebellion are costly; most subordinates lack the necessary means' (Tilly, 1991, p. 594). Bystanders who intervene are likely to risk punishment, so despite being conscious that a practice was coercive or unfair, professionals may not display resistance if they fear the consequences. Raby (2005) suggests that if the consequence of resistance is 'social death' (i.e., in this case being dismissed from the professional role), this is likely to remove further opportunities for resistance, so it is in the interests of those who wish to be non-compliant that they retain their social existence. While the participants in the present study sometimes complied with gatekeeping processes that they did not agree with, they have shown that they questioned processes, challenged managers, and at times, refused to comply at all. Hence 'degrees of compliance' were observed, where the process of oppression by a dominant ideology was paradoxically, also a

potential site for resistance.

### *4.2.2. The 'new breed' of willing compliers*

Participants recalled experiences working with 'a new breed' of willing compliers, newer and often younger workers who seemed to follow orders without question. For example, recovery practitioner with lived experience, Alfie, described his experiences with a 'new inset' of drug workers who comply with the service rules at the expense of service users' rights to treatment:

ALFIE: *What am I really in this line of work for? To fight for a persons' right to their healthcare that they should be given… not marginalised cos he's a pain in the arse, or cos they keep falling off their script and they can't come in on time… being a hindrance rather than a bit of support. Listen, not all drug workers are like that because I know some fantastic ones that are just stuck in a rut because the environment's like that… harm reduction has been pushed out, so you've got a new inset of workers coming in because of the funding cuts. Some of my colleagues have moved away…. they can't work in this environment now, because it's not one-to-one, it's just a paper exercise.*

Alfie voiced concerns that the working environment was influencing drug workers to reproduce the marginalisation of service users. The 'new breed' was also discussed by harm reduction activist Rory, who expressed frustration at the compliance of the newly recruited workers within a political climate of austerity:

RORY: *Why is nobody shouting about this? Why is nobody angry about this? Why is nobody doing anything about this? And it's because this is what they know. It's because for the new people in the field, it's only ever been like this. So they don't know there's something wrong.*

Rory expressed concerns that increasingly, the newer workers comply with orders from management without question. It is argued that newer and less well-trained health practitioners are less likely to adopt a critical stance on working practices, as they are unaware of the historical context of their profession and therefore lack a basis for critical comparison between the past and the present (Scally and Womack, 2004). Additionally, systematic

disinvestment into UK drug treatment services has insufficiently equipped the workforce with the necessary skills, knowledge, or person-focused attitudes to engage, support, and save the lives of PWUD (Wilson, 2019). The lack of training and education provides an explanation for why the new breed appear to comply without question.

However, Rory also experienced a lack of questioning regarding everyday practices in some of the pharmacists he worked with who he knew to be highly educated. For example, he was surprised to discover that many had never wondered about the contents of the needle exchange packs that they routinely gave out to clients:

RORY: *At the moment, people don't know what harm reduction is supposed to be. They don't know what they're supposed to be doing. For people that only have ever given packs out, that's all they think they need to do.*

AP: *Yeah, they don't even know what's in it half the time.*

RORY: *Well, most pharmacists don't! You know, every training with pharmacists I do, that's usually my first question. The most I've ever had put their hands up is two people and I'm thinking: 'well pharmacists, they are scientists. They are enquiring people! Why have you never thought: 'I wonder what's in this bag!?''*

This phenomenon can be explained by Mills' (1959) argument that that the modern age is witnessing 'the ascendancy of the cheerful robot' (p. 171) where workers become 'the alienated man' (p. 172). This has occurred as organisations have shifted to 'detailed divisions of labour' (Mills, 1951, p. 225), where the whole means of production is invisible, so workers are alienated from the means of production. In this instance, the pharmacy professionals who are handing out needle exchange packs are legally and psychologically detached from other aspects of the process and thus, the practice becomes devoid of meaning. These individuals can be interpreted as passive responders to Althusser's (1971) 'interpellative hail' of being asked for a needle exchange pack; they simply 'respond to the call' by handing one out as they have been instructed. This provides an explanation for Rory's observations that professional workers with an education based within the sciences would nevertheless become unquestioningly compliant within organisational contexts; the significance of the task cannot be understood within a broader public health context and therefore lacks meaning.

Participants tended to talk disdainfully about the 'new breed' and the loss of skills and training within the harm reduction profession, mirroring Mills' (1959) rather scathing comments regarding the political apathy of the cheerful robot: '(they) are inattentive to political concerns of any kind. There are neither radical nor reactionary. They are inactionary. If we accept the Greek's definition of the idiot as an altogether private man, then we must conclude that many citizens of many societies are indeed idiots' (p. 41). The shift away from harm reduction approaches since the 1980s towards those that focus on crime, enforcement and punishment has been found to reproduce polarised differences in ideological standpoints between workers, which leads to increased conflict and feelings of isolation (Weston, 2014). This provides a potential explanation for the 'us and them' mentality that some participants have experienced with respect to the 'new breed' of workers.

#### *4.2.3. Financial hails for worker compliance: Payment by Results (PbR)*

The data suggests that the way community drug treatment services are financially commissioned hails workers to produce subjects who are compliant with the dominant drug-free world ideology. Commissioner Matthew expressed concern that drug-free narratives were being mobilised by the commissioning process to sideline harm reduction practices:

MATTHEW: *About ten years ago with the introduction of 'The Recovery Agenda' – which I wasn't opposed to and I'm still not, I think abstinence is a great thing for people to aim for – but I noticed from tender specs that harm reduction wasn't in the specification, it was abstinence, it was group work and successful outcomes targets about successful completions. Harm reduction – was almost like a dirty word - I remember writing in a model for the areas and I was told 'no, you can't have a needle exchange worker, that's a luxury far gone by'.*

I was interested to hear Matthew's perspectives that although he was both committed to the 'recovery agenda' and harm reduction, he found that the financial infrastructure of commissioning steered him away from implementing interventions and resources underpinned by harm reduction models. I interpreted this as an example of the bureaucratic process of commissioning 'issuing a call' (Otjen, 2020, p. 285) to professionals and aligning them with the dominant ideology. In doing so, this process positions recovery outcomes in direct opposition to harm reduction, constructing an unnecessary 'straw man' argument

between these two models (Best *et al.,* 2010). Matthew asserts that this does not need to be the case, as he views harm reduction to be compatible with recovery. Nevertheless, he must comply with the commissioning process in his working practices.

The financial infrastructure of drug treatment services was also discussed by participants with a non-commissioning role, as they perceived this to be driving practice within treatment services. During the interviews, participants discussed the felt impact of the Payment by Results (PbR) system, outcome-based commissioning where services are paid based on the results that they achieve (HM Government, 2011). Good performance is measured through five outcomes that are aligned with the goals of the national 2010 Drugs Strategy (HM Government, 2010): (1) abstinence from all presenting substances, (2) successful completed treatment free from dependency, (3) resolved housing issues, (4) stopping injecting, (5) and improved quality of life (Department of Health, 2013; Gosling, 2016). Adam noted a stronger emphasis on abstinence-based recovery in the PbR pilot site where he'd worked:

ADAM: *I'd like to think it was a misunderstanding of the commissioning rather than a deliberate, cynical, gatekeeping exercise… PbR had a very strict structure to it.*

AP: *You mean in terms of outcomes?*

ADAM: *Yeah… it gave a very rigid timeline of what is expected for that client… moving what we were doing to fit a recovery agenda - (sighs) – I didn't hang around long enough to find out, I only lasted about six months in the new system.*

In Adam's experience, the PbR system resulted in a working culture where the financial structure drove practice at the expense of service users' needs and workers' professional judgements. Evans (2014) argues that where financially-driven targets drive healthcare practice, this is a case of 'the tail wagging the dog' (p. 203), resulting in a persecutory environment where workers are fearful of exercising their professional judgement in case targets are not met. While individuals may be interpellated through guilt (Butler, 1997a) as 'subjects of law', Lavin (2006) contends that we may also be interpellated as 'subjects of fear' (p. 257). This provides an explanation for why workers in these working environments are likely to comply without openly demonstrating resistance.

Complex needs worker, Darren, expressed that he felt he had little choice but to comply with a system in which he suspected normalised practices were structured around austerity, such as seeing service users for appointments in groups. He complied with this practice, but did so unwillingly, as he was concerned that this decision was being made purely on financial terms, despite the guise of 'evidence-based practice' that was given. However, he could not find this evidence and had become suspicious about the motives for groups:

DARREN: *One thing we'll be having here is a greater emphasis on groups, and as far as I can tell, it's purely because of lack of funding. My first thought when I was told was that I've had enough difficulties as it is trying to get clients in with the one-to-ones at a particular time or day! So the idea of getting even just two of them to meet at the same time… I can see benefits to it, but just not for the type of clients that I work with. I think it's purely a cost-saving measure in terms of how we can increase the frequency of contact with clients without needing more staff. I think we've got to look for some proper evidence… but I wasn't able to find anything that matched with what was being discussed.*

Darren suspected that funding cuts was the rationale for running the sessions in groups, but that the service was using 'evidence' as justification for reducing the numbers of one-to-one appointments. A drive to responsibilise drug use by enforcing abstinence-based outcomes, provides a convenient narrative to justify cost-saving measures within a climate of political austerity in the UK that deems PWUD to be 'undeserving' of investment (Roy and Buchanan, 2016).

This mismatch between the reality of service users' drug use and the financial structure in which practitioners must operate mirrors the findings of Gosling's (2018) ethnographic research into the impact of PbR on those 'at the coal face' of drug treatment in Northern England. PbR was observed to force decision-making regarding service users' treatment to be ideologically driven, demanding an administrative demonstration of outdated concepts of recovery. Hence, PbR became a mechanism through which the UK coalition government's strategy goal 'supporting people to live a drug free life' (HM Government, 2010) could be mobilised in practice. Through financial structures, the abstract drug-free world ideology becomes concrete within the ISA of the community drug treatment service through practices and rituals. Butler's (1997b) reformulation of Althusser's theory of interpellation proposes

that practices of hailing may be indirect and in addition to speech, these rituals can include 'bureaucratic forms' (p. 34), as Darren experienced. However, an ethnographic study conducted by Dennis, Rhodes and Harris (2020) that aimed to understand how the shift to a recovery discourse is materially enacted within community drug treatment practices, found that adherence to abstinence-based recovery outcomes did not meet the reality of service users' lives; to keep individuals safe, workers needed to engage in a form of 'adaptive tinkering' with the administration. This non-compliance was found to be motivated by discourses of caring, which these researchers argue disrupts the dichotomy between harm reduction and recovery, providing agency for workers to demonstrate resistance.

Practitioner with lived experience, Alfie, voiced that the new bureaucratic systems associated with financial austerity have generally led to a decrease in practitioner expertise and an increase in bureaucratic gatekeeping:

ALFIE: *When funding cuts came in, people like you and myself that were specialists became non-existent. And it were handed out to keyworkers who didn't really have an interest in it. Even admin staff were trained up! And we became recovery coordinators… I'm a substance misuse practitioner, so I always had to be one step ahead of new things that were coming out. So for me, when they came in with recovery coordinators, I was just like a gatekeeper, that's how I felt… it were just a paper exercise, that's what I had become.*

Aston's (2009) analysis of interpellation suggests that hailing is not necessarily a single event but can occur as a process over time to produce an identity that may or may not be accepted. Here it can be seen that Alfie transitioned from the role of 'substance misuse practitioner' to 'gatekeeper', an identity that he internalised, but came to reject and despise. This situation has strong implications for one's sense of self and can result in a hatred of the dominant power structures in which one finds oneself imbricated, as Guralnik and Simeon (2010) state: 'the space between recognition and interpellation is where one's sense of personhood is repeatedly carved out… a portrait of the State branded onto the psyche' (p. 408). Nevertheless, this suggests that compliance is not an inevitable outcome of interpellation and as Butler (1997a) argues, can give rise to acts of resistance that potentiate more ethical practices: 'failure of interpellation may well undermine the capacity of the subject to "be" in

a self-identical sense, but it may also mark the path toward a more open, even more ethical, kind of being, one of or for the future' (p. 131).

## 4.3. Poster boys and deviants: compliance with the public performance of abstinence

The use of role models or 'poster boys' who are reformed addicts has been a long-standing tactic of the UK Government's drug prevention policy, emphasising a focus on the role of peer pressure in being an influential factor for young people's drug use (Blackman, 2010a). For those engaged in drug treatment, witnessing a peer with whom they identify successfully completing drug treatment can be a powerful tool in helping service users to visualise their own change (Sowards, O'Boyle and Weissman, 2006). Within communities, those who are more experienced in their own recovery can enable others to undergo social identity change that is aligned with learning their own recovery techniques (Best, Bird and Hunton, 2015). Somewhat conversely, this section applies Goffman's (1963) work on the concept of stigma to findings from the data to demonstrate that the use of poster boys for abstinence contributed to the stigma of drug use by constructing a 'spoiled identity' for PWUD, a social identity that is discredited by 'a failing, a shortcoming, a handicap' (Goffman, 1963, pp. 12) in comparison with 'normal' citizens. Furthermore, the data showed that poster boys were found to publicly comply with a performance of abstinence to avoid punishment through stigma, shame, and social marginalisation, which negatively impacted the health and social wellbeing of these individuals and drove their relapse. These processes of compliance are discussed here with an explanation of how the drug-free world ideology constructs a moralising binary opposition of 'drug-free' vs 'addict' to pedestalise abstinence and subordinate the power of PWUD.

### *4.3.1. Abstinence heroes and spoiled identities*

The reformed addict has long been presented as an abstinence hero within drug-related news and advertising campaigns for treatment services (Fitzgerald, 2015). This section discusses the experiences of participants with lived experience of drug use who were hailed into becoming poster boys for abstinence within treatment services. Ex-practitioner with lived experience, Dave, described being placed under pressure by the service to become an

'abstinence role model'. He explained that when he transitioned from being a service user to a full-time employee, his service manager tried to persuade him into becoming a poster boy for success:

DAVE: *I always refused point blank to do anything like that. The service manager tried to get me doing role model stuff and I just said no, no. He was like 'well you're alright' and I said: 'I might not be alright tomorrow'. I don't wanna be on show, and I don't wanna be 'oh I'm so and so, I used to inject so much heroin every day and now look at me aren't I wonderful…' I don't think it's healthy. It puts you above the drug users… It's sick.*

Dave is 'resisting the hail' by refusing to comply with the service manager's wish for him to become the poster boy, as he did not want to be publicly labelled as abstinent, or an ex-drug user. This finding is consistent with research which found that peer role models within mental health services did not want to be labelled as poster boys, as this confined their identity to a 'peer persona' (Moran *et al.,* 2013, p. 287), constrained them within the mental health sphere, and undermined their sense of autonomy. Similarly, Measham, Moore and Welch (2013) found that UK-based drug service users often rejected 'a positive recovery identity' that was aligned with their drug use and recovery, in favour of leading a 'normal life' away from drugs. Research suggests that service users find it difficult to create peer-to-peer relationships with other clients that they perceive to be unlike them (Neale, Tompkins and Strang, 2018), therefore, a poster person selected by a treatment service will not necessarily provide a meaningful role model to service users. Additionally, to assume that PWUD will automatically emulate an abstinence role model positions them as lacking in agency, failing to account for more interactive explanations for drug consumption (Blackman, 2010a).

Dave's motivation for avoiding being paraded as a poster boy appears to overpower his motivation to comply with his manager's wishes. This can be viewed as an example of avoiding stigma, which renders the individual to be 'quite thoroughly bad, or dangerous, or weak' (Goffman, 1963, p. 12). People who are marked with a stigma have a 'spoiled identity': 'a special discrepancy between virtual and actual social identity' (Goffman, 1963, pp. 12-13). Neale, Nettleton, and Pickering (2011) argue that the recovery agenda frames the identity of PWUD as having a spoiled identity and that they must enter a phase of recovery associated

with a positive, renewed, and morally clean sense of self. This creates performances of identity around a binary between the non-addict who is free from drugs vs a damaged drug user, hence, people in recovery need to engage in a process called 'double borderwork', to be viewed as normal enough to fit in with non-drug users, but also edgy enough to fit in with drug-using friends (Herold and Søgaard, 2019). Dave rejected the idea that being abstinent from drugs renders an individual superior to one who uses drugs.

Stocchetti's (2019) analysis of the presentation of the self in a digital age, demonstrates that individuals' fear of isolation, a central theme in Goffman's work, is relevant to the process of interpellation. Enactment of a dominant ideology within ISAs, in this case the medical ISA, provides a context for the strategies that individuals must adopt to adapt to society: 'the persona is a fundamental tool to protect the individual from the risks associated with society and the real: from the possibility that social institutions become a threat' (Stocchetti, 2019, p. 51). By using role models, drug treatment services are encouraging service users to draw away from the stigmatised addict identity, subordinating PWUD. Therefore, an individual in Dave's position needs to develop a strategy for role identity management that mitigates personal risks. People with a stigma are likely to be ambivalent about their identity, as despite people's motivation to avoid stigma, they may go through a series of 'affiliation cycles' (Goffman, 1963, p. 51), where they experience phases of participation and rejection of the stigmatised group to which they once belonged. This requirement for people carrying the stigma of drug use to constantly manage combinations of isolation fear, institutional threats, identity, and personal control over drug use is likely to induce high levels of psychological stress.

Marking PWUD with the stigma of 'addict' is consistent with abstinence-based ideologies that put being drug-free on a pedestal and has been found to deter help-seeking behaviours in the instance of relapse (Gallagher and Bremer, 2018). Relapse is defined by the WHO (1994) as 'a return to drinking or drug use after a period of abstinence' and a lapse as 'an isolated occasion of drug or alcohol use' (p. 56). For Dave, publicly being labelled abstinent would have created a pressure for him to publicly comply with a performance of abstinence, which would exacerbate a sense of shame in the instance that he was no longer seen to be compliant, or

in his words, 'I might not be alright tomorrow'. This pressure had caused practitioner with lived experience, Alfie, to relapse:

ALFIE: *I've got lived experience about being put on a pedestal and seeing other people come from being a service user, getting put on a pedestal and ending up losing their lives, because they just get thrown to one side when they do relapse… I know ten people in my career who that's happened to… all that self-esteem that they've built up and then all that – frothy emotional appeal, 'there there, good man'… once all that's gone and you relapse, you get all that guilt and shame because I've let people down, people can't see me like this, this is who I were, and it's just so dangerous… I've been that poster boy.*

Alfie's biggest concern was that the avoidance of seeking support with relapse could lead to death from overdose for these individuals. He explained that those who became poster boys felt a strong sense of obligation to comply with a public image of abstinence for fear of letting other people down, but also to avoid having a spoiled identity in the event of a relapse. White and Ali (2010) highlight that the terms 'lapse' and 'relapse' are rooted in language that historically describes moral and religious understandings of social behaviour and thus, those who are seen to ascribe to these behaviours are considered moral failures. Relapse among practitioners with lived experience has been found to be particularly humiliating, due to the stigma attached to 'the recovered addict having fallen off the wagon' (Doukas and Cullen, 2010, p. 225). Goffman (1963) suggests that the negative consequences associated with stigma are resisted by the individual, who is very selective about what personal information is disclosed and to whom. This includes social information that is conferred through signs and symbols: 'the social information conveyed by a symbol can establish a special claim to prestige… prestige symbols can be contrasted to stigma symbols, namely, signs which are especially effective in drawing attention to a debasing identity discrepancy… with a consequent reduction in our valuation of the individual' (Goffman, 1963, p. 59). This provides an explanation for why abstinence heroes feel so compelled to comply with their poster boy image (the prestige symbol) and become isolated from sources of support in the event of relapse (a stigma symbol).

Being the drug treatment service poster boy who relapses in tandem with being a practitioner with lived experience, produces the double stigma of being a practitioner who did not comply

with the rules, as well as a moral failure who uses drugs. Individuals who face double stigma have been found to draw 'physical and symbolic boundaries around interaction' (Kowalewski, 1988, p. 213) as a tactic for distancing themselves from these identities. Daftary's (2012) research on the double stigma associated with dual illness identities suggests that this tactic involves sharing information with others in ways that segregates each illness to avoid overlapping identities. The stigma of illness is even more stark for PWUD than for people with other illness diagnoses. Participant Liz, a harm reduction advocate who had worked as a community pharmacist in the UK, pointed out that in no other aspect of healthcare were patients subjected to their health needs being determined by law enforcement:

LIZ: *Could you imagine treating patients with diabetes like this?*

Arguably, the tactic of information control as a strategy for reducing stigma is unlikely to work for ex-service users who transition into employment roles as their recovery journey is likely to be well-known within the treatment service. This problem of maintaining confidentiality is likely to be intensified in closer-knit communities (Measham, Moore and Welch, 2013). Thus, the chances of exposure are relatively high and the individual risks public shame if they are found to be non-compliant with the dominant drug-free ideology.

Dave described the practice of pedestalising abstinence, where service users who had achieved abstinence were viewed as an aspirational ideal, as being 'dangerous' for the recovery of people with lived experience of drug use, as it distanced service users from the possibility of relapse. He discussed a situation at a service he had worked at where abstinence was viewed as an achievement to be rewarded with an annual prize for the person demonstrating the most progress:

DAVE: *Every year they have an award for the erm, most recovered person of the year award. It's fucking awful… that's dangerous because you're putting someone on a pedestal, do you know what I mean?*

Goffman's (1963) explanation for providing public awards to stigmatised groups of people who go on to lead normal, functional lives is that this tactic celebrates these individuals as 'heroes of adjustment' (p. 37) 'in a world of publicized heroes and villains of their own stripe' (p. 40). This publicly promotes the image of the good and compliant citizen who is clean from drug use. However, Adam voiced concern that expecting poster boys to comply with a public performance of abstinence, effectively forever, could place poster boys at risk in the instance that they relapse and then do not feel that they can seek help. He described that this situation had occurred with one of his clients:

ADAM: *I can think of a client who was the poster boy for not using, The Poster Boy... We had him on promotional materials, he was the person we would bring up at probation, him and his wife were the poster people for getting off drugs. And he died of a drug overdose. If that person can return to drug use, how on Earth are we supposed to assess who it is that's gonna be – like, a guaranteed success? You just can't, and it seems like madness that we have to.*

Adam expressed the view that expecting a person to comply with abstinence forever is problematic as it is not guaranteed, so this sets individuals up to fail. The rationale for the use of poster boys is rooted in an understanding of drug use that positions addiction in 'binary opposition' to health, free will, independence, self-control, responsibility, productivity, and autonomy' (Moore *et al.,* 2017). An analysis of mass media campaigns suggests that the concepts of 'drug-free' and 'addict' are typically presented in public discourse as universal binary oppositions to represent addicts as dehumanised individuals who do not partake in a normal or productive life as a drug-free individual would (Kowal-Bourgonjon and Jacobs, 2019). Despite its use in the promotion of poster boys, the construction of relapse around a moralising binary opposition differs to concepts of relapse in the recovery literature that view relapse as a common characteristic of a career of drug use (Best and Lubman, 2012; Theodoropolou, 2020). There is overwhelming evidence of its limitations, but nevertheless, the drug-free world ideology continues to reinforce ideologically driven clinical practice at the expense of human life (Godlee and Hurley, 2016).

### *4.3.2. Punishments for non-compliers*

Non-compliance with moral codes tends to mobilise a widespread outrage (Becker, 1963), therefore, punishments for the non-compliant are likely to be punitive. Becker (1963) terms those who break the rule of a social group 'deviants', or 'outsiders'. He suggests that PWUD (he provides the example of marihuana use) are generally aware of the potential negative consequences of being discovered to be rule-breaking and are therefore likely to undertake deviant behaviour in secret. There are many different types of rules, but Becker (1963) is primarily concerned with those which are enacted into laws and formally enforced by the police power of the state. In the case of illicit drugs, their use can be regarded as breaking the rules that are defined both by national laws, such as the *Misuse of Drugs Act 1971* in the UK, and moral codes of behaviour, such as the expressed need for all citizens to be drug-free (Gunning, 1996; HM Government, 2010). PWUD violate these national laws and moral rules and are therefore regarded as deviants.

Similarly, drug treatment services also have rules, clinical guidelines that service users and workers must comply with; one rule that drug workers must abide by concerns their use of illicit drugs. Dave explained that some drug treatment services now have an employment policy that drug workers who are found to have relapsed can be punished by being dismissed from their employment role:

DAVE: *First thing they say is you have to be three years 'clean', which is lovely professional language, you know… And then underneath that, it said: 'if you relapse, you will be sacked immediately'.*

AP: *(Jaw drops) It says that?*

DAVE: *(Nodding fervently) On the website. My jaw was on the fucking floor! You know? And that person is under the threat of fucking (clicks fingers sharply) – instant dismissal… imagine, relapsing, all that shame and then being kicked out the door and losing your job at the same time.*

This punishment of dismissal from employment had happened to practitioner with lived experience, Ed, once he disclosed to a service manager that he had consumed beer during non-working hours:

ED: *I was 14 years clean, I'd been a worker for 4 years and I had one beer, one day. I was having a lot of painful things and a difficult time of my life, and I thought 'I'm going to try having a drink again, and I'm going to see what it's like'. I had one can of beer, felt quite ill and didn't do it again. I told work, and they immediately suspended me…. And I was like 'you can't suspend me! You've got all these staff and most of them drink every weekend?!'*

AP: *And they go out and have a bottle of prosecco and that's fine, is it?*

ED: *That's what I said! And they were like 'well you've relapsed' and I was like 'well, you could say I've relapsed, but I've had one beer at the weekend, I haven't done it again, I didn't enjoy it and I'm not planning on…' If you decide that you want to drink socially after many years of not drinking socially, you know, that's your choice. And if it goes wrong and affects your performance, then of course it should be managed on a performance management basis. It's something that needs to change because it's discrimination.*

Ed argues that he was treated differently from other practitioners at the drug treatment service, as it was considered acceptable for his colleagues to drink alcohol during their leisure time, but as he had a history of addiction, he was required to continue complying with the public performance of abstinence. Hence, he was punished based on his 'lived experience' status, rather than the rules, as alcohol is a legally regulated drug in the UK (*Licensing Act 2003*).

Ed's experience highlights two logical flaws that arise that when drug treatment services develop systems of reward and punishment around compliance with abstinence-based narratives of drug use. Firstly, the rules themselves cannot be clear when a definition of abstinence is disputable within the literature; the terms 'recovery' and 'abstinence' are frequently used interchangeably within policy and practice, despite a wealth of evidence to suggest their differences and complexity (Neale, Nettleton and Pickering, 2011). It is also debatable whether the definition of abstinence includes OST (O'Leary *et al*., 2022), and if people with problem alcohol use need to give up drinking entirely to consider themselves recovered (Witkiewitz and Tucker, 2020). The Betty Ford Institute Consensus Panel (2007) describe sobriety as 'abstinence from alcohol and all other nonprescribed drugs' (p. 222), hence the role of prescribed medication in abstinence is generally unclear. There is a historical separation of tobacco from the drug-free world narrative, despite this drug being the lead global preventable cause of death (Action on Smoking and Health, 2019), a feature of

international drug policy that Courtwright (2012) terms the 'psychoactive double standard' (p. 21). Morris and Melia (2019) highlight a hypocrisy with binary models of alcohol use where people are either deemed to be an alcoholic or they are not, as people who do drink to harmful levels are unlikely to identify with the stigmatised identity of 'alcoholic' and readily point the finger at other drinkers. It was this hypocrisy that Ed challenged, as he could see that he was being treated differently to his other colleagues who did not have a (known) history of problem alcohol use. The second logical flaw that arises when trying to enforce rules concerning relapse in this case, is that it isn't clear within the literature when a lapse becomes a relapse, particularly for alcohol use, which Miller (1996) has long-argued does not fit with a binary model.

The lack of clear rules regarding abstinence explains Ed's surprise when his employer advised him that he had broken the rules. Ed's account of his experience suggest that he was not aware that he had broken any rules, because by consuming alcohol at home he was not breaking any laws, and he wasn't behaving any differently to his other colleagues, who he knew drank alcohol at the weekend. White (2007a) argues that the lack of consensus on these definitions is likely to lead to muddled communications to stakeholders and service users in practice. Ed is an example of a person who did not intend to break rules but was nevertheless punished for non-compliance with them. As Becker (1963) argues, deviance is produced through an interaction between an individual and their social group. Therefore, if the deviant behaviour is kept away from the public sphere, the individual is likely to avoid censure. Paradoxically, what caused Ed to be regarded as a deviant in this situation, was his honesty, as it was this act that caused his deviant act to be known.

Becker (1963) proposes four types of deviance based around two intersecting dimensions: (1) being obedient and (2) being perceived as obedient (see appendix 16). The individual who follows the rules and is perceived to do so is considered 'conforming'; one who follows the rules but is nevertheless seen to be deviant is 'falsely accused'. The individual who breaks the rules but is not perceived to have done so is a 'secret deviant', while the rule-breaker who was found out is a 'pure deviant'. It could be considered that Ed was falsely accused; however, the rules around alcohol use were not perceived to be clear. Nevertheless, Ed was punished as a pure deviant and dismissed from his role. The process of interpellation requires

individuals to 'recognise the call', and it is argued by Butler (1997a) that where social identity roles are unclear, misrecognition occurs: 'If one misrecognizes that effort to produce the subject, the production itself falters. The one who is hailed may fail to hear, misread the call, turn the other way, answer to another name, insist on not being addressed in that way' (p. 95). Thus, according to Butler (1997a), identity itself is resisted and fails. While Ed was aware of the employment rules, he did not recognise that he was being hailed by authority in this instance.

Another form of punishment for service users who do not comply with the rules, is to sanction those who miss appointments with long waits to 'get back in the system'. Service manager Jackson argued that services in his locality are trying to make service users 'value their scripts more', as this provides a convenient justification for reduced clinic facilities and increased waiting times:

JACKSON: *If you fall off script and there is no clinic, well you might wait a month or 3 weeks. Whereas before they used to go 'oh we'll get them in next week, get them restarted'. So they're trying to make people value their scripts more.*

Dave also recalled a situation that he experienced as a service user, where he was told that service users now needed to 'show willing' by attending a group session before they would be considered for treatment:

DAVE: *My keyworker said: 'All that just walking in the door and getting a script has stopped now, you've got to come in and show willing by attending a couple of groups first'. And I thought, so you're gonna ask someone who's fucking clucking, hungry, homeless… Maybe bump into someone there who's gonna do them some violence, you're gonna make them sit through groups? They're just gonna tick the boxes. Cos they want that script. There's something abusive in that protocol that really rubs me up badly.*

Participant Hanna has a prison-based role in Germany, and she reported that demonstrating clean, drug-free outcomes plays a role in determining whether someone will be granted parole:

HANNA: *Clean really is 'clean-clean', you're not allowed to be on a methadone prescription afterwards and shit like that… or if you are getting parole or not, it's really fucking weird sometimes.*

In this instance, the drug using behaviour of Hanna's clients is being used as a means of coercion, 'the ultimate type of power (that) involves the use of physical force by the power holder' (Mills, 1951, p. 109). Coercion has historically been a common tactic for managing drug use within medical and criminal domains, the rationale being that the person who uses drugs will be motivated to comply with the desired behaviour in face of unpalatable alternatives, such as loss of freedoms or an end to relationships (Sullivan *et al.,* 2008). Hanna explained that some of her service users who are granted parole must demonstrate that they are clean from intoxication and they receive a consumption ban:

HANNA: *You can get that (a consumption ban) if you get the rest of your prison time on parole. They often put it onto the paper that you are not allowed to use drugs at all, not even alcohol, even if you don't have a fucking alcohol problem! You are not allowed to use anything! They do that quite often here as well, like I think we call it like a… In German it's… konsum verbot.*

This consumption ban, or '*konsum verbot'*, also applies to alcohol, despite its legal status. However, evidence suggests that it is not so much being 'clean' that matters so much as 'being seen to be clean'. For example, research suggests that within drug-free prison wings in England, an estimated 30-40% of the population were using synthetic cannabinoids, or 'spice', the primary motivation for the use of this drug being that it is non-detectable in mandatory drug tests (MDTs) (Ralphs *et al.,* 201). Individuals who use drugs undetected are what Becker (1963) describes as 'secret deviants', whose behaviour is driven by a motivation to avoid negative consequences. But despite the lack of public punishments, this process can create a 'private hell' (Henry, 2019, p. 142) for individuals who must manage the emotional strain of secrecy.

## 4.4. Conclusion

This chapter has used Althusser's (1971) theory of interpellation to provide insight into the processes through which individuals within community drug treatment services comply with

policies and practices that are made concrete through the ideology of the drug-free world. As harm reduction activists, participants opposed the drug-free world ideology, but were sometimes 'unwilling compliers' to avoid punishment. Participants have observed a 'new breed' of willing compliers, newer workers who appear to 'respond to the call' (Althusser, 1971) by following orders without question, even in instances where these actions undermined the autonomy and health of service users. Nonverbal hails in the form of financial bureaucracy were also found to interpellate individuals into complying with outcomes that emphasise abstinence.

As the drug-free world ideology constructs a moralising universal binary of 'drug-free' vs 'addict', demonstrable abstinence was found to be pedestalised. Some service users responded to the interpellative hail by complying with a public performance of abstinence through a recovered addict identity. Abstinence heroes, or 'poster boys' could gain positions of higher status within the employment hierarchy, unless they relapsed, which, in line with Goffman's (1963) notion of the 'spoiled identity' of PWUD, they were likely to do in secret to avoid stigmatisation. Some poster boys went on to become peers, volunteers, or employees within the community drug treatment service and the stakes are high for these individuals in the event of relapse. Becker's (1963) concept of deviance was used to explain non-compliance with the rules of the drug treatment service. Despite deviance not being necessarily intentional in cases where the interpellative hail was misrecognised, deviants who were found to be continuing to use drugs were likely to face punishments from the service. These included being dismissed from their employment role, experiencing long waits to get back into the treatment system as a punishment for missing appointments, and enduring the anxiety-provoking experience of attending a motivational group to show 'willingness' for treatment. Hence, acts of compliance performed by employees, service users, and where these role identities blur, were found to be shaped by processes of reward and punishment. Despite Althusser's (1971) theory tending to downplay the role of agency in interpellation, in line with Butler's (1997a) reformulation of this theory, it was found that responses to the call were heterogeneous, and that the hail provides a nexus for potential acts of resistance as well as compliance.

## Chapter 5: 'Backstage antics' and 'professional desertion': everyday resistance within the drug treatment system

### 5.1. Introduction

The data indicates that despite their alignment with the drug-free world ideology, community drug treatment systems form sites of resistance. Based on James C. Scott's (1985) perspective on 'everyday resistance', this chapter examines forms of resistance that are embedded in participants' everyday experiences, encompassing the scope of their working practices, treatment journeys, and personal lives. Although Scott's (1985) emphasis is on acts of resistance that are covert, everyday resistance may also be transformed into overt acts, where subordinate groups demonstrate more open forms of dissent (Adnan, 2007). Through the analysis of my data, it is shown that both covert and overt forms of everyday resistance occur. These findings are discussed in this chapter based on Goffman's (1959) perspective that social life can be understood as a performance that occurs at the 'front' on the public stage (p 32), or 'backstage' (p. 114), a back region where facts that must be suppressed in public can be witnessed.

The chapter firstly examines backstage resistance, where the following tactics were discussed with participants: humour, mocking, and gossiping. It was also found that there were examples of what Goffman (1959) terms 'disruption' (p. 205), behaviours that fall short of outright mutiny, but nevertheless create a scene of open resistance. Secondly, the chapter discusses acts of 'professional desertion' as a form of everyday resistance, instances where practitioners made the decision to resign their professional role. It is argued that this process of withdrawal from the institutional setting can be explained through the processes of 'moral distress' and 'moral injury' (Jameton, 1993; 2013), whereby participants' rationale for professional desertion is based on a sustained period of moral objection to enacting practices that oppress people who use drugs (PWUD). Finally, the chapter examines tactics of 'false compliance' with treatment regimens that were enacted by practitioners with lived experience of drug use and observed in service users. The chapter considers how practitioners and service users (and where these roles overlap) enact agency in the face of everyday constraints posed by an oppressive drug-free world ideology.

### *5.1.1. Theoretical ideas that inform the chapter: 'everyday resistance' and 'backstage'*

The discussion is based on the concept of everyday resistance that was proposed by Scott (1985), based on his two-year long (1978-1980) ethnographic study in the village of Sedaka, a small rural community in Malaysia. Scott observed conflicts between the rich ruling elites and the poorer proletariat classes and identified acts that were undertaken by the subordinates in opposition to the conservative and progressive orders. Based on this work, Scott (1985, 1990) argues that subordinate groups generally do not possess the sufficient structural power necessary for collective defiance, which in cany case is likely to be dangerous, or even life threatening for those who demonstrate resistance. Hence, outright acts of resistance are relatively rare events. Nevertheless, informal and non-organised acts of opposition to power can be found embedded in people's everyday routines, adopted in ongoing attempts to avoid claims on their rights to the means of production. In the case of Sedaka, these resources were arable land, woodland, and pastures. Everyday acts towards this endeavour may manifest themselves as: 'foot dragging, dissimulation, desertion, false compliance, pilfering, feigned ignorance, slander, arson, and sabotage' (p. *xvi*). Scott found that although the elite classes had the power to control the narrative in public spaces where the lower social orders tended to behave deferentially, in private, the lower orders openly mocked their superiors. This mocking took the forms of name-calling, gossip, slander, and songs that provided a means for the subordinate group to express the insincerity of their public deference. The everyday acts of resistance enacted by participants in this thesis are discussed with reference to some of these behaviours that Scott observed.

Scott's (1990) perspective on everyday resistance rejects claims that ideology functions through consent: '(a theory of false consciousness) claims that a dominant ideology works its magic by persuading subordinate groups to actively believe in the values that explain and justify their own subordination… Evidence against this… is pervasive enough to convince me that it is untenable' (Scott, 1990, p. 72). Furthermore, Scott (1990) rejects approaches that suggest ideology functions through the resignation of subordinate classes: 'the dominant ideology achieves compliance by convincing subordinate groups that the social order in which they live is natural and inevitable… I believe, nevertheless, that it is fundamentally wrong' (p. 72). Instead, Scott adopts the stance that subordinate groups are aware that they are being

dominated and resent this, but make rational and materialist decisions based on the perceived wealth of resources and capital that they have at their disposal. This chapter discusses examples from the data where participants demonstrate conscious awareness of their own oppression and explain their intentionality behind their acts of everyday resistance to the drug-free world ideology.

The chapter is informed by Erving Goffman's (1959) concept of 'region behaviour', 'places where performances are given' (p. 110) to analyse participants' accounts of where resistance behaviours took place. The back region, or 'backstage' is where social facts that are usually kept secret in public spaces can be observed and are likely to feature: preparations for the construction of illusions on the front stage, props, personal items, spaces for private conversations such as telephone phone calls, costumes or uniforms, and performance checking between backstage members (Goffman, 1959). Here, away from the audience, performers can relax and drop the front necessitated by the public performance, adopting a 'backstage style' (p. 130) that may be characterised by altered language and behaviours, such as name-calling, complaining, gossiping, and joking. There are likely to be tensions and embarrassments if the audience see or hear what happens here, so efforts are frequently made to ensure that the front and backstage regions remain separate. In line with Andersen's (2014) dramaturgical account of drug treatment service practices based on Goffman's (1959) work, front and backstage regions in this setting do not necessarily refer specifically to physical spaces; rather they are reference points that fulfil functions for performances at given times. Furthermore, Andersen (2014) argues that application of Goffman's (1959) approach has been found to offer insights into how professionals and service users behave as agents of change. Thus, Goffman's ideas provide a useful framework to examine everyday resistance within this setting and are adopted here to analyse participants' accounts of how they used humour, mocked those perceived to be in positions of relative power, and gossiped about their work in private spaces. As a partial insider ethnographer, I regarded the private, online interactions that participants and I shared to be taking place 'backstage'.

## 5.2. Backstage resistance

The data suggests that participants enacted everyday practices and rituals of resistance backstage, through 'humorous gossip and mocking'. There were also reported instances of 'creating a scene', where participants resisted the dominant drug-free world ideology by bringing the backstage to the front stage, disrupting ideological fantasies. These two forms of resistance are discussed in turn.

### *5.2.1. Humorous gossip and mocking*

Although humour theories can be examined across a broad range of academic disciplines, a sociological perspective considers the central function of humour as a means of resistance (Powell and Paton, 1988). This is the focus adopted here, on which analyses of participants' stories are based. Laughter and jokes demonstrate resistance to social classification and hierarchy by juxtaposing a particular social form or structure with incongruous systems of control (Douglas, 1975). However, the joker executes their joke within a socially acceptable range of attack, is exerting agency within safe parameters, and is therefore unlikely to be accused of the outright mutiny that Scott (1985) proposes is avoided in everyday acts of resistance. Ethnographic studies that have explored the role of humour are usually centred on social power inequalities and reveal the risks involved in collectively identifying against an Other (Carty and Musharbash, 2008). Research studies that focus on professionals' use of humour within drug treatment service settings are rare (Andersen, 2015), so this chapter contributes to the literature by critically examining the role of humour as a form of resistance within everyday harm reduction practice.

'Following the joke' during fieldwork is a means by which ethnographers can explore the rich subtleties of participants' social lives at the often-neglected peripheries (Kuipers, 2016). Within my own experiences as a harm reduction worker, joking and humorous gossip were strongly embedded features of our everyday practices, as they elicited the following benefits: coping with emotionally difficult events, bonding with other workers, and expressing dissent against other people and systems that were viewed as contradicting the goals of our harm reduction work. I interpret the role of backstage humour as 'humour capital' that draws on Pierre Bourdieu's (1986) concept of capital as 'accumulated labor which, when appropriated

on a private, i.e., exclusive basis by agents or groups of agents, enables them to appropriate social energy in the form of reified or living labor' (p. 15). This form of capital accumulates over time, potentially reaps benefits for the agents involved in the process and can provide the basis of collective solidarity.

Participants drew on humour capital during our interactions. Jackson disclosed with great amusement that that the local police had caused an uproar when they arrested a man known to be involved in a drugs supply operation, confiscated his mobile phone, and sent out a standard text message to all his contacts advising them that someone known to them had been arrested for drug dealing. The text message also suggested that recipients seek help from (the local drug service) if they had a substance misuse issue. Unfortunately, the police did not think to consult with the drug service about this beforehand and there were several unintended consequences:

JACKSON: *An email came round, the police had busted a line here… and they took all the phone numbers off a phone, and they sent a text saying: 'we know that you've been in contact with a line which is selling class A drugs, if you want help with your addiction please contact (the drug service)'. And put our phone number on it and everything!*

AP: *(Bursts out laughing)*

JACKSON: *Yeah! I only just found out about it when clients phoned up and said: 'I've got a text saying you've been shut down!' And it's like: 'no, no, it's not us that's been shut down, it's that line that you've been phoning!' Obviously, if someone pitches up in a town with no contacts, the first drug user they sell to, they're gonna say: 'have you got any numbers on your phone?' And you're gonna be like 'yeah! For 20 quid you can have em all!' But your mum is also on there, your girlfriend etc… And then someone mum's phoned up actually! And said: 'why have I got a text saying that the local drug service is shut?!'*

Despite our laughter, Jackson also expressed his high levels of frustration at the subsequent tensions this then caused, due to the mission of the drugs service becoming conflated with the criminal justice system:

JACKSON: *People don't read it properly and they'll think: 'oh, (the drug service) gave the police all our numbers'. It just creates barriers to treatment for people… we're not a criminal justice service; we're a health care provider… it's dangerous that we get linked to the police, because things get misconstrued.*

Here, the police are being humorously mocked as not being 'savvy' enough to send a clear communication to members of the public. There was also resentment expressed by Jackson that this oversight on their part caused a difficult situation for his service to resolve. Humour is being used here as a means for making sense of the seemingly irrational behaviour that demonstrates a conceptual gulf between the criminal justice approach to tackling drug use, and the real-life practice of health professionals. This theory-practice tension has long been found within police work itself, for example, in a covert study of the lower ranks of the British police force, Holdaway (1988) observed that humorous storytelling and joking between subordinates commonly functioned as a means of releasing tensions between the 'common sense' occupational culture in practice and the public stage of the policing profession. Interestingly, Jackson told me this story towards the end of our time together, perhaps once he felt that it was OK to trust me enough to make such a 'hot of the press' disclosure (this incident had happened that morning).

Participants also mocked other health professionals who held prejudiced views about PWUD. Ex-Pharmacy Assistant Kathy discussed a pharmacist who was obsessed with the notion that service users will steal items in their shop:

KATHY: *People would say 'oh yeah, we get the money for the methadone people, but we've got to deal with them quickly because if they're in the shop, they're shoplifting'.*

AP: *Did you ever see anyone shoplifting?*

KATHY: *No! What, in (names pharmacy)?! (Cackles in disbelief) There's nothing worth taking! Apart from bumper packs of incontinence pads! And Fenjal that we haven't seen since the 80s… (laughing).*

The object of mocking was also directed at former First Lady of the United States, Nancy Reagan, the face of the abstinence-based 'Just Say No' drugs campaign directed towards children in the 1980s and 1990s (Blackman *et al.,* 2018):

HANNA: *It's just a stupid idea that you can just 'say no!' to drugs.*

AP: *Nancy! Oh my God… (rolls eyes)*

HANNA: *(Pulling a mock-sensible facial expression) Just Say NO!*

AP: *My students are mostly 20 years old, and they didn't know about Nancy Reagan… I showed them the Grange Hill 'Just Say No' video (sings the song with actions) and one girl was like: 'if I had to wear shoulder pads like that, I would be injecting heroin as well'.*

HANNA: *(Laughs)*

Nancy Reagan is commonly mocked by those who opposed the drug-free world ideology, such as groups of PWUD who are seeking to develop a collective identity in terms of their opposition to the dominant narrative (Wieloch, 2002). During these interviews with Kathy and Hanna, I felt that we built rapport quickly through humour. At times we became giggly, and I took pleasure in the 'girl talk', that also turned itself to other topics of personal interest, such as our own intoxication experiences, fashion tastes, cats, and the lamentable lack of night life during COVID-19 lockdowns. The gendered nature of building rapport through the mocking of anti-drug has been found elsewhere in the literature; in an exploration of the influence of gender within drug careers across the life course, Measham, Williams and Aldridge (2011) found that when discussing their drug using experiences together, adult women openly mocked the credibility of government-led programmes FRANK. The phrase 'Have you phoned FRANK yet?' (p. 425) was a Monday morning in-joke to acknowledge a normalisation of weekend drug use, despite the prohibitionist stance of official sources of drug information.

Adam said he knew that he wasn't supposed to talk about his work outside of the service (i.e., backstage) but he did so in an anonymised way with his mates in the pub as a form of humorous, cohesive banter:

ADAM: *My mates used to love what I did, loved it. They'd say 'what have you done today?' 'Well today I was locked in a cell with a guy that fell in a sewer'. Like that kind of thing… but it would always have to be done from a humorous standpoint cos the day you turned up and you went 'oh yeah, I had to counsel somebody who had a miscarriage cos they were using loads of drugs'… no one's interested in that.*

Goffman (1959) proposes that even backstage, there are limitations to what can be said and what cannot; after all, this region still requires a performance. Adam states here that his backstage gossip was only socially acceptable if it was done to amuse or entertain. Reflecting on my own experience of telling my friends about workplace events and using this as a means of social support, I also gained an impression that Adam had also been looking for a way to make sense of his difficult experiences. Adam and I discussed the role of humour as a necessary form of currency required in exchange for free therapy with outsiders:

ADAM: *I used to manage the horrific things I dealt with by talking with my mates, which is NOT super great with the old confidentiality, but… group supervision went straight away when we swapped over to the new contract… when it was gone, a pressure came that I didn't know was there. And we lost all access to DDN (Drink and Drug News), so we no longer felt informed. The only voice we had on drug treatment now was the service itself and that was – miserable.*

Adam describes a situation where cuts to funding removed individual and group supervision for workers to deal with the emotional impact of the job, as well as the outside voice provided by 'Drink and Drug News' (DDN), a monthly magazine for professionals and service users in the drug and alcohol field (Drink and Drug News, no date). The use of humour with friends suggests Adam resisted pressures to suffer in silence by expressing felt misery in backstage spaces.

There is debate among ethnographers concerning the precise function of humour as a form of everyday resistance, a 'weapon of the weak' (Kuipers, 2016). Within health services research, humour has generally been examined in terms of the benefits that it brings to the physiological and psychological health and wellbeing of health professionals, the impact that humorous interactions confer to the patient-practitioner relationship and as a function of coping day-to-day with an emotionally difficult professional role, rather than as a means of

resistance (McCreaddie and Wiggins, 2008; Navarro-Carrillo *et al*., 2020). For example, health professionals may resort to humour when they feel that they have lost control during interactions with patients whom they are finding difficult to manage (Piemonte and Abreu, 2020), or to provide a 'cleansing effect' within emotionally difficult environments (Fogarty and Elliot, 2020). However, Dağtaş (2016) asserts that humour is a common weapon of the weak that is employed as a coping mechanism in the face of 'suffering, fear, and insecurity' (p. 14). For example, professionals have been found to adopt 'banter' to bond with colleagues and use humour as a vehicle for voicing their concerns in a way that avoids direct confrontation with management (Thomson, 2010). Similarly, participants' accounts of humour suggest it is used as a form of capital that enables them to bond with colleagues, and to cope in environments characterised by political austerity and the stigmatisation of PWUD.

#### *5.2.2. Creating a scene: disrupting the fantasy of the drug-free world*

This section discusses 'scenes' and 'disruptions' that participants created, incidents that shatter the ideological illusion that is being maintained by the front-stage performers, thus revealing the backstage to the audience (Goffman, 1959, p. 205). Disruptions are distinct from accidental faux pas or unmeant gestures, in that the person creating the scene knows that they are publicly undermining the front stage performance. In this sense, they are consciously executing acts of everyday resistance. I reflected that one example of such a scene was intentionally created by a prescribing worker colleague of mine with whom I shared a collective office space when I was a harm reduction practitioner. One afternoon, a whole team of prescribing workers were being unanimously criticised by their senior manager in a team meeting, for not meeting their methadone clinic targets and were being required to 'explain themselves'. One colleague responded by staring into space, pulling an over-dramatic, slack-jawed expression until his manager could ignore him no longer and asked him what he was doing. 'I'm just spending yet another day pondering on (this drug service's) total annihilation of reality' was his response. This team all felt overworked, had increasing caseload numbers, and were operating within a geographical area that exhibited high levels of need. The manager's concern regarding targets was therefore received with resentment, as it was perceived to sideline the reality experienced by workers. After the meeting, the dissenting colleague came out of his ensuing disciplinary meeting into the shared office space,

to find the words: 'yet another day pondering on the total annihilation of reality' written on the office whiteboard by colleagues demonstrating public solidarity and approval for his act of disruption.

The dissonance between the ideology driving the service and the reality experienced by workers illustrates Althusser's (1971) assertion that ideology is an illusion: 'these 'world outlooks' are largely imaginary, i.e. do not correspond to reality' (p. 36). Participants demonstrated a consciousness of this illusory nature. For example, Adam explained that he created a scene at the service where he worked by openly challenging his manager about the perceived gulf between the administrative requirements of his job, and the lived reality based on service users' needs:

ADAM: *A guy was just released from prison, and I said: 'Well, you can attend the motivational group on Friday' and he was like 'what the fuck is that?' and I was secretly like 'what am I doing, what's going on?' I never heard from him again. To this day, I have no idea if he's dead, if he moved area, gone back to prison, no idea what happened to him. When I raised this with my line manager, I was like 'this is madness, we're pushing people out of the service because we're setting too high a bar for them to enter' and she was like 'well that's what we've been commissioned to do and that's it'.*

In this case, Adam wanted to make a prompt appointment for a service user who had just been released from prison but was told that there was a new process whereby the service user would need to attend a 'motivational group' to access treatment. Adam felt that this was an unnecessary barrier to place in the path of a service user at a high risk of overdose and re-arrest. Adam's resistance methods to this unwanted process are initially open dissent, where he verbally expresses his bewilderment to his line manager, describing the system as 'madness'. The scene was immediately shut down by the manager; in Goffman's (1959) terms, the performers cover up the scene to get back to the main performance.

Rory explained to me with considerable indignance that he unintentionally created a disruption in a formal meeting with a health and social care organisation, by asking a genuine question that caused a manager to become publicly angry and shout at him:

RORY: *I was at a meeting with (organisation) about drug-related deaths and I asked whether it was possible from the data to be able to determine whether people who were dying of overdose were these same people who had previously been in treatment and had their methadone treatment curtailed. The chairman of the meeting went absolutely ballistic. I don't know whether it was genuine… it was a genuine enquiry on my part, it wasn't cynical, or a question asked to make people look stupid.*

AP: *That's complete denial isn't it?*

RORY: *I can give you a list of 20 people now, just from memory, without even looking for people. So, there's almost a kind of collective denial. Now in the halls of power, in private conversations within public health they know exactly what's happening, the problem is we didn't have the evidence to prove those connections… I am critical of the health sector, because they could have looked for that evidence, but they didn't, and I think that they are implicated in a lot of those deaths… because the government strategy is to get people off drugs and back into work. So if they were to find that the government strategy was actually wrong, which they will admit to privately, but not in public, then it would be a very difficult problem.*

Here, Rory creates an accidental faux pas, showing that establishing 'intention' in acts of resistance is problematic, as the intended outcome may not be the one expected. However, this turns into a scene, as the meeting chair shouts at him for making this suggestion and denies that his assertion is the case. This is a form of what Cohen (1985, p. 7) terms 'literal denial': 'the fact or knowledge of the fact is denied… these assertions refuse to acknowledge the facts – for whatever reason, in good or bad faith'. Furthermore, Rory contends that the denial is also collective, which for Cohen (1985) is an official and public tactic: 'the entire rhetoric of government responses to allegations about atrocities consists of denials' (p. 10). Thus, Rory's suggestion that the widespread curtailing of methadone scripts is linked to the increase in drug-related deaths was resisting the narrative built into the 'ideological façade' (Cohen, 1985, p. 10). The illusory nature of ideology makes oppression possible and therefore practical attempts to expose this destabilise the conditions for exploitation (Shelby, 2003). After the meeting with the health organisation, Rory reflected on the scene and concluded that those who critique Government drug strategies on the public stage will be corrected; those who attempt to create a disruption will be silenced.

## 5.3. Professional desertion: moral and material resistance

This section discusses participants' reflections on 'professional desertion', their decision to leave their professional role, in some cases, to exit the profession entirely. Desertion is usually conceptualised within the context of military combat and is broadly understood as a charge made against a person who is known to have taken a period of leave and not returned, or it is understood that they have no intention of returning to their duties (Ramsberger and Bell, 2002). Hall (1968) suggests that 'dropping out' is a 'symbolic gesture of withdrawal' (p. 8) that rejects the dominant, normative structures of society and it is therefore an act of political resistance. In the context of everyday resistance, Scott (1985) conceptualises desertion as a form of withdrawing one's compliance entirely, a radical act that has historically proven successful in thwarting the imperialist goals of elite powers. This action may be motivated by moral or material interests, or a combination of these. Where moral interests are concerned, individuals may act as 'conscientious objectors', which constitutes 'an assertion, against social pressures and stigma, of profound moral reflection that rejects the automatic assumption that political leadership always knows best and invariably acts morally well' (Sardoč, 2019, p. 743). This section applies Soctt's (1985) concept of desertion to professionals working in community drug treatment services, conceptualising it as 'professional desertion'. The data suggests this act of resistance was driven by moral and material interests and these processes are analysed here.

### *5.3.1. Leaving the profession: withdrawing from the fantasy*

Reflecting on my experience of professional desertion when I had been a harm reduction worker, I was interested to hear that some participants had undergone similar experiences, and we shared these stories. My decision to desert the profession had been sudden, but final. Our harm reduction team were called into a meeting and shown a Treatment Outcomes Profile form, or 'TOP' form (Public Health England, 2018 (see appendix 18) and advised that we would now need to complete these forms at regular periods throughout service users' treatment journeys. These forms are the English national outcome monitoring administrative tools for use in substance misuse treatment services and they aim to monitor the service user's weekly achievements across a range of indicators: drug use, injecting risk behaviour, crime, and health and social functioning. I perceived this as an unwelcome shift towards

demonstrating outcomes that did not reflect the quality or context of the work that we did, were often unrealistic, and added considerably to our workload while staffing resources were being cut. Additionally, our team had recently been asked to collect more detailed data relating to service users' personal information within needle exchange spaces, an unpopular move with service users and harm reduction workers alike. I felt that this was unnecessarily intrusive and counter-productive, in that service users would not want to access equipment in spaces where they were interrogated by gatekeepers. I resigned a few days later and left the profession.

A discussion with Dave who had also resigned his role, confirmed that I was not alone in experiencing this phenomenon:

AP: *I resigned the moment I saw a TOPS form! That was my moment that I was like, 'I ain't doing that' and handed in my notice.*

DAVE: *Bullshit. Absolutely meaningless. For everyone… you got out at the right time. As much as it was my dream job, I'd always said 'if this ends up being something I hate and I'm just coming into just pay the rent I'm going to fuck off'. I'm glad I stuck with that because I'd hate to be working there now.*

Dave expressed priority for a moral commitment to his role over material purposes for doing the job. For me, the motivations behind my resignation were also primarily moral, although material in the sense that I did feel angry that practitioners were being required to take on increasing amounts of work for no greater financial reward, with less resources. But most importantly, I felt that that this bureaucratic shift did a huge disservice to our service users in terms of increased surveillance and a worsened service experience. I felt guilty and disingenuous about representing the service, as I no longer agreed with the way in which it was operating, and this dilemma caused me to experience an internal moral crisis.

This experience of a clash between personal moral values and those that were being adopted by the drug treatment service was shared by ex-prescribing worker Isabella, who had reached a point where she felt she could no longer able to 'live the lie' of the drug-free world fantasy:

ISABELLA: *I would feel as a keyworker like I wasn't doing a good enough job, how can I get these people to stop, kind of thing. Obviously in reality, that wasn't the job I was doing, and you know… there was a kind of idealised sort of fantasy stuck on to it that then made it feel quite unsatisfying.*

Similarly, Adam's interpretation for deserting his role was conscientious objection to how the service was now treating service users.

ADAM: *I was like 'right that's it, that's me done'. I handed my notice in. It was great… I left on the Friday and started the new job on the Monday, which was very, very good.*

Notably, participants' stories revealed a tendency for a snap decision concerning professional desertion, a kind of lightbulb moment when the participant realised that this was the desirable action to take. This is consistent with Scott's (1985) assertion that everyday acts of resistance do not necessarily require coordination or planning, therefore spontaneity is often a feature of these behaviours.

These accounts of professional desertion are politically relevant, considering recent findings from the second phase of Dame Carol Black's 'Review of Drugs' (Black, 2021) that low morale and high staff turnover is a national-level problem within the drug treatment workforce: 'the workforce is depleted, especially of professionally qualified people, and demoralised'. Participants' accounts are also consistent with older research on the experiences of English community drug workers, which identifies that high caseloads and inadequate resources in English community drug treatment services leads to burnout, sickness, and a high staff turnover (Sheridan, Barnard and Webster, 2011). Thus, these workforce issues are unlikely to be recently occurring features of the profession and it is identified that experiences of professional desertion have been occurring on a national scale for some time. The data suggests that like me, participants exerted agency by intentionally withdrawing from the spaces in which they were required to perform the fantasy of the drug-free world.

As I reflected on my own practitioner experiences involving completing treatment administration, I realised that my motivations for resistance had been driven a desire for

'truth'. It rankled me that it was practically impossible to fill out some of the paperwork, yet this was a standard expectation; of further irritation was that members of management who did not have to go through the dilemma of completing this paperwork themselves, would confer this task on to subordinate staff! Likewise, Adam was also strongly driven by a need for 'truth', which he found problematic in his role:

ADAM: *Rather than reporting the truth, you are negotiating what the truth is. That was very difficult.*

Telling the truth would have come at a cost for Adam. For me during my harm reduction employment, I worried that truth-telling would have branded me a troublemaker, and that I could possibly be disciplined or sacked for not fulfilling my contractual obligations. As neither option of 'troublemaker' or 'liar' seemed advantageous to me, I handed in my notice, and withdrew from the fantasy that we should strive for a drug-free world.

### *5.3.2. Moral distress and moral injury: professional desertion as a process over time*

While for Scott (1985) desertion can be a spontaneous act, some participants expressed that they were frequently placed in moral dilemmas that over time, compromised their personal integrity and led to professional desertion. Within healthcare contexts, this process can be understood as 'moral distress', a concept that was applied to nursing practice by Jameton (1993) and occurs when the health professional: 'knows the morally right course of action to take, but institutional structure and conflicts with other co-workers create obstacles (p. 542). These emotional experiences are psychologically painful 'because they threaten or sometimes betray deeply held and cherished beliefs and values' (Webster and Bayliss, 2000, p. 218). Within their work, practitioners frequently realise that they must either meet the remit that is being placed upon them by the system and do something that they deem to be unethical, or they can follow their conscience, but this will involve disobeying managers in the process. It has long been observed that moral dilemmas frequently arise in front line health care practice, where a practitioner is forced to opt for one of two or more conflicting courses of action, but none of the options seem to be reasonable (Selvakumar and Kenny, 2021).

Consequently, longer term exposure to these experiences can alter the self by creating inconsistency between one's beliefs and one's actions and can have long-lasting impacts of distress, shame, and guilt (Litz *et al.,* 2009). More recently, particularly relating to healthcare workers' experiences during the COVID-19 pandemic, the phrase 'moral injury' is used to describe enduring moral distress within environments where professionals feel helpless to 'deal with moral problems which are the result of restrictions and boundaries set by their superiors and managers' (Čartolovni *et al*., 2021, p. 594). The professional impacts of these processes are emotional exhaustion, frustration and anger, depersonalisation towards patients, burnout, and a key strategy for coping is to leave the profession (Oh and Gastmans, 2015). This section applies the concepts of moral distress and moral injury to participants' experiences of professional desertion within community drug treatment services.

One likely implication of moral injury is abandonment of the job role or the profession entirely (Hardingham, 2004). Honig (1994) argues that discrete events that pose a dilemma do not spring out of nowhere; rather, they are a manifestation of existing ethical tensions within the environment. This situates health professionals within a 'dilemmatic space' (Honig, 1994, p. 567), a permanent landscape of political turmoil, in which the best route to moral integrity is withdrawal. This is exactly how participant Ed responded to his dilemma:

ED: *Another job came up… and I just disappeared*.

Similarly, ex-prescribing worker Isabella felt that she was driven out by 'too much pressure':

ISABELLA: *I remember being in group supervisions and everyone talking about the pressure and stuff… I just sort of announced 'OK, that's how they're doing it, I'm just gonna go'. I think it must have coincided with these other jobs coming up elsewhere and just finding my way out really.*

Scott (1985) asserts that withdrawing can be an advantageous means of self-help that can be done without having to confront the powerful institution itself. Participants' stories in this study demonstrate that their professional desertion was driven by a need to preserve emotional wellbeing, a material motivation in addition to a moral one. Hanna ran her fingers

through her hair and looked strained, while she described the emotional pain that she had suffered while she mentally processed her dilemma between balancing financial austerity and patient care. This ultimately resulted in her decision to leave:

HANNA: *I put a lot into other people's hearts, I feel a lot, this is how I work, and this is why I'm good. But it takes something from me and if I don't have any spaces where I can recharge my batteries, it's just running low. In the end I literally sat there and asked myself 'how do colleagues work here longer than I do'? And actually, they don't do anything. They don't feel anything anymore. Do I actually want that?*

The extent of participants' professional desertion varied, in that some opted to leave the profession entirely, while others left their role to work at another service, to 'fight the battle on another front'. This self-help act had proved emotionally and materially favourable for Hanna:

HANNA: *I've got much more freedom for me in my work now, because I can completely organise myself… I'm really happy for the moment. I will try to stay there for quite some time*.

Hanna had completed additional training and gone on to gain an employment role within a prison; while she felt that this still involved emotionally challenging work in an underfunded service, the increased autonomy and respect that she now received resulted in higher levels of work satisfaction and a decision to remain there for the foreseeable future. Similarly, Ed's act of self-help also resulted in greater fulfilment working in a related field where he felt that he was treated with greater care and respect:

ED: *They (the new organisation) are great with their staff, they really look after you… it's weird working for them, after working for the others*. *All the top managers are just okay… they don't treat people like they are expendable, they don't get rid of you if you become a problem, they have a very low turnover… And they give you £50 a month for your external supervision… you normally have some office politics but there's just none of that.*

It is observed here that although practitioners are unlikely to possess the resources to

successfully confront the institutional structures that are harming their emotional wellbeing, they can exercise what agency they do have by deserting, which can prove to be a morally and materially favourable option over outright mutiny in these instances.

These findings that harm reduction workers experience moral distress and moral injury are perhaps unsurprising, when the professional values and goals that are specific to harm reduction conflict with a drug policy landscape rooted in a belief that drug use is morally wrong and systematically punishes PWUD (Winstock, Eastwood and Stevens, 2021). As McCarthy and Deady (2008) note, the concept of moral distress is predicated on an assumption that conflict arises because the presenting situation threatens the underlying values of the profession. A US study by Walt *et al.* (2022) examined moral distress in clinicians who work with people with substance use disorders and found that practitioners who upheld an abstinence-based ideology of drug use experienced lower levels of moral distress, whereas in contrast, clinicians who were harm reduction advocates experienced higher level of moral distress. Ideological conflict was found to produce a strong sense of moral dissonance in participants, particularly as they expressed a strong commitment to the role of harm reduction. For example, Dave explained that his whole orientation to working is viewed through a harm reduction perspective:

DAVE: *This is how my brain works, I think of everything in terms of risk assessment and harm reduction.*

While Darren felt that he personally 'embodied' the harm reduction principles:

DARREN: *I am very much a harm reduction worker in my head and in my soul.*

Such strong commitment to these professional values provides an explanation for why moral dilemmas are frequently experienced by practitioners, who are subsequently likely to resist by deserting the role, or even the profession. Practitioners with lived experience often invest the most emotional labour and are particularly vulnerable to burn out relating to stigmatisation, tokenism, and pay inequities (Austin and Boyd, 2021). Alfie, a participant with

lived experience of drug use, insisted that experienced practitioners are expressing resentment that the job is no longer what it once was, and he regards the 'good news stories' that fly in the face of financial cuts to be 'tokenistic bullshit':

ALFIE: *You see all this tokenistic bullshit going on about how great we are and fantastic, and how we look after people? Have a look at some of these drug workers jobs on 'Indeed'… look at the reviews… Some of them are scoring one, two… this job was full of passion, drive, love, and now - people are just beaten… They're robots, that's all they are.*

It is suggested that professionals who must continually enact decisions on principles that violate their moral values, but cannot change this landscape, are likely to develop a sense of restricted moral agency, professional powerlessness, and may become: 'emotionally exhausted, frustrated, and disillusioned with their professional practice' ((Ulrich, Hamric and Grady, 2010, p. 21).

This emotional toll was reflected on by participants. Alfie, a practitioner with lived experience of drug and alcohol use reported feelings of being 'driven to suicide':

ALFIE: *I were at breaking point, I was suicidal… my doctor said: 'listen you need to get out of there because otherwise you're going to have a heart attack or a stroke'.*

Darren became visibly upset during the interview, recounting that 'he was not really fine':

DARREN: *I have decided to be a bit more honest when it's appropriate and yeah, I'm not actually doing fine, I'm getting pissed off with ups and downs and you know, sometimes I'm not really fine.*

Hanna disclosed that she had 'ended up in a bad place' and this had caused her to leave the role:

HANNA: *A big reason why I quit this job last year… I'm not the kind of person that gets easily stressed, but actually I ended up in a bad place in my mind… it was the third time I've got depression now, so it's a problem. This whole health system and this amount of pressure building up it's just fucking ridiculous really.*

Ed describes the impact that the job has on him, concluding that the emotional difficulties of the job can lead to staff becoming 'jaded':

ED: *It's hard working with these people and sometimes I'm driving home and I can feel the emotional debris of the day, you know, like you can feel the impact that it has on you. So I get how a lot of staff end up a bit jaded with it and it's a bit of a difficult job to do, do you know?*

Even highly experienced practitioners can be driven to conscientious objection or leaving their role, involving feelings of 'frustration, anger, guilt, anxiety, withdrawal, and self-blame' (Epstein and Hamric, 2009, p. 331). Furthermore, the level of distress that practitioners experience is related to the level of certainty that they feel, in that the more certain they are that they are making the 'right choice' that goes against the grain, the more distress they experience (Hanna, 2004). This provides an explanation for why participants who were experienced practitioners were prone to professional desertion and felt that newer practitioners were more likely to adhere to organisational procedures with little show of resistance. This also suggests that attempts to increase the personal resilience of individual practitioners through additional training would be unlikely to circumvent professional desertion by a demoralised and emotionally exhausted workforce.

Practitioners who experience moral distress are like an 'ethical canary' in a coal mine (Austin, 2016, p. 131), demonstrating that the work environment is toxic and unsafe. However, it has been noted that the literature concerning moral distress in front line healthcare practice tends to focus on institutional and organisational constraints (Mänttäri-van der Kuip, 2020). This arguably runs the risk of positioning practitioners as passive victims of all-powerful external obstacles who act without agency. Conversely, underplaying the influence of systems external to front line work risks constructing moral distress as an individual problem concerning weak or failing practitioners. Varcoe *et al*. (2012) integrate these individual and

structural perspectives to account for their interplay, so that the lived experience of individual practitioners within a social and political context can be better understood. Thus, the moral tensions experienced by practitioners in their working spaces can create 'springboards for action' (Varcoe *et al.*, 2012, p. 51) that explicitly politicise moral distress and in doing so, highlight how failings in health care provision need to be addressed going forward. While professional desertion may appear a self-interested and individualised response to a failing political situation, Scott (1985) highlights that when this tactic of resistance occurs on mass it is by no means trivial and has at times, brought unjust empires to a standstill: 'there is no more encouraging spectacle for a historian than a people that has decided it will no longer fight and that, without fuss, returns home' (Cobb, 1970, cited in Scott, 1985, p. 30).

### 5.4. Silently farting and taking the piss: false compliance with treatment processes

Participants discussed their perceptions and experiences of 'false compliance' with treatment regimes. Scott (1985) argues that acts of false compliance are 'compliance without its substance' (p. 26) and therefore these constitute forms of everyday resistance. Scott (1990) illustrates false compliance by drawing on an Ethiopian proverb: 'when the great Lord passes, the wise man bows deeply and silently farts' (p. v). In other words, members of the subordinate group perform acts of compliance and deference 'onstage' in the public sphere that can be contrasted with the narrative of actions and conversations that occur 'offstage', in safe spaces where the elite group members are not present. Interactions between elite and subordinate groups are laden with deception, as each respective group engages in private conversations among themselves and have public conversations where they interact with one another (Scott, 1990). The elites are prudent not to rouse the subordinate group on the public stage, because they wish to maintain justification for the social hierarchy that benefits them, and provoking acts of resistance may potentially threaten this ideology. However, Scott (1990) notes that the subordinate group is even less likely to engage in authentic conversations on the public stage, as they have more to lose, materially: 'the more menacing the power, the thicker the mask' (p. 3). Thus, it is in the interests of subordinates to maintain the guise of deference on the public stage, but conversations and activities termed 'hidden transcripts' (Scott, 1990, p. *xii*) conducted in offstage spaces can demonstrate other feelings

and intentions. The research participants perceived that service users were placed in impossible dilemmas by some treatment regimens and needed to protect themselves by 'being seen' to comply.

Studies of compliance are bedevilled with the question of 'intent'; as Scott (1985, p. 290) highlights: '(There) is the practical problem of obtaining evidence of the intentions behind the act… The very nature of the enterprise is such that the actor is unlikely to admit to the action itself, let alone explain what he had in mind'. The practice of conversations with research participants can enable individuals to make sense of their own behaviours, although as Scott (1985) observed in his study, participants would contradict their own versions of events and the meaning ascribed to situations was not necessarily consistent over time. Nevertheless, through backstage conversations with participants in this PhD research, I found that false compliance tactics were described explicitly, with clearly articulated rationale for strategic posing in the presence of those perceived to occupy positions of relative power.

Participants described false compliance with treatment processes that are presented and discussed here: diverting prescribed drugs, falsifying urine tests, and telling lies, particularly about injecting behaviours whilst engaged in OST. It is argued that participants found the narrative of drug treatment within the onstage space to be inauthentic at times, and at its most extreme, 'a lie'. The findings suggest that participants were strongly motivated by intentions related to truth-telling or seeking. Their resistance expressed offstage was centred around an internalised experience of conflict managing what Becker (1967) describes as managing the lie of institutional failure: 'Officials must lie because things are seldom as they ought to be. For a great variety of reasons, well- known to sociologists, institutions are refractory. They do not perform as society would like them to' (p. 242).

#### *5.4.1. Secret stockpiling and 'liquid gold'*

Participants discussed instances of everyday resistance that took the form of 'secret stockpiling', building a secret supply of prescribed medication for personal use. The practice of falsifying urine tests by submitting an alternative source of urine or 'liquid gold' was also discussed as a means of resisting treatment regimens. The diversion of prescription-only

medication, where individuals conceal prescribed drugs that they can sell for a profit is a widely known phenomenon in the context of OST prescribing, so these accounts are unsurprising (May *et al.,* 2019). This can be likened to what Scott (1985) terms 'pilfering' (p. 29), the minor theft of a resource belonging to the elites. Service manager Jackson was aware about diversion among his clients, as a change in the medication being prescribed by the service was causing service users to complain that they could no longer divert their prescriptions for profit:

JACKSON: *They're trying to switch everyone over to Espranor, which is like a dissolvable thing… Obviously Subutex has got a lot of street value and diversion value but Espranor hasn't really. So there was a bit of a fuss when people were getting putting over you know, because if you're on like 10 ml, but you're only having 6 – you know, what are you doing with the rest? But no, you're having Espranor now and it's like 'well that's 30 quid a week I'm going to lose!'*

As a service manager, Jackson was aware that some service users were secretly stockpiling their Subutex prescriptions, but knew that this would be thwarted by the changeover to Espranor, a soluble drug that cannot so easily be concealed in the mouth and diverted to the black market for personal profit. Jackson seemed fairly resigned about this, accepting the reality that financial pressures for PWUD are stark.

Diversion was discussed with Dave from the perspective of his own lived experience, and he provided his rationale for why he secretly stockpiled methadone:

DAVE: *You have to play the game. I'm on 90ml of methadone and I rarely take that, but I want to stay ahead of them, because if they ever spring a surprise on me, I wanna be well ahead of them, so I'm not pushed into anything. And to be honest, you'd have to be really fucking daft not to.*

According to Dave, who was currently accessing methadone treatment, OST was perceived by him and his peers who were also accessing prescribing services as a game to be played to keep a script on their own terms. Practitioners like Dave who have lived experience of personally managing OST whilst also being employed by the drug service, walk a double

tightrope of compliance management, as they need to adhere to meeting to their contractual obligations within their workplace, as well as showing that they are compliant with treatment. As Dave did not trust the treatment service, he kept a secret stockpile of methadone in case he lost his script. Scott (1990) highlights that acts of pilferage require collusion on the part of other subordinates, as they must turn a blind eye to the proceedings. In the instance of stockpiling medication from a drug treatment service and selling it on, other service users who are aware that this is happening are unlikely to inform the drug service, as those who are complicit can directly benefit by purchasing black market medication. According to May *et al.'s* (2019) review of the literature concerning non-medical prescribed drug use in Wales, the motivations for diversion are numerous, and these frequently include financial motivations as Jackson was aware. However, Dave and his peers were motivated to personally stockpile their drug as a safeguarding measure, due to lack of trust in drug treatment services and processes. In response to feeling that the power over their prescription was in the hands of the service who could remove this at any point, Dave and his peers exerted what agency they could by ensuring that in the instance their script was stopped, they could access a secret stockpile at home.

Dave also discussed the process of false compliance relating to urine testing and explained his rationale for doing so. I was keen to hear this, as due to the usual power dynamics and positionality between researcher and participant, it is rare to be able to elicit honest accounts of false compliance. Instead of submitting his own urine for mandatory urine tests as part of treatment, Dave had been submitting 'dog piss':

DAVE: *I've not had one single dirty test in years. And I was a rampant drug user. Because they've tested (points at dog) his wee for four years. This old boy here. I've gone up the garden in the morning when he was having a wee, stuck a cup under and then just put 2 mL of meth in there, shook it up with some of those hand warmers, put it in a little plastic tube, and that's what they've tested for years.*

There is no requirement for service users engaged in OST to have clean tests, according to the 'UK guidelines on clinical management for drug misuse and dependence' (Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group, 2017).

However, the guidelines suggest that one of the functions of testing is to provide: 'an opportunity to reflect back to the individual real evidence of good or continuing poor progress and to share information about the risks and about the concerns of use on top of the prescribing' (Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group, 2017, p. 107). It is likely that aside from lack of trust in the service to maintain the script, Dave's other motivations for false compliance with urine testing were to avoid having an embarrassing conversation with the keyworker along the lines of 'your progress is poor', be informed about risks he was already aware of, and possibly be subject to increased supervision.

Additionally, a system where acts of false compliance are commonly adopted by service users to avoid having a 'dirty' urine test, is open to financial exploitation:

DAVE: *If you're on a script and you don't use, you can sell your piss for a fiver*.

Dave described a situation where service users who are engaged in OST and not using any other drugs can exploit the limitations of urine specimen testing for their own personal gain, by selling their 'clean' urine to other service users. The sale of urine samples to manipulate the results of drug tests is now big business (Josefson, 2003) and urine samples have been dubbed 'liquid gold' in the US, as private health organisations have been able to make significant profits from testing regimes (Copeland, 2020). Cohen (1985) notes that: 'the trend to privatization is now beyond dispute. Those chronic mental patients whose previous fate was to be confined to the back wards are now commodities to be exploited as a form of income' (pp. 63-64). However, this system of exploitation can also be exploited by service users to demonstrate compliance with treatment goals, through tactics of falsifying urine tests. Thus, in a drug testing system where corporations are known to make a financial profit through expropriation, those at the 'means of production' are demonstrating that they too, can exert agency, making financial gains through exploiting that system.

Within the context of social reform treatment services, it is observed that false compliance arises due to low levels of trust between service users and professionals (Rowe and Soppitt,

2014). Although diversion of drugs and the falsification of tests are breaches of trust in themselves, Dave argued that for a practitioner to request a urine test from a service user is a statement that you do not trust them in the first instance. This never 'sat well' with him when he worked as a practitioner, as developing an authentic, trusting relationship was positioned in conflict with achieving the goals of testing service users and potentially applying sanctions:

DAVE: *There's a lot of gameplaying… I very rarely tested people, not cos I was unboundaried, but because I found that if I didn't test people, they'd tell me anyway. Didn't need to do it. I did test people if I was worried about them, if they were new on script, mental health issues, 'sorry mate, you got to do a test'. Once you got a good relationship with someone, I'm not measuring their piss.*

This suggests that some practitioner and service user interactions may occur offstage, away from the public gaze of 'the system'. Notably, treatment administration also requires compliance on the part of the practitioner. Dave's sense of unease with the power imbalance between professionals and service users created by testing has also been expressed by medical doctors who develop trusting relationships with PWUD: 'While I was happy to see this (negative) result, I could not shake the feeling of disappointment that what had always felt like a partnership aimed at improving his health had so easily transformed into a dynamic of the judge and the accused' (Incze, 2021, p. 1283). McElrath (2018) suggests that urine testing policies that punish service users with the threat of losing their treatment if they provide a 'dirty' test are tied up with an identity of a drug addict framed within 'deviance'. This frames the service user as already untrustworthy and invokes their mistrust in a system characterised by 'high threshold', whereby a multiplicity of rigid, structural barriers prevents treatment access, coupled with 'low tolerance' for service users' lack of progress. To illustrate this, a thematic analysis of community drug treatment for people who are on probation (HM Inspectorate of Probation, 2021) states that: 'From a criminal justice perspective, testing is used as a control and monitoring measure, rather than to contribute to clinical decisions on pharmaceutical therapies' (p. 51). Hence, the open rules on the public stage are that drug testing is a system designed to control and punish service users and they are subsequently unlikely to trust those administering these tests or comply willingly once they are offstage.

### *5.4.2. Telling lies: needle and syringe programme (NSP) access and 'using on top'*

A further point of tension on the public stage of drug treatment is posed when OST service users request to use the needle exchange service, as this may be viewed as evidence that they are continuing to inject drugs 'on top' of their script. I personally experienced this tension a lot when I worked as a harm reduction practitioner and was interested to discuss this with Adam. He explained that he had experienced this dynamic too, and had always felt that this had been a counterproductive working culture:

ADAM: *I know for a fact that any client on a prescription would never use the needle exchange, because they knew that there would be sanctions as a result. That's terrible, because those are the people that the needle exchange should be targeting, because that gives us intelligence as to who is and who isn't using on top of their script in a meaningful way… then you can possibly do something with them in a one-to-one session.*

Kathy had also observed this tension during her employment in a pharmacy-based NPS and felt that their clients perceived a risk to their methadone script if they were honest about their injecting drug use. They would consequently invent 'cover-up stories' for needing the exchange:

KATHY: *I guess there's little bit of conflict because… there are people that are saying 'I'm not using any more', so you would get people coming in and saying 'oh this is just for my friend'… they had to come in daily for their script, it must have been horrible. I can imagine that some of them probably went elsewhere for the exchange.*

In my role as a harm reduction worker, I was often asked by prescribing workers to tell them which of their clients was using the needle exchange. Here, it was best for me to demonstrate false compliance in favour of maintaining service user confidentiality. It was far easier to nod and say 'yep, sure', then keep the nature of the exchange confidential as it was supposed to be, rather than argue about it, particularly in instances where managers were in favour of this collusion. This culture of breaking confidentiality for NSP use by prescribing clients without their consent, is not recommended within the clinical guidelines outlined by Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group

(2017): 'pharmacists who are also operating an NSP scheme will not usually share information with the prescriber that a patient receiving prescribed medication is also obtaining supplies of injecting equipment from the pharmacy, except where the pharmacist has the permission of the patient' (p. 87).

Treloar *et al.* (2016) highlight that people who inject drugs are particularly stigmatised within health and social care services and this influences the development of trusting relationships with professionals. Their study examined NSP service user and workers' experiences of trust in these settings, finding that service users reported high levels of trust in NSP workers, particularly compared to that of OST prescribing staff within drug treatment services. Furthermore, NSP staff placed a high value on the trustworthiness of relationships with service users; unfortunately, service users felt that most other health services that they accessed could not be trusted. As Mia voiced, most drug service users have a long history of being let down by many different health systems:

MIA: *This is one of the absolutely most difficult to reach client groups who are also failed by so many other systems and have tried to access other support available… but they have been let down time and time again.*

Subordinates must be silenced if their experiences promote doubt or demonstrate institutional failure and therefore, they must be strictly controlled to prevent this; Cohen (1985) maintains that officials who are working in institutions where the real outcomes are mismatched with the goals will need to become liars who adopt 'social-control talk'. These lies can tell a story of change even when nothing new is happening and these reify the contribution that these institutions are able to make in the efforts to solve the problem, in this case, of addiction. Isabella found the lack of authenticity in drug treatment services deeply problematic:

ISABELLA: *There is that lack of authenticity…. people aren't talking the truth, or having a wider philosophical think about it, like 'is this harm reduction or not?' or 'what are we doing, are we just maintaining people on methadone, are we giving people the chance to come off this drug?' Or 'are we just pumping them full of methadone and creating a social class of people that we can blame?' There wasn't much of that questioning in my team I worked with…. the doctors had a kind of idealised vision of what prescribing was about. I remember one doctor saying: 'I'm not their drug dealer, you know'. Well actually, you literally are!*

Drawing on her experience working in a pharmacy-based needle exchange, Kathy commented on the lack of authenticity about the true nature of addiction. She had observed that the stigma relating to addiction meant that service users had to personally maintain a façade of abstinence, compliance, and personal control over drug use to circumvent negative attitudes from staff:

KATHY: *I imagine if our methadone clients wanted to keep up that façade, they would have just gone somewhere else for the exchange.*

AP: *I was the pharmacy liaison for a while and the problem I had was if people didn't bring their returns, the pharmacy wouldn't wanna give them fresh needles.*

KATHY: *Yes! 'Well have you got any to bring back?' 'No.' 'Sighs'. I'd forgot about returns! You used to get people saying 'oh this is just stuff from the house'… I think if there's anything that marks addiction of all sorts, a common thread, it's lying. Even if it's just lying to yourself. 'This is the last time I'll do it', or, 'I'm definitely cutting down'. I think if there's anything that marks addiction of all sorts it's lying and so we need to make things as transparent as possible, so they don't have to lie.*

The tactic of lying as an attempt to preserve anonymity was also witnessed by participants In contexts where people who inject drugs were ordering NSP equipment online. Rory works for an organisation that dispatches NSP equipment to individuals' home addresses and he reported that the use pf pseudonyms is common, as people do not want to be linked to the stigma of drug use and are worried about their details being shared with other organisations:

RORY: *People don't have to provide their real name or date of birth; they do have to provide their correct delivery address, of course, otherwise it wouldn't get there… it used to be Mickey and Minnie Mouse, now it's Donald and Melania Trump.*

The way in which drug treatment is organised and structured means that service users may need to lie simply to gain access to the treatment service in the first instance. For example, Hanna had worked in drug treatment services in Germany, where 'drug ambulances' are used as sites of methadone maintenance treatment that are open seven days per week. She told me that service users who have just come out of prison must demonstrate an opioid dependency to access this service:

HANNA: *To get in, you need to pee, and you have to have some opioids in it. So sometimes people need to actually use drugs to make this transition from the prison, consume something to go to the drug ambulance to get back into the methadone programme. And this is stupid! From a medical point of view it doesn't make any sense at all!*

This puts some service users in a position where they must use drugs to access a service that is aimed to get them drug-free in the first place, a situation that Mia asserts creates a need to lie from the very beginning of their treatment journey.

## 5.5. Conclusion

These analyses add to the literature by applying Scott's (1985) concept of everyday resistance to the context of contemporary drug treatment services. The data demonstrates that in response to tensions between harm reduction practice and institutional cultures that reproduce the drug-free world ideology, practitioners engage in use of humour, gossip, and mocking in backstage spaces as tactics to bond with one another and cope with the demands of an emotionally difficult job. Nevertheless, the emotional toll created by occupying a dilemmatic space can result in professional desertion as a form of resistance. Participants express concerns that this is not a sustainable situation for drug treatment services to be in and that this issue has led to a loss of valuable skills and knowledge within the sector.

Participants perceived that the drug treatment processes and ideology foster a lack of trust between services and service users, which is linked to acts of 'false compliance' with drug treatment requirements. Soctt (1985) argues that acts of false compliance are forms of everyday resistance and this thesis builds on this concept to provide examples of how drug treatment service users exert agency. Participants discussed situations in which they were aware of false compliance, where service users appeared to be complying with the rules but were resisting them backstage. These examples included 'secret stockpiling' as a form of drug diversion, falsifying urine tests ('liquid gold'), and telling lies. While establishing intent in studies of resistance and compliance is methodologically problematic, a participant with lived experience of drug treatment provided personal accounts of false compliance and explained his motivations behind these acts. False compliance was generally motivated by a desire to provide the appearance of compliance with the drug-free world ideology and in doing so, avoid punishment or consequences for being seen to be using drugs. This suggests that despite being subordinated by the drug-free world ideology and subjected to punitive practices in some services, individuals can find ways to exert agency through everyday practices and rituals. It is noted that there is a heterogeneity of resistance practices and rituals enacted and participants adopted different tactics over time, depending on their perceptions of risk and the material resources available to them.

## Chapter 6: 'Burning the straw man' and 'doing it anyway'': mobilising harm reduction activism

### 6.1. Introduction

This chapter discusses participants' perspectives and experiences of harm reduction activism. The fieldwork suggests that participants openly provide oppositional resistance to the drug-free world ideology by mobilising harm reduction work through the following activities: partnership working and communication, using evidence-based approaches, developing knowledge exchange mechanisms for harm reduction through education, harnessing the power of 'things' to achieve long and short-term harm reduction goals, charismatic leadership, and expressing narratives of critical hope for the future of harm reduction. The chapter discusses diverse concepts of activism, with reference to Wieloch's (2002) notion of activism as 'oppositional capital' within the harm reduction movement, and Baker, McCann and Temenos' (2020) framework of mobilising harm reduction activism into practice.

Drawing on John Schwarzmantel's (2005) concept of 'counter ideology' and Brazilian educator Paulo Freire's concept of 'critical pedagogy' (Freire, 1970), the chapter proposes that participants' harm reduction activism practices provide oppositional challenge to the dominant drug-free world ideology and present harm reduction as a humanistic approach to promoting the health and rights of people who use drugs (PWUD). It is argued that this attempts to 'burn the straw man' argument (Best *et* al., 2010) that reduction or cessation of drug use and harm reduction are mutually exclusive and incompatible. In contexts where participants faced institutional barriers to harm reduction activism, they 'did it anyway', circumventing orders or legislative rules to promote the health of PWUD. Based on the fieldwork and examples of 'online pocket ethnography', electronic artefacts that were gifted to me by participants, this chapter contributes to the literature by developing the concept of a harm reduction counter-ideology and considering how this can disrupt an unjust and moralising drug policy system that silences a widespread, critical understanding of the evidence base concerning drug-related harm.

### *6.1.1. Theoretical ideas that inform the chapter: counter-ideology and activism*

This chapter uses the fieldwork to explain how, as a process, harm reduction activism critiques and opposes the prohibitionist drug-free world ideology through the development of a 'counter-ideology'. Tilly's (1991) analysis of James C. Scott's everyday resistance asserts that 'resistance to ideological domination "requires" a counter-ideology' (p. 597). Similarly, Paulo Freire states:

> We often believe the ideological words that are told to us – and which we repeat – rather than believing what we're living. The only way to escape that ideological trap, to unveil reality, is to create a counter-ideology to help us break the dominant ideology. This is accomplished by reflecting critically on our concrete experiences, to consider the raison d'etre of the facts we reflect on (Freire, 1985, p. 18).

According to Freire (1970), a counter-ideology to the dominant oppressive ideology can be achieved through a dialogical, problem-solving model of education that adopts values of humility, faith, critical thinking, and love. Gomes (2022) highlights that despite an absence of literature that applies Freire's work to drug policy form, his critique of how oppression operates bears a strong relevance to the system of global drug prohibition. Furthermore, Freire's ideas offer valuable insights into how dominant elites who possess the power to develop drug policy, oppress both PWUD, as well as members of society who do not use drugs but passively support the oppressive system. This chapter develops Gomes' (2022) recent analysis of Freire's ideas of oppression and liberation through a drug policy reform lens, by discussing it with reference to participants' activism.

An early analysis of the concept of a counter-ideology was provided by Westergaard (1970), with reference to a 'counter-ideology' that is 'critical of the present social order' (p. 123). Westergaard (1970) asserted that there is a collective awareness amongst the working classes of a sense of social injustice and that they are being exploited through unequal power relationships between themselves and a ruling elite. A more recent conceptualisation of counter-ideology applied to political resistance is provided by Schwarzmantel (2005), who considers a counter-ideology or critical ideology to be: 'an ideology of resistance which has a variety of sources and agencies' (p. 85). This ideology should be oppositional, critical, and invigorate political debate by expanding the range of policy options. To qualify as a counter-

ideology, Schwarzmantel (2005) argues that there is a requirement for the fulfilment of three core criteria. Firstly, the counter-ideology must be relevant to the contemporary political context; secondly, it must demonstrate the potential to inspire and mobilise people, and finally, it should be devoid of the kind of dogmatism and totalitarianism approaches that characterise the dominant ideology. These concepts of counter-ideology are developed throughout the chapter.

My approach to analysing harm education activism is influenced by Wieloch's (2002) concept of 'oppositional capital': 'the broad cultural field of symbols drawn upon by active social critics whose visions of transformation range in scope from the local (subcultural) to the sociocultural (social movement)' (Wieloch, 2002, p. 54). By collectively drawing on and utilising these symbols, individuals consciously oppose and criticise dominant systems and structures that reproduce a drug-free world ideology. Oppositional capital extends Bourdieu's (1986) concept of capital that considers individuals to be active agents who draw on ideas and knowledge to make sense and meaning of a social world. Thus, social interactions are viewed as transactions where symbols possess value that can be exchanged. This perspective was adopted by the Centre for Contemporary Cultural Studies (CCCS) at the University of Birmingham in England that focuses on the role that ideology plays in symbolic expression (CCCS, 1978), which is consistent with the focus and methodological foundation of this thesis.

The chapter conceptualises harm reduction actors by drawing on Tammi's (2004) framework, which proposes that the international harm reduction movement is comprised of three distinct but mutually reinforcing epistemic fractions. The first is the 'professional new public health' fraction, where activism efforts by professionals have been strongly targeted towards making improvements to drug treatment services and reforming policy towards prevention, through evidence-based appeals within the realm of medical science. The second fraction is based on mutual self-helping' among PWUD, values the knowledge produced by lived experience, and attempts to demand equal human rights through participation. This work overlaps somewhat into 'consumer rights' that values the principle of individual choices; therefore, the person who uses drugs is regarded as a consumer who has the freedom to choose whether they wish to alter their consciousness through intoxication. Finally, the third fraction is oriented towards 'global justice', where the harm reduction movement is viewed

as forming part of a broader frontier to counter neoliberalism. As a critique that focuses on the role of community drug treatment services in promoting the health of PWUD, this research relates the first of these fractions; however, the study also presents data involving participants who have lived experience of drug use and problematises the stigma associated with drug use, thus falls into fraction two.

## 6.2. Mobilising harm reduction policies: cooperation, convergence, disobedience, and display

Harm reduction discourse provides oppositional challenge to prohibitionist approaches and can be understood as an example of a 'radical ideology of change and protest' (Schwarzmantel, 2008, p. 149) that mobilises activists to illuminate social problems and rally people together. To analyse how participants mobilised harm reduction policies into practice, this section uses Baker, McCann and Temenos' (2020) framework, which constructs these activities around four key themes:

Cooperation
Convergence
Disobedience
Display

Cooperation refers to people working together at the individual and institutional level; convergence refers to a multitude of stakeholders coming together to share and debate best practice. Disobedience is the contravention of laws and norms to push forward agendas, and display refers to practices that bring harm reduction issues into the public sphere to demonstrate their worthiness. These activities are embedded within everyday practices but contribute to a larger-scale political drive for social change within drug policy (Temenos, 2017). Throughout the public health movement over the last two hundred years, health activists have identified with a variety of roles, such as academia, health professional groups, pressure groups, and the public (Berridge, 2007). Regarding those who mobilise harm reduction policy, Baker, McCann and Temenos (2020) distinguish between 'elite' and 'non-elite' actors, where the elites are those who occupy positions of strategic political power, and non-elites are 'ordinary people', those working on the ground, who have traditionally been

neglected in the literature on policy transfer. As participants in this study have direct experience of working face-to-face with PWUD within services, they are generally considered to be non-elite actors.

### *6.2.1. Cooperation*

Cooperation within harm reduction work invokes purposes of trust-building, learning, support, and advocacy (Baker, McCann and Temenos, 2020). Participants consciously pushed at the boundaries to mobilise harm reduction work into other aspects of healthcare and placed a high value on partnership working. Senior recovery worker, Lucia, recounted a case study where sustained work based on these principles between herself, a consultant, community carers, and the service users had enabled the treatment of a local woman who used heroin and had complex needs:

LUCIA: *I have a client who is bedbound, quadriplegic, in her 40s. She had a history of injecting heroin and crack, she wanted to do it and her partner was injecting her, so there were high concerns about the risk of overdose. She was on loads of pain medication, so we had to consider her tolerance levels. The team I work with, the consultant and the key worker, did a really good piece of work, they went to visit her and trained up her carers to administer naloxone (see appendix 19) in the event that overdose should happen. They gave explicit advice to her and her partner that if she overdosed in this way, he risked prison for manslaughter. We had to be very clear… it actually happened, she overdosed… but the carers administered naloxone and she came around.*

Coordinating partnership working centred on values of person-centredness and holism has been found to break 'the cycle of mistrust' that can characterise the relationship between professionals and drug service users with complex comorbidities (Harrison *et al.,* 2022). This occurs through helping service users to feel re-humanised, rather than 'incomprehensible flesh' (Harrison *et al*., 2022, p. 9) where one body part is treated to the neglect of the whole person, an experience that reminds them of the marginalisation and stigma that drug prohibition has reinforced throughout their lives. Lucia's examples show how harm reduction activism can develop an oppositional discourse that seeks to counteract public and institutional distrust of PWUD, by regarding them as ethical individuals who are motivated to reduce risks to their health if they are given the resources to do so (Campbell and Shaw, 2008).

Practitioner with lived experience, Alfie, provided an example of how cooperative working with peers contributed to the achievement of global harm reduction goals. People who inject drugs are a priority population within the World Health Organization's roadmap for eliminating viral hepatitis as a public health problem by 2030 (WHO, 2022), and providing comprehensive and accessible harm reduction services are stated to be a core means of achieving this goal. At a local level, this requires health professionals to gain access to hidden and highly stigmatised populations and peers can provide a unique point of engagement (Henderson, Madden and Kelsall, 2017). Peer lead Ed explained that he has managed to increase access to hepatitis C testing and treatment within his local community through a peer-led approach that uses informal networks. Ed deliberately resisted the usual contractual stipulation for abstinence insisted by many UK-based community drug services, believing that this has the advantage of not putting peers who are trying to cease drug use with people who are regularly using drugs:

ED: *If you get someone who's clean and they are out all day talking to people that are still using, there's risk of relapse. But if you get people that are still using to help you with the outreach and stuff like that –*

AP: *- they can't relapse!*

ED: *That's it! All they can do is benefit! What harm could happen, I give them a fiver voucher, they can spend it on beer if they want at the end of the day… so I've done that quite a lot.*

Despite these successes, there are challenges for peers when there is a lack of organisational support for their involvement in decision-making processes (Greer *et al.,* 2016). Furthermore, peer-led approaches can risk 'triggering' through 'drug talk' and requires them to balance conflicting 'drug user vs peer worker' identities (Wilson *et al.,* 2018). These researchers found that the concept of Goffman's (1963) spoiled identity was a dominant theme for peers who were unable to build self-esteem in the context of their work while continuing to use drugs. The study concluded that making involvement in peer work contingent on drug use causes peers to feel that without abstinence, they have little to offer the treatment service.

My fieldwork suggests that these difficulties for peers can be mitigated by designing harm reduction interventions with a counter-ideological core; seeking to manage drug use rather than insisting upon abstinence as a condition for participation. Peer lead Olly who works in New Zealand where the needle and syringe programmes (NSPs) are routinely operated by peers, explained that working within a service that normalises drug use amongst peers enables their sustained participation within these spaces. This is because they can be honest about their experiences with controlling their drug use and openly gain support if needed:

OLLY: *Within the needle exchange we have peer staff who are still drug users who serve as role models because they do their jobs well. They are unstable, or if the drug use is problematic, it's well-managed and then they've gone on to more senior roles within the needle exchange.*

While there are general benefits of cooperative working, to maximise these, ideological commitments to harm reduction are required at higher levels within the hierarchy of community drug treatment systems. In the case of Australian NSPs, enabling PWUD to operate these government-funded facilities revolutionised how these communities came to participate in formal decision-making processes (Herkt, 1993). Incorporating peers into cooperative work falls into Tammi's (2004) 'mutual help and identity' fraction of harm reduction activism, within which identity work for PWUD can be a politically empowering process. Nevertheless, it is argued that an ideological shift from policies that endorse abstinence to ones that embrace harm reduction was required at the strategy level in the form of the Australian Government's White Paper on HIV/AIDS in 1989, without which Herkt (1993) asserts: 'many of the developments… could not have happened' (p. 323).

Participant Colin, who has a policy role within police commissioning in England, suggested that there are opportunities for harm reduction activists and the police to cooperate towards shared goals at higher levels. He explained that some local commissioners are favouring a 'deflection and diversion' scheme, whereby individuals are deflected away from the Criminal Justice System and referred into appropriate community health and social care services, such as drug treatment services. The leading voice of this scheme is an international-level organisation called 'Police Treatment and Community Collaborative (PTACC)', whose mission

is to: ‘strategically enhance the quantity and quality of community behavioral health and social service options through engagement in deflection and pre-arrest diversion’ (PTACC, 2023).

COLIN: *The chief constable has a lot of discretion to choose how they uphold the law, there’s a lot of local discretion. But many are risk averse and lacking in confidence to do something different. You have to find someone who is willing to take risks and think progressively, but there are significant actors who are driving change.*

This is an example of an upstream, top-down approach to cooperation involving higher authority elite actors, which contrasts the bottom-up approaches involving peers and PWUD. Although harm reduction initially emerged as a bottom up, user-led grass-roots movement (Marlatt, 1996), it eventually became mainstreamed into core service provision and led by professional and elite actors (Heather *et al*., 1993). Once harm reduction work transcends local levels of influence, people with lived experience of drug use must then cooperate with elites within a political environment that may broadly endorse harm reduction on the surface but regard it with hostility at core policy levels (Hyshka *et al*., 2017).

Despite this, Colin’s account demonstrates that there is the potential for harm reduction activists to develop cooperative working between community drug treatment services and the police. Even at the level of what Althusser (1971) terms the Repressive State Apparatus (RSA) that traditionally functions through violence, there appears to be pockets of motivation to reduce harms for PWUD. Nevertheless, while some leaders within the law enforcement field are vocalising that traditionally punitive approaches are not solving the drugs problem (Kopak and Gleicher, 2020), deflection and diversion schemes also provide the alluring promise of being ‘less expensive and more effective’ (Smith, 2022). Consequently, Goulka, del Pozo and Beletsky (2021) warn that attempts to envision policing within a public health frame, are merely ‘healthwashing’ attempts to make some of the less politically desirable policing methods appear more palatable to the public. While cooperative working can resist the drug-free world ideology, it does not automatically follow that there will be the development of a harm reduction counter-ideology; in some instances, an ostensible drive towards cooperation can be motivated by a neoliberalist agenda that seeks to cut costs and maximise profits.

### *6.2.2. Convergence*

A prerequisite for cooperative working, convergence is both place-based and relational, bringing individuals together physically and virtually to share technical expertise for harm reduction work (Baker, McCann and Temenos, 2020). Senior recovery worker with lived experience, Vic, highlighted that conferences provided useful sites for convergence:

VIC: *We went to a harm reduction conference, myself, two colleagues, and we had three exec directors with us. They said it was a good opportunity for us and them to hear all the stuff and us getting them on board. I think over time, we've just kind of chewed their ears off on a higher level, we've got influencers who have that kind of contact with them and are harm reduction focused.*

Harm reduction conferences provide 'convergence spaces' across space and time, as they are temporary events, but can have lasting effects (Temenos, 2016). In these agentic sites, ideas and knowledge are exchanged and produced to mobilise harm reduction policy, which Temenos (2016) describes as 'processes of assemblage' (p. 125). This views harm reduction activism as a social process involving human relationships, but that also attends to the importance of urban spaces and temporality.

Vic provided another example of convergence that demonstrated the blurring boundaries of online and physical spaces. He set up a BAME Forum to connect local professionals who work with any aspect of BAME engagement, but this took place through a blend of online (through *MS Teams* and *Zoom*) and physical meetings and events:

VIC: *We've created something called the BAME Forum, we started it about 2 ½ to 3 years ago now. It's not owned by anyone. It's basically us professionals, predominantly frontline workers, but we have managers, and we all have the same ethos and goals in terms of engaging with BME communities. We met up and said 'Right, how can we work better together?' It's clear from the beginning that this is about good practice, working together, sharing information and advice, networking, learning from each other… it's equal. We don't have criteria where you must be from that community, it's anybody who's trying to engage with them communities.*

The BAME forum's work extends into the urban spaces of the whole community through a series of 'health and wellbeing events' that aim to engage whole families. This provides an opportunity for normalising conversations about drug use and enhancing the role that community drug treatment services play in promoting the health and wellbeing of the local population:

VIC: *The forum has been a real success. We've done events together… for example, a fun day where families can come with their children, services are there, we put events and activities on, we've had bouncy castles and face painting and so on. We don't say 'it's a health and well-being event' we just say: 'it's a Family Fun Day'. And there, we can engage with people and raise awareness around our services.*

As well as dismantling social barriers relating to ethnicity within the community, the events aim to help to break the stigma of drug use through community engagement and knowledge exchange:

VIC: *To get engagement, the first step is to engage with the community itself, because if you get them on board, it makes it easier for those people to come into the service. The barriers I faced for coming into service, the shame, the stigma all that… I know from lived experience how hard it was for me to access, so I do a lot of work.*

As a practitioner with lived experience of using drugs and accessing treatment services as a BAME service user, Vic can provide valuable, personal insights to the forum. The inclusion of Black and Indigenous people and other people of colour (BIPOC) at strategic levels is a crucial aspect of harm reduction treatment in the interests of decolonising Eurocentric, hierarchical health systems and developing community-centred models of working (Hughes *et al*., 2022). Vic's experiences provide a 'molecular' example of how the politics of identity can create an 'identity ideology' (Schwarzmantel, 2008, p. 177) that contests dominant narratives of oppression by attempting to carve out a distinct voice and space. In these spaces provided by the forum, while grassroots actors converge with more politically powerful members of the community, Vic emphasises the importance of democratic and egalitarian values, which counteract traditional hierarchies of power within treatment services. This convergence

between non-elites and elite actors illustrates Klein's (2020) argument that Tammi's (2004) epistemic fractions of harm reduction activism are not mutually exclusive; where the self-help and mutual aid fraction converges with the new public health fraction, ordinary citizens can play a key role in driving harm reduction policy by connecting the local with the global. By doing so, grassroots harm reduction activism helps to counter drug policies driven by an ideology that seeks to stigmatise and marginalise those most affected by them (Klein, 2020).

### *6.2.3. Disobedience*

The origins of harm reduction activism are rooted in opposing laws that adopt a prohibitionist stance on drug use and seek to oppress PWUD (Roe, 2005). Despite being faced with ongoing legislative barriers to mobilising harm reduction policies, participants provided accounts of situations where they ignored the rules and engaged in acts of disobedience: 'just doing it anyway'. This helped to develop a scientifically robust evidence base that could be used to push for policy gains towards harm reduction approaches. An example of disobedience was provided by harm reduction activist Rory, who did not have a licence for running an NSP in England during the 1990s, but 'did it anyway':

RORY: *When I started, the main strategy was pretty much to do whatever I wanted to do… the first office I had as a lone worker when drug services were first A Thing, was over a bank in the High Street and I just did everything I needed to do because there was complete anonymity. Nobody had a flying clue… So we operated largely in secret, and only declared what we were doing when somebody found out, or when we had to go for a licence for an NSP, to which we said 'well, you can't object now, because we've been here for five years and you didn't even know we were here for Christ's sake…'*

Another disobedience activity that Rory and his colleagues adopted, was to distribute foil to NSPs, despite it contravening Section 9A of the *Misuse of Drugs Act 1971*, which prohibits the distribution of paraphernalia required to prepare illegal drugs. Foil distribution is a harm reduction intervention that can support the transition from administering heroin intravenously, to the far less risky method of smoking or 'chasing' it using heated foil (Advisory Council on the Misuse of Drugs (ACMD), 2010) (see appendix 20). The ACMD (2010) reported that an estimated 15% of UK-based drug services were breaking drug paraphernalia laws by

providing foil to service users, so this was a relatively mainstream disobedience practice until the provision of foil was added as an exemption to the *Misuse of Drugs Regulations 2001* in 2013 (Ryan-Mills and Stephenson, 2016):

RORY: *As an independent activist organisation, we decided very early on our role was to do stuff that was illegal, provided it had moral purpose and could deliver proper harm reduction. My job was to persuade legitimate manufacturers to make stuff that we could do that with. The one where we wanted to do foil was probably the most amusing example. I was sitting in the boardroom of a big company, foil manufacturer, people sitting around the table, we were just a bunch of weirdos, activists, you know, and we explained what we were trying to do… the MD looked at me and he said: 'You fucking what? You want us to make foil for people to smoke heroin off?' And they all looked at each other and then – I spent a long time giving the background for this – and then they went: 'oh, OK then'.*

Rory's evidence-based plea to the manufacturing company persuaded them to supply the foil for distribution. Rory and his colleagues were willing to risk going to prison to reduce the harms for PWUD by distributing needle and syringe equipment, as this involved breaking the UK laws concerning drug paraphernalia:

RORY: *We said right from the beginning: 'well OK then, we'll go to prison. That's fine'. We didn't know if it would ever happen. As it turns out, nobody's even been cautioned under the Misuse of Drugs Act Section 9A.*

This kind of oppositional act is a symbol of civil disobedience, where citizens who are concerned about a public health issue and have tried all other methods without success, resort to action that contravenes the law and are willing to face punishment (Luoma-Aho, 2022). Using the example of drug consumption rooms, Wodak, Symonds and Richmond (2003) argue that to counteract drug policies that lead to 'appalling' health outcomes, public health practitioners need to engage in civil disobedience to achieve harm reduction goals and propel the speed at which the evidence base for the effectiveness of initiatives can be gathered. Rory suggested that there had been a 'culture of activism' that now no longer exists since the mainstreaming of harm reduction into public health:

RORY: *That sort of culture of activism doesn't exist anymore… and the reason for that is through our development of the NTA (National Treatment Agency)…When you mention the NTA, you can still see some people shudder. But they did fulfil some really important things, because pre-NTA there was some pretty weird shit going on in our field.*

Organisations that adopt the 'culture of activism' that Rory refers to, put social transformation at the focus of their mission, seeking to directly address problems at their core (Demange, Henry and Préau, 2012). Rory's insistence that there is no longer a culture of activism, is consistent with observations that once harm reduction was mainstreamed into public health, the criticisms of the dominant drug prohibition approach desisted, in favour of what Roe (2005) describes as 'mature and apolitical harm reduction': 'within this new harm-reduction 'movement' there remains a historic tension between those who see harm reduction primarily as a medical means of promoting health and mitigating the harm to individual, and a more activist group who see it as a platform for broader and more structural social change' (p. 244). This tension within the harm reduction movement itself illustrates Schwarzmantel's (2008) assertion that ideological challenges to global injustices are very diverse and multi-faceted, which can limit their force. A possible explanation for Rory's sense that the culture of activism has generally dissipated since the 1990s when HIV and AIDS posed an initial crisis, can be offered by Scott's (2013) argument that the subaltern, who are often living on a knife edge of poverty, tend to evaluate political measures based on how well these are perceived to help them to mitigate immediate catastrophe, rather than on their transformational power to tackle the root causes of exploitation.

However, drawing on Scott's (1985) idea of everyday resistance, Campbell and Cornish (2021) suggest that due to increasing hostility towards public health activism that champions human rights and social justice, agents of social change are now adopting hidden tactics of everyday activism that may not be recognised for considerable time. For example, Community Pharmacy Substance Misuse Commissioner, Sue, was using her platform to mobilise harm reduction policies within her everyday role:

SUE: *Not blowing my own trumpet – but since I've been in my role, I've driven more of a harm reduction theme into how our services are providing and driving that culture again, injecting that culture back into how services are being run.*

Sue is actively creating a 'receptive social environment' for the oppressed to garner a voice that counters their oppressors (Campbell *et al.,* 2010). She discussed an example where she had found a 'creative workaround' for overcoming legislative barriers to NSP provision within her community:

SUE: *We were challenged because pharmacists wouldn't come on board with naloxone provision, so we've had to find other ways of getting it out. One thing we've done that we thought was quite innovative… we've got a homeless day centre in an area of high need and the legislation didn't allow for them to provide naloxone because they were just a homeless day centre. So we've commissioned them to provide needle exchange and we've partnered with the local doctor's surgery to give clinical oversight so they can now officially provide naloxone in the community and fill in the gaps.*

Sue's activities show what Campbell and Cornish (2021) term 'novel activism', subtle spaces where actors can counter hegemonic practices that reproduce social inequalities. This activity is enacted through care, which becomes a political act: 'these advocates who advance modes of care rooted in the emboldening of excluded individuals' voices in their relationships with health professionals – in a way that challenges medical science's otherwise dominating and excluding 'regimes of rationality'' (Campbell and Cornish, 2021, p. 128). Dennis (2021) describes these acts of care towards people who inject drugs as 'cosmopolitical advocacy', collective action that involves 'speaking with and up for others' (p. 147). Cosmopolitical advocates possess an in-depth understanding of the issues that lead to oppression and engage in collective action to embolden and produce an emancipatory voice. In the current political climate where drug treatment systems are relentlessly pursuing a 'drug free utopia' (Dennis, 2021, p. 153), these oppositional acts of caring seek to sustain human life, countering the silencing and stigma of PWUD that is perpetuated by a moralising ideology that frames them to be undeserving of care.

### *6.2.4. Display*

Display practices that bring harm reduction issues into the public sphere to demonstrate their worth is an important facet of harm reduction policy mobilisation, as public opinion can bear a strong influence on drug policy decision making (Baker, McCann and Temenos, 2020). An Australian study conducted by Matthew-Simmons, Sunderland and Ritter (2013) found that while the public have heterogeneous views about drug policy, the strength of these views was found to be relatively weak, and thus there is potential scope for raising public awareness regarding drug-related topics. This is a crucial element of developing an effective counter-ideology that must be 'a force mobilizing citizens and embracing large strata of the population' (Schwarzmantel, 2005, p. 92). Through his lived experience of drug use within a BAME community in the North of England, Vic knew that there were drug and alcohol issues in his community that were not being publicly discussed and there was a high level of stigma for those families involved. He developed a tailored, accredited programme to build awareness that incorporated the community's sociocultural needs concerning gender and the importance of the whole family:

VIC: *I developed a day course called The Community Champion course, all about substances and understanding addiction. We managed to get it accredited and promoted it within the community. I always say that if we want to work with diverse communities, we need to respect their culture. So we did separate men and women's courses, we discuss the responsibilities of the community, from a religious aspect what should we be doing, and look at how can we improve as a service. I targeted that community itself, not drug users… People are now more aware and then they send me pictures and stuff, building that relationship, which has been really positive. We've definitely seen a change in terms of more families coming forward for support.*

Vic's efforts to publicly illuminate drug-related issues that affect his local BAME community is a politically-charged tactic within a display strategy, as the drug-related needs of racialised populations rarely enter the realm of public awareness (Baker, McCann and Temenos, 2020). Schneider and Ingram (1993) contend that how target populations are socially constructed affects policy decision-making, as more powerful groups are likely to be benefited by this process, while marginalised and subordinate groups of people are likely to be treated punitively. Those from global majority populations have historically been viewed as a threat

to the established colonial order and therefore, punitive legislation has been long-used as an attempt to symbolise their 'deviance' and control their behaviour (Neill, 2014).

The scapegoating of PWUD is a tactic of 'divide and rule politics' (Freidman, 1998, p. 15) to strengthen ideologies that promote punitive approaches and individualism. Consequently, those labelled 'deviants' have low levels of trust in governments and institutional bodies and are therefore less likely to participate in formal processes and events, despite bearing heavier burdens of social disadvantage. British South Asian populations have demonstrated low levels of uptake of service provision, due to a lack of appropriate information being provided to them, fears about immigration status, and levels of trust in the cultural competence of health professionals (Van Hout and Kean, 2015). In turn, their needs are not typically displayed or considered within public health spheres. As well as resisting oppressive narratives of drug use, Vic's methods of engaging his community, eliciting their views and experiences, and shaping service provision accordingly also challenges racist ideologies and where the stigma of being 'the other' intersects with the stigma of drug use.

Providing culturally and linguistically appropriate means of community engagement is a crucial element of drug and alcohol service provision (O'Mara, Carey and Weier, 2020), which Vic is currently tackling using his lived experience. Vic suggested that the internet demonstrates a lot of potential in being able to help promote harm reduction within the public realm:

VIC: *I think lockdown has really helped… because of people being on Teams, a lot more people have been able to join. That's been key for us, to promote our work over the Internet, like case studies, looking at training… It's definitely making a difference, people are seeing what the importance of harm reduction is now.*

The public may feel positive about harm reduction in general, but the everyday enactment of politics in local communities can fall foul of NIMBYism ('not in my back yard') (Wodak, Symonds and Richmond, 2003), unless interventions and national-level policies are demystified and related to specific neighbourhoods (Temenos, 2017; Baker, McCann and Temenos, 2020). The use of online spaces for display can help to combat prohibitionist

political ideologies (Móró and Rácz, 2013), where the value of lived experience relating to drug use can be viewed as providing an authentic voice to elicit public compassion.

Encouraging the participation of PWUD within public debates about drug policy provides resistance to dominant prohibitionist narratives through ideological conflict, as the opinions and values of PWUD tend towards the notion that harm reduction measures and a human rights approach should form the basis of public policy (Askew and Bone, 2019). It should be remembered that PWUD *are* the general public, whose opinions and values about drug use are formed not just through lived experience, but also other variables such as gender, age, and religious beliefs that represent a diversity of subsets of the population (Askew, Griffiths and Bone, 2022). Vic's interventions that involve the whole community help to elicit the participation of a wide range of non-elite stakeholders and link drug and alcohol use to a wider range of social issues, displaying this topic within a health promotion discourse that promotes social justice and equity (WHO, 1986).

My fieldwork suggests that participants readily mobilise harm reduction policies through their activism that illustrates each of Baker, McCann and Temenos' (2020) four practices: cooperation, convergence, disobedience, and display. However, the extent to which this counters the dominant drug-free world ideology is questionable. Although mobilisation of harm reduction goals is seen to occur with observable outcomes, Schwarzmantel (2008) describes 'mobilisation mode' (p. 149) as a limited form of resistance, as while it rallies together heterogeneous individuals under a common idea or goal, this occurs within 'molecular' spaces or contextual pockets, rather than permeating throughout the whole of society. In these instances, the suggestion is that while this is a counter-hegemonic movement, a fully-fledged counter-ideology needs to be more aspirational to truly 'counter' the dominant ideology at structural levels of influence.

### 6.3. Resistance through knowledge production and exchange

This section discusses participants' engagement in knowledge production and exchange, arguing that these activities contest dominant prohibitionist ideologies and contribute to the

development and dissemination of a harm reduction counter-ideology. Knowledge exchange was one of the key goals of the International Harm Reduction Association (IHRA) when it was founded in 1996 (Skretting, 2007; Harm Reduction International, 2022) and is defined as: 'Interactions between knowledge users and researchers resulting in mutual learning' (Canadian Institutes of Health Research, 2012, p. 1). Knowledge production and exchange are driven by three groups of actors within Tammi's (2004) framework of harm reduction: public health actors, by-and-for actors who have lived experience of drug use, and actors who operate at the level of international human rights (Klein, 2020). Here, participants' accounts of knowledge exchange are discussed around two themes: firstly, the production of knowledge and development of the evidence base for harm reduction, and secondly, the engagement and education of community and health professional groups about 'what works'. Drawing on Paulo Freire idea of 'problem-posing education' as an 'instrument for liberation' (Freire, 1970), it is argued that this activism counters and deconstructs prohibitionist assumptions based on dogmatism.

### *6.3.1. Building the evidence base for harm reduction*

The data suggests that participants strongly value the evidence base for harm reduction and were willing to flout laws and regulations to provide 'proof of concept' (Baker, McCann and Temenos, 2020, p. 138), demonstrating that illegal practices, such as operating NSPs and supervised drug consumption sites, reduce drug-related harms in communities. Rory explained that his organisation has routinely enacted this:

RORY: *We did citric (acid), then we did spoons and filters because they were illegal, and what you do is you get evidence in practice… And that enabled us to generate enough evidence to work with the Advisory Council on the Misuse of Drugs, who then worked with the Home Office to get the law changed. So that's been our role in activism.*

One recent example of successful harm reduction activism in the UK is activist Peter Krykant's provision of an unsanctioned overdose prevention centre, which started in Glasgow city centre in 2020 out of a second-hand minibus (Krykant, 2022). Shorter *et al*.'s (2022) proof of concept evaluation of this intervention demonstrated that of the 894 supervised injections

that took place, there were nine successful events relating to overdose. It was concluded that it was possible to run this intervention without it being closed by the police, their operational independence from politicians enabling them to act within the public interest. These activities counter the drug-free world ideology through use of scientific evidence, a long-standing tactic of those within Tammi's (2004) new public health fraction of harm reduction activism. This level of commitment to resistance is what Freire (1970) describes as 'acts of love', and these are the basis for liberation. This commitment can only exist when people engage in critical reflection: 'Humankind emerge from their submersion and acquire the ability to intervene in reality as it is unveiled' (Freire, 1970, p. 109). Through their commitments to harm reduction activism, Rory and his colleagues have been able to intervene in reality by producing knowledge over time to affect legislative changes.

Harm reduction worker Vic argued that front line workers are the among the first to witness emerging trends within their communities, and that there needs to be a stronger push both within services and universities to collate their knowledge. He gave the example of observed increases in steroid users entering Tier III services, as he is collaborating with local universities on a research project:

VIC: *One of the research projects we are involved with is trying to gauge potentially how many people are using steroids – it's a difficult task. The research is in conjunction with (the local universities). My bugbear was all this research gets done and then we move onto the next one. And that paper tends to get sidelined. What needs to happen now is we need to collate all that information, all that research, use it to make changes and get commissioning. The evidence base is often there, but we need to bring it together and use it.*

Vic's observations are consistent with documented evidence that there are increasing levels of normalisation and uptake of IPED use in British South Asian populations in the North of England (Van Hout and Kean, 2015). Vic suggests that when the evidence is generated, it needs to be actively fed back into practice to make observable improvements. While Tammi's (2004) model of activism suggests there are distinct fractions of actors, here Vic is demonstrating that he is both a public health professional who is critical of research methods, as well as an advocate with lived experience. Although people with lived experience are

central to the development of harm reduction research and knowledge exchange, there is a lack of consensus and poor financial commitment to documenting the contributions that this group make (Marshall *et al.*, 2015). Problematically, the tension between abstentionist and harm reduction approaches creates a drug policy environment that is not conducive to accurate interpretations of a complex and nuanced evidence base (Ciccarone and Bourgois, 2016). For example, this can lead to the sidelining of important ethnographic observations and those made in clinical practice that are necessary to gain a deep and dynamic understanding of drug-using behaviours. While evidence-based practice is often assumed to be the dominant paradigm within policy-making, the notion that there is a linear link between evidence and policy is naïve, as it is important to consider the important role that politics, power, and ideology have in constructing influential narratives of drug use around the evidence base (Stevens and Ritter, 2013).

Dave told me that as an ex-practitioner with lived experience, his attempts to evidence a newly emerging local risk were ignored. He explained that even when he no longer worked for drug treatment services, he compiled a report regarding the local illicit prescription drug scene:

DAVE: *I did do a report… about two years ago… all I got was a patronising pat on the back, I never even got a reply… I just really don't think they were interested… they're infected by the recovery ideology. Rather than them working side by side, it's just become recovery. I've pretty much given up on (the drug service), it seems to me that they don't possess the ability or desire to train their staff or stay up to date with changes in the drugs scene. Until there's a death or spate of overdoses, in which case I get a phone call asking me if I know the score. It's infuriating… I'm not exaggerating when I say it's a ticking time bomb.*

Dave sent the report over to me by email, an example of 'online pocket ethnography'. Sending the report to me as the researcher demonstrates trust in the confidentiality of the research process. The source was over 3,500 words in total and clearly a lot of time had gone into producing it, so I felt sorry to hear that the service had not taken notice of the findings, or the efforts involved. This lack of acknowledgement of the evidence once it has been produced, provides an example of what Freire (1970) terms 'a culture of silence', an inability among some oppressed people to examine the world critically. According to Freire (1992), this

phenomenon stems from a fear of the dominant ideology, which is assimilated and internalised by the oppressed. Dave's experience suggests that the managers' attempt to suppress his findings is an expression of this fear: 'an expression of the oppressor 'inhabiting' and dominating the half-defeated body and soul of the oppressed one' (Freire, 1992, p. 61). This reflects Gomes' (2022) assertion that the prohibitionist ideology is so powerful, that even those working in the drugs field 'struggle to emerge from the oppressive reality' (p. 1).

Nevertheless, by sharing the report, Dave used his participant role as a vehicle to voice critique on the lack of engagement in knowledge production and exchange among service managers. The inclusion of PWUD and the promotion of user-led and peer interventions within knowledge production and exchange challenges traditional hierarchies of power within governmental and biomedical spheres: 'community actors have more recently seized upon their status as legitimate sources of authority to simultaneously resist and educate state and public actors by demonstrating through self-generated empirical evidence that they know better than government what to do' (Klein, 2020, p. 408). Dave's lived experience is being exploited when managers want to know 'the word on the street' in the event of a crisis, but there is a reluctance to harness this expertise through formalised channels that recognise and value his expertise. Ross *et al.* (2020) argue that there is a silence concerning the value of experiential knowledge among practitioners, due to the stigma of drug use and ambivalence surrounding the role of reflexivity within the hierarchy of academic evidence. The exchange of experiential knowledge plays a key role in challenging the dominant ideology around drug use, but this often requires the allocation of resources to overcome significant barriers to participation of experts by experience within the community, such as stigmatisation, the material disadvantages faced by these groups, and the hegemony of knowledge (Casey and McGregor, 2012).

Jackson hopes that the outreach work that has been carried out within his local community during the pandemic can be evidenced and presented to commissioners, to pave the way for future harm reduction work. In a community where a high proportion of service users live in rural environments, Jackson gained access to a specially assigned harm reduction van that workers used to provide outreach NSP:

AP: *So when did you get the van?*

JACKSON: *April last year.*

AP: *In response to Covid?*

JACKSON: *Yeah, it's a proper clinic van so I've taken a nurse out to manage detox in the community, we use it for BBV testing… We've been to hostels and people have jumped in the back… so it's just been completely outreach…. I honestly don't know what would have happened if we'd never had the van.*

Jackson's activities combine his ability to gain access to resources (i.e., the van and staff) with his knowledge of the locality in terms of needs and geography. Within harm reduction work, the process of knowledge exchange is linked to spatiality: 'the circulation of knowledge through certain networks and sites, or ``centers'' of persuasion' (McCann (2008), p. 6). Therefore, McCann and Temenos (2015) recommend that conceptualisations of harm reduction activism should shift from a sole focus on individuals, to examining their interactions with social contexts and spaces, as health policies are produced through human relations with their geography. Harm reduction sites, in Jackson's case, the van, provide spatial reference points for the production and exchange of knowledge, where learning and expressions of agency can occur.

Furthermore, 'products of expertise' (McCann, 2008, p. 6) are mobilised throughout urban spaces and this enables the knowledge exchange process (e.g., emails, documents, reports, or details of fact-finding visits to sites of harm reduction work or other services). Jackson sent me examples of these products of expertise in the form of 'online pocket ethnography'. These included a report to demonstrate his statistical outputs of equipment during outreach work, a news article relating to a local case that he was involved in, and a report. Here, Jackson was sharing his local expertise with me as a researcher, and he seemed keen to provide physical evidence of the work that he was doing. Likewise, participant Rory explained that the source of activism for his work has been the development and distribution of NSP equipment, and that these artefacts play a crucial role in enabling activists to develop the knowledge base:

RORY: *Companies tried to get us closed down, accused us of breaking the law, selling unlicensed medicine without a licence… And we were raided by the MHRA (Medicines and Healthcare Products Regulatory Agency) enforcement branch. But the equipment has been the only activism we've needed… it enabled us to generate enough evidence.*

These narratives suggest that harm reduction activism harnesses relationships of power between people, things, and spaces. This finding follows Dennis' (2017) argument that harm reduction tends to focus on the human actors but tends to ignore the important role that 'things' occupy in transferring and reinforcing agency. This perspective takes a posthumanist approach that decentres the human, incorporating 'the acknowledgement of non-human agencies' (Lury and Wakeford, 2012, p. 1). The power of these artefacts is termed 'thing power' by Bennett (2004), who asserts that 'things have the power to addle or rearrange thoughts and perceptions' (p. 348). As Rory highlights, the provision and distribution of NSP equipment challenges legal systems pertaining to drug paraphernalia, whilst also opposing moralising models of drug use. Wieloch (2002) suggests that studies of harm reduction activism should consider the value of cultural artefacts as: 'part of a larger symbolic system. These artefacts have power, and impact; they serve as effective tools for the demonstration of discontent because they are recognized by the larger society as demarcations of difference and as part of an alternative, countercultural status system' (p. 47).

### *6.3.2. Promoting harm reduction through 'problem-posing' education*

The dominant discourse for drugs education in the UK tends to target children and young people within their educational environments and aims to purport the idea that abstinence from drugs is the default and morally correct option (Blackman, 2004). This form of drugs education mirrors the globally-dominant prohibitionist ideology, and uncritically portrays drugs as malevolent agents, providing students with little scope for learning through reflection (Tupper, 2008). Freire (1970) contends that education traditionally possesses a narrative quality that reflects the dominant ideology, mirroring the oppressive nature of society. This regards the role of the educator as an authoritarian figure who deposits knowledge into the minds of students, who must unquestioningly memorise the information. This model of education is what Freire (1970) terms 'the banking concept of education' (p.

72) that aims to produce receiving subjects, or automatons who do not critically engage with ideas and are indoctrinated to adapt to a system of oppression. Freire (1970) asserts that this oppression can be resisted through a practice of freedom known as 'problem-posing education': 'the conditions under which knowledge at the level of the doxa is superseded by true knowledge, at the level of the logos' (p. 81). Within this system, educators and students learn from one another through dialogue and critical reflection, and their traditional hierarchical roles are transformed into 'teacher-student' and 'student-teacher'. The data demonstrates that participants engage community stakeholders in problem-posing education that enables creative interventions based on harm reduction approaches. This contributes to the development of counter-ideology by unveiling alternative realities about drug use: 'Only by contesting what is presented as the 'Truth', by imagining and building together a new version of what could be, can oppression be challenged and reversed' (Gomes, 2022, p. 2).

Participant Rory discussed an example of a creative harm reduction intervention that was developed through community engagement. The harm reduction training organisation that he worked for engaged with community pharmacists to support them with managing their patients who used the NSP and were prescribed OST. Upon visiting the community practices and communicating with practitioners, Rory was able to understand first-hand how busy and stressed the pharmacy staff were because they were trying to do so many things at once. This meant that they did not have a lot of time to devote to working with people who injected drugs. This, coupled with a lack of understanding about the drug-related issues that service users experienced, resulted in poor communication. Once Rory understood the pharmacists' position, his organisation developed a bespoke 30-second brief intervention for staff that was tailored to their needs:

RORY: *One of the things we did with the community pharmacy staff was to develop a 30-second brief intervention, aimed at starting a conversation in a different way to how they'd ever started them before. If you invest that time, it becomes a really enjoyable piece of work for them, because you're taking their anxiety away from them and enabling them to identify with service users. It takes away the 'us and them' bit of the service… I've gone back into pharmacies where we've had the opportunity to do that and they've been gushing about how much has changed, how many more people have come into the pharmacy. Commercially that's better for them as well.*

Contextual characteristics within healthcare practice such as practical limitations, workforce skills, and organisational policies have been found to influence the knowledge exchange process, time being a particularly important constraint on professional development (Ward *et al.,* 2012). Locating and tailoring knowledge exchange within these contexts can help to 'turn research evidence into everyday talk' (Ward *et al.,* 2012, p. 300), a political move that goes beyond focusing on individuals' knowledge and considers how dominant, organisational narratives prevent the translation of evidence into practice. Where learners are no longer passive recipients of information and can gain control, 'resignation gives way to the drive for transformation' (Freire, 1970, p. 85). The sharing of a cognitive problem to be solved enabled Rory as teacher-student to better understand the pharmacists' perspectives, and the pharmacists as student-teachers were empowered to creatively solve new problems as they arose in their practice.

Once empowered, learners become motivated and encouraged to share their experiences, and problem-posing education can be extended into peer networks. Sue found that pharmacists who had provided naloxone successfully, were keen to share their experiences and engage in peer-training with other pharmacies:

SUE: *We've had one particular pharmacy in an area where there was greater need, and they've done really well… now I'm looking to encourage more. I'm trying to push our needle exchange pharmacies to provide naloxone as well. We had a really good training evening initially, with naloxone training and overdose awareness, which our needle exchange equipment provider sponsored, and we were able to invite all the pharmacists and quite a lot of other frontline workers. There was a lot of momentum from that, and they were motivated and encouraged to do so from a harm reduction perspective.*

Sue's example demonstrates that once pharmacists were on board with harm reduction interventions, they were able to play a role in 'knowledge brokering', defined as: 'bringing people together, to help them build relationships, uncover needs, and share ideas and evidence that will let them do their jobs better. It is the human force that makes knowledge transfer (the movement of knowledge from one place or group of people to another) more effective' (Canadian Health Services Research Foundation, 2003, p. i). Creating an infrastructure of positive interpersonal relationships within communities in which different

stakeholders can act as knowledge brokers to address the knowledge-practice gap, helps to dismantle traditional power hierarchies, and reduce stigma for PWUD (McCall *et al.,* 2017). Sue's example where a diversity of stakeholders came together for a harm reduction training event highlights the dynamic and revolutionary praxis that individuals enact once they are exposed to problem-posing education, as opposed to the banking concept that considers learning to be finite and have ended once a competency has been met. This fosters a passion for new learning experiences: 'the unfinished character of human beings and the transformational character of reality necessitate that education be an ongoing activity' (Freire, 1970), p. 84).

Rory expressed optimism for educating people about 'the pragmatism of harm reduction' and said that in his experience, once people outside the field had the rationale explained to them, they were usually in favour of the approach:

RORY: *The thing that has really warmed me over the years is that people that know nothing about harm reduction, it's like an alternative universe… And then you tell people about it and they're visibly shocked. And then you ask them to do something to contribute to that field and I've rarely met anybody that when they've got the pragmatic harm reduction philosophy, they are not on board.*

A focus on 'what works' is one of the key features of harm reduction; the adoption of pragmatism over dogmatism is an important step in the development of a counter-ideology, as this deconstructs prohibitionist ideologies that ignore evidence (Schwarzmantel, 2005). Within a pragmatic approach, PWUD are constructed as worthy citizens, rather than deviants who should be punished for immoral behaviour (Klein, 2020). The transformation of discourse from the dogmatic to the pragmatic is a crucial element of drug policy reform (Long, 2018), as these verbal and written communications mediate the symbiotic relationship between ideology and social power (Fairclough, 2012).

Policy officer Colin advised me that in his role, it was very difficult to persuade powerful politicians to consider harm reduction approaches, particularly as they had already adopted an ideologically prohibitionist standpoint. Arguably, it is in the interests of the dominant

classes to support a prohibitionist discourse that reinforces elite power, as once oppressed people see and understand the alternative universe, they feel obliged to respond and resist (Freire, 1970). Nevertheless, Colin and his colleagues adopted a series of tactics for persuasion:

COLIN: *Persuading the politicians takes a lot.*

AP: *What tactics do you use to persuade them?*

COLIN: *Well, firstly we would present the evidence to them by bringing in the key documents, but summarised, as we know they haven't got a lot of time… then we take them through it all and address counter arguments, offering solutions.*

Colin's tactics work on the assumption that there is a rational and linear model of policy development. However, politicians frequently do not listen to evidence-based pleas for policy reform, and a drug policy ratchet has been observed where sanctions for new psychoactive substances tend to increase (Stevens and Measham, 2014). Even when evidence-based opposition to the legal regulation of drugs are provided by those in favour of prohibition approaches, these tend to be 'bolstered by irrelevant, cherry-picked, or misleading facts' (Rolles, 2007, p. 1060). Likewise, Stevens (2007) argues that there is 'policy-based-evidence', rather than 'evidence-based-policy' (p. 25), where powerful actors listen exclusively to the evidence that supports the dominant discourse on drug use, rather than base policy decisions on a rational appraisal of the best information available. Colin suggested that a potential way to disrupt this dynamic is to bring dominant elites into contact with the reality of the lives of PWUD, so that they can learn through empathy:

COLIN: *We can also offer visits to facilities so that they can see things for themselves, and this can really tug at people's emotional heartstrings.*

McCann and Duffin (2022) suggest that as well as being mobilised through arguments based on evidence, harm reduction policy can be mobilised through empathy-based appeals. Their study regarding a campaign to implement a Supervised Injecting Facility (SIF) in Ireland showed that a strategic combination of evidence, experiential knowledge, and empathy

facilitated a persuasive education that humanised PWUD in the eyes of politicians, media, and the public. Similarly, a Danish study on 'harm reduction policing' found that neighbourhood-based police officers working with service users of drug consumption rooms were able to witness first-hand the violence and victimisation that this group of people experienced, appreciating that they were also citizens who needed to be protected from crime (Kammersgaard, 2019). Thus, the use of empathy in educational approaches is counterhegemonic, as it contests a prohibitionist stance that frames PWUD as the default moral perpetrators. Educational approaches that enlighten learners of the complexity of social conditions in which other groups live their lives, can transform individual feelings of empathy into 'social empathy', helping to deconstruct ideologies that perpetuate scapegoating, promoting social justice activism (Segal, 2011).

However, Rory suggested that even in contexts where the benefits of harm reduction approaches are well-known, there is a culture of silence regarding these within institutional health and social care organisations:

RORY: *There are a lot of people who understand that this (abstentionism) is wrong… I don't know why Public Health England is not saying anything… I know that private conversations are going on where people fully agree and support that we got it wrong. But publicly, the organisation cannot come out and say that.*

Stevens and Measham (2014) propose that when evidence-based approaches conflict with 'totemic toughness', measures are taken to silence inconvenient truths. In the UK, evidence-based recommendations are absorbed into the decision-making process rather than overtly ignored, but then sidestepped in favour of action driven by other political motives. Hargreaves (2022) notes that the *Misuse of Drugs Act 1971* states one of the duties of the AMCD is to: 'advise Government on measures which ought to be taken for educating the public and in particular the young in the dangers of misusing such drugs' (p. 225), the only mention of education in the Act. Elsewhere in the world, a war on drugs includes an overt war on educational attempts to critique this system and as Waisbord (2020) highlights, in Brazil there have been attempts to silence Paulo Freire's ideas by the Bolsonaro administration, who are advocates of highly punitive social policy and right-wing conservative approaches to

education. Then-President Jair Bolsonaro stated that 'he would use a flame thrower to remove Paulo Freire from the Ministry of Education' (p. 442). Perhaps a similar tactic might have been effective in removing almost 40kg of cocaine from his own G20 plane entourage in 2019 (Mount and Shipani, 2019). These actions demonstrate attempts to purge critical thinking from education systems and suppress philosophies of learning that seek to empower the oppressed (Knijnik, 2021). Freire's (1970) concept of problem posing education threatens the drug-free world ideology, as it enables the 'exploration of options that cannot be fathomed through an oppressive system of prohibition, whose existence depends on dehumanising those it oppresses. A new system is needed' (Gomes, 2022, p. 3).

### 6.4. A 'critical hope' for harm reduction activism

Participants engaged in narratives of critical hope regarding the ongoing resistance that harm reduction activists face in opposing the drug-free world ideology. Freire (1992) argues that hope is a crucial component of resisting oppression, as pessimism is a tool that is used to depoliticise citizens and deter agency: 'hopelessness paralyzes us, immobilizes us. We succumb to fatalism, and then it becomes impossible to muster the strength we absolutely need for a fierce struggle that will re-create the world' (p. 16). Hope is critical when it is transformative and 'reflects the ability to realistically assess one's environment through a lens of equity and justice while also envisioning the possibility of a better future' (Bishundat, Phillip and Gore, 2018, p. 91). Participants expressed narratives of critical hope by emphasising the importance of 'not giving up'. For example, Colin suggested that harm reduction activists should maintain dialogue with influential figures, such as politicians and try to identify common priorities:

COLIN: *We have to appeal to their (politicians') priorities and ultimately, persistence is the key… we can't give up.*

Alfie described harm reduction activism as a fight that needs to be pushed to the forefront of the political agenda:

ALFIE: *It (harm reduction activism) is a fight.*

AP: *Yeah… I haven't been a harm reduction worker for over a decade now, but I cannot let this go.*

ALFIE: *Don't let it go! Our Parliamentary team are on it as well… so really don't let it go because it needs to come to the forefront, it really does, because it's just been pushed out of the agenda.*

Duff (2010) suggests that: 'Hope, in a very significant sense, is a powerful resource for health promotion and harm reduction' (p. 341) and can be conceived as a feeling and a belief in a better future, with a wider array of possibilities and opportunities. Post-pandemic, some harm reduction activists are hopeful that this global public health crisis has acted as a disruption that can pave the way for a resurgence of harm reduction activity, such as outreach services and naloxone provision (Holloway *et al.,* 2022). Commissioner Matthew observed that as the pandemic made it impossible for workers to comply with existing policies, prohibitionist narratives were forced back to harm reduction:

MATTHEW: *Ironically with COVID, the first thing services had to do was go back to harm reduction (laughs)… You can see the change in attitudes towards harm reduction and keeping people on a script, keeping people alive.*

The COVID-19 global pandemic has been described as a 'truth event' that offers the possibility of a new world (Meylahn, 2020). Meylahn (2020) argues that this event has challenged the dominant ideology of neoliberalism by demonstrating 'a crisis of truth', where so many facets of society that are assumed to be the norm, have been exposed as failing systems in the face of this public health emergency. This particularly pertains to health and social care infrastructure, as the prioritisation of corporate profits over public health, the privatisation of healthcare, and inadequate workers' right in many sectors, led to a diminished role for governments to effectively contain the virus and protect the health of elderly and vulnerable populations (Cherkaoui, 2020). This failure of the dominant ideological system to manage the pandemic, has enabled harm reduction workers to seize new opportunities to resist stringent abstinence-based ideologies that disadvantage marginalised populations through virtual and remote services during social restrictions (Perri *et al.,* 2022). While harm reduction measures

to tackle the health crisis were accepted by governments in the interests of providing medical supplies to prevent the spread of disease, for activists on the front line of service delivery, harm reduction was a broader political intervention to improve the life chances and reduce the stigma of PWUD (Ricci, 2021).

To operationalise narratives of hope, Tilly (1991) emphasises that there needs to be hopeful leaders for others to follow: 'we follow those pioneers who find an open path across the traffic… meanwhile we pedestrians dream, improvise, weave, stumble, curse, above all, hope' (p. 600). Similarly, Freire (1970, p. 78) argues that: 'the oppressed, who, by identifying with charismatic leaders, come to feel that they themselves are active and effective'. These claims were reflected in Measham, Moore and Welch's (2013) research into local stakeholder perspectives in Lancashire, UK, concerning drug policy changes within the UK Government's recovery agenda, which found that charismatic leadership is a key driver of innovation and change. This study defined charismatic leaders as: 'visionary character(s) with the ability to inspire others, and the energy, insight and enthusiasm to generate and carry forward ideas' (p. 45). This draws on a Weberian understanding of charisma, where a charismatic leader has the power to enact an ongoing impact on institutional structures, either to display dominance, or resist them (Weber, 1968).

Peer lead in New Zealand, Olly, demonstrated his charismatic leadership skills challenging a situation where the regional trusts wanted to introduce drug testing for all staff in the trust locality. This would be problematic for those working in the needle and syringe programmes, as those services were run by peers, many of whom were still openly injecting drugs on a regular basis. Olly did not want to see this happening, so he publicly and consistently provided oppositional challenge to the decision makers by constructing reasoned, evidence-based arguments:

OLLY: *Recently one of the board chairs decided that it would be a good idea to introduce drug testing for all staff in his trust and I heard about this - and obviously I got quite upset about it because that's not really compatible with a peer-based organisation where we employ drug users, it's just a silly idea… I guess I happened to be in the right place to influence the right person so that our funder got involved and made it pretty clear that that wasn't going to happen.*

AP: *I'm glad you managed to persuade them - what sort of tactics did you use?*

OLLY: *I mostly just focused on the incompatibility of drug testing in an organisation that calls itself peer-based, peer led, and that employs people use drugs. I mean you can't have the two, and ultimately that viewpoint won over.*

The importance of being 'in the right place' as Olly states, suggests that charismatic leadership is not purely a personality characteristic, but is also a product of a social context that arises symbolically as a form of resistance within political spheres where the dominant values are centred (Shils, 1965; Geertz, 1983). Through demonstrating this symbolic power, charismatic leaders can inspire others around them to become supportive followers (Magalhães, 2022). Other participants spoke about the impact of charismatic leaders known to them locally, harm reduction influencers who inspired others to action and to stand out from the crowd. For example, Pharmacy Assistant, Kathy, explained that she followed the example of a harm reduction manager from the local drug treatment service in contesting the stigma that clients on methadone scripts faced:

KATHY: *The pharmacy assistants had no education about it whatsoever, so they just didn't understand the clients. It was only because I knew (the local drug worker) and he would come to the exchange every now again to deliver leaflets and stuff and because it was always me that did the exchanges and I am the way I am, that I got chatting to everyone, that's the only reason. It was a strange atmosphere. I think it must have been quite horrible to have to come there.*

Here, Kathy demonstrates that following the example of a local harm reduction influencer came from a place of compassion and a desire to 'do things better'. Similarly, Pharmacy Lead Liz chose to give a service user a chance in collecting his methadone from her pharmacy, as he had been rejected from everywhere else:

LIZ: *I took on a service user who had been barred from everywhere else. I had a respectful and frank chat with him and said I wanted to help him and put his health needs first, but if he repeated the behaviour (stealing, trouble) in the pharmacy then the company wouldn't allow me to treat him anymore. I worked to build a relationship with him and there was never a problem – but security still followed him everywhere, which must have been horrible for him.*

Within their roles, both Kathy and Liz enact acts of compassion when they are confronted with the unfair treatment of service users, a phenomenon that Cho and Kim (2022) describe as compassionate anger. Over time, this can be mobilised into political action that seeks to dismantle the structural oppression of those who are suffering. Freire (1970) argues that as oppressors 'trample the people underfoot' (p.133), leaders for change must do the opposite and aim to flourish in communion with oppressed people.

Rory demands 'a call to arms' among those who work in the drug use field, communities, and governments, a rallying cry that attempts to produce collective hope for the future of harm reduction activism:

RORY: *Somebody asked me to write an article for a small organisation… it got circulated and described as a call to arms, but it wasn't meant to be that. But it was very heartfelt.*

This call to arms recognises that collective hope is more powerful than individual hope. As Freire (1992) states: 'my hope is necessary, but it is not enough. Alone, it does not win. But without it, my struggle will be weak and wobbly. We need critical hope the way a fish needs unpolluted water' (Freire, 1992, p. 16). Despite a political climate that continues to favour prohibitionist approaches that reinforce unjust systems of global oppression (Miron and Partin, 2021), oppositional challenge in the form of harm reduction activism persists: 'In the absence of any political will to address this, our only hope is that the field can become activists once more and bring about the change we need. We did it before; we can do it again' (Wilson, 2019, p. 7).

## 6.5. Conclusion

Participants enacted oppositional challenge to the drug-free world ideology by engaging in harm reduction activism. These practices were shown to develop a harm reduction counter-ideology with the following oppositional characteristics: empathy and caring, reducing the stigma of drug use, valuing PWUD and reducing their discrimination, inclusion of PWUD and other marginalised groups such as BIPOC in decision-making and interventions, eliciting diverse voices, and promoting critical engagement with the evidence base. This counter-ideology was mobilised through cooperation, convergence, disobedience, and display tactics. Cooperation activities contributed to the development of a harm reduction counter-ideology by countering the stigma and marginalisation of PWUD through their inclusion in decision-making and peer-led approaches, and re-humanising them through narratives of care. Conferences, online and physical forums, and community events provided convergence spaces which were utilised by BIPOC to develop an oppositional voice that is inclusive of their expressed needs. Participants demonstrated a willingness for civil disobedience in instances where they had tried all other conceivable means of implementing policies and practices that addressed the systematic oppression of PWUD. Acts of disobedience included direct law-breaking, flouting occupational regulations, and finding loopholes in instances where the policies did not support a harm reduction narrative. Participants made attempts to display pertinent drug policy issues to the public and worked to reduce stigma by communicating the needs of marginalised groups within the public sphere. However, it was argued that the liberatory potential of mobilisation practices was limited by a lack of endorsement of harm reduction policies at the more powerful end of the political hierarchy.

Participants demonstrated a strong commitment to developing a harm reduction counter-ideology by building the evidence base for harm reduction, and utilising narratives of scientific methodology and rigour that contest a moralising prohibitionist ideology. In addition to being able to promote the health of PWUD in the shorter-term absence of adequate drug policies that meets their health needs, the ongoing monitoring and evaluation of harm reduction work – both legitimate and illegal – enabled activists to provide 'proof of concept' of their effectiveness. These activities were enacted despite a culture of silence in mainstream services regarding a critical appraisal of the evidence base. Cultural artefacts, or 'things', such as NSP equipment and documentation, were found to have agentic power that could be

harnessed to enable a larger symbolic system of resistance. Some examples of these artefacts were provided to me as the researcher in the form of 'online pocket ethnography'. Thus, participants' accounts of harm reduction activism were found to support a posthumanist perspective that considers the interactions of power between people, objects, and spatiality.

Harm reduction activists were perceived to be engaging in a pedagogy of critical hope to develop methods of resistance and community engagement that aimed to 'problem-pose' drug-related issues to professional and public groups. Educational attempts included emotional as well as cognitive appeals, and these sought to provide demonstrable value to the lived experience of drug use. While participants expressed concerns regarding the lack of a culture of activism in the harm reduction field, narratives of critical hope for the future of harm reduction activism were voiced, which acknowledge the importance of collective over individual resistance to oppose the lack of political will for drug policy transformation.

## Chapter 7: Conclusions

### 7.1. Introduction

The thesis was an online ethnography that examined how harm reduction activists negotiate the tension between harm reduction practice and operating in an institutional environment underpinned by a 'drug-free world ideology'. As an ex-harm reduction practitioner and a member of the online *Harm Reduction Activists' Forum* from which participants were recruited, I was a partial insider, and this online ethnography drew strongly on reflexivity, my personal experiences, positionality, and emotions throughout the research process. My positionality was made explicit in the data analysis, using Charmaz's (2008; 2014) constructivist grounded theory to construct four themes from the data: spatiality, compliance, everyday resistance, and activism. The thesis generates grounded theory by attributing meaning to symbolic action; Diaz (1985) argues that this 'translation' is at the core of ethnographic study.

To summarise, the grounded theory generated through interactions between the participants and I included 'online pocket ethnography', where participants shared electronic artefacts such as reports, articles, emails, and URL links with me as the researcher. It was found that participants engaged in 'space wars', conflicts over the use of space as a physical resource, and witnessed 'junkie jogging', a term that describes a phenomenon whereby the police chase large groups of PWUD in public, urban spaces. To create spaces for needle and syringe programme (NS) provision where resources were scarce or non-existent, participants demonstrated resistance by developing 'DIY needle exchanges' and using 'the boot of the car'. Participants with lived experience of drug use were found to have complied with a 'poster boy' role, an aspirational role model for abstinence that was promoted by some drug treatment services. It was found that service users' false compliance tactics involved 'secret stockpiling', a form of drug diversion that secured a secret stash of prescribed drugs for personal use, and the use of 'liquid gold', an alternative source of urine, to ensure 'clean' drug tests. Participants demonstrated everyday resistance (Scott, 1985) by drawing on 'humour capital', making jokes and engaging in mocking or humorous gossip to bond with others, express dissent, and cope with the demands of an emotionally difficult job. 'Professional desertion' or leaving the job role was observed as a means of withdrawing compliance

entirely. In instances where participants were motivated to enact harm reduction interventions that were not sanctioned, or were even illegal, the tactic of 'doing it anyway' and risking the consequences was found to be adopted.

Based on the data, three main findings are presented here:

(1) The findings suggest that participants' ideological compliance and resistance were 'heterogeneous'; they did not present as a unified group in terms of the tactics adopted to contest ideological oppression.

(2) Participants engaged in 'hybrid activism' (Lee, 2022) that combined online methods of resistance with activities in physical spaces.

(3) It is proposed that harm reduction activism can be explained by a posthumanism approach (Dennis, 2017; Vitellone, 2017), where agency is produced through interactions between people, spaces, things, and time 'beyond 'rational' and 'human' control' (Dennis, 2017, p. 53).

This concluding chapter discusses these three conclusions that are theorised and constructed from the data, as well as the methodological contributions of the online ethnographic inquiry, and recommendations for future research.

## 7.2. Findings: the data

### *7.2.1. Heterogeneity in compliance and resistance: 'one size doesn't fit all'*

The first finding of the thesis was that participants enacted and observed in others heterogeneous responses to the ideology-practice tension in terms of their compliance and resistance. This challenges ethnographic research that assumes homogeneity in subordinate groups in terms of their characteristics and their intentions (Ortner, 1995). This PhD thesis contributes to studies of resistance by illustrating some of the processes through which compliance and resistance occur within an ideological structure of oppression. To understand processes of compliance, Althusser's (1971) idea of interpellation was used. The thesis

contributes to the literature by enabling an examination of 'the workings of ideology in semiotic systems, social relations and everyday practices' (Monahan, 2018, p. 562). However, Althusser's (1971) theory of ideology is critiqued for regarding society as a homogenous totality, limiting the scope for individual agency (Parker, 1985), therefore, my finding that responses were heterogeneous contributes to studies that allow for greater agency. For example, Katz (1976) argues that structuralist systems have 'pockets of autonomy' (p. 195) that enable limited agency, for example, health professionals possess some freedom to make decisions within institutional healthcare systems of control. This thesis examines these 'pockets' to better understand processes of resistance and compliance within Althusser's (1971) notion of an 'ideological state apparatus' (ISA), applied to community drug treatment systems.

Participants asserted that the 'new breed' of workers, or 'cheerful robots' (Mills, 1959) seemed unaware of the conditions of their oppression, appearing to follow the rules unquestioningly, and reproducing the drug-free world ideology through their actions and speech. Studies of resistance have historically portrayed acts of resistance as either pathologized, distanced, or exotic, representing those who display resistance as 'the other' (Theodossopoulos, 2014; Fairhead, 2016). Conversely, this thesis examined resistance from the perspective of activists, where participants viewed those who were compliant as 'other' and were incredulous that the new breed couldn't perceive the ideological façade. Nevertheless, participants were sometimes compliant with orders that they did not agree with, such as 'gatekeeping' and financial bureaucracy, but they chose to follow orders to avoid structural violence in the form of punishment from their employer. This indicates multiple and nuanced explanations for compliance that depart from a central theme of 'false consciousness' within resistance studies as purported by Althusser (1971) and Freire (1970). For example, Kaplan (2012) argues that an Althusserian perspective on domination relies on ideological misrecognition and the key objective for social justice is to expose this, as well as reveal how much domination relies on obfuscation. However, this binary understanding of resistance, where individuals either resist or comply, does not account for more diffuse understandings of power and resistance: 'The multiplicity of power, the many ways that practices position people, the various modes 'playing across one another' produce gaps and contradictions' (Li, 2007, pp. 25-26). This can explain inconsistent approaches to challenging

power as was shown by my participants, who complied some of the time despite having a critical understanding of their own domination.

False consciousness did not appear to be the explanation for participants' compliance. Hence, Scott's (1985; 1990) work on everyday resistance provided a useful basis for interpreting compliance in harm reduction activists and this study provides a novel example of its application to this group. Scott's (1985) perspective accounts for subordinates' awareness of their domination; instead, he asserts that subordinates lack the resources to overtly resist or change their situation. For example, in this study, the rationale for 'false compliance' with treatment processes enacted by participants with lived experience of being a service user, such as falsifying urine testing ('liquid gold') and 'secret stockpiling', occurred due to the power imbalance between service users and the service, and a lack of trust in both individual key workers and the service. While Scott's ideas enable explanations for greater agency than structural, totalising perspectives, Tilly (1991) argues that Scott assumes a homogeneity of mindset and resistance behaviours among subordinates: 'in any particular setting experience endowed the "weak" with a shared mentality; neither of them made the creation, maintenance, or transformation of the mentality central or deeply problematic' (p. 596). Under this perspective, one explanation for the cheerful robots' compliance is that they were secretly aware of the conditions of their own oppression but did not share this information with other subordinates. This suggests heterogeneity of 'backstage regions' (Goffman, 1959) within subordinate groups, rather than a binary distinction between subordinates and elites.

One important finding relating to heterogeneity of responses to oppression concerns pharmacy professionals. Participants reported that pharmacists endorsed the drug-free world ideology and rejected opportunities for harm reduction activism. However, there were also examples of activism being mobilised through effective collaboration between harm reduction activists and pharmacists. Participants with experience working in pharmacy settings provided valuable insights into the everyday challenges pharmacists face in trying to run their businesses in a climate of political austerity (Todd *et al*., 2018), with lack of time and funding for professional education (Lukey, Gray and Morris, 2020). Like some of my participants, while I personally experienced considerable frustration in my practice experience, critically reflecting on pharmacists' perspectives has been a key learning point for

me throughout the thesis journey. Improving collaboration and communication between community pharmacists and other health teams increases the effectiveness of care provided to PWUD (Lukey, Gray and Morris, 2020), and are key to developing resistance: '*humility* about one's knowledge over others' (Gomes, 2022, p. 2). There were some examples of pharmacy-led activism within the data and therefore the diversity of responses to working in an oppressive environment within this profession can be used as an opportunity for knowledge exchange and harm reduction activism, particularly considering studies that suggest pharmacy professionals' knowledge and skills are under-utilised (Mak *et al*., 2012; McVeigh, 2017). This development of 'horizontal' relationships between different professional groups, where listening and sharing are foundational, can serve to counter traditional hierarchies of power (Freire, 1974), in this case within medical and health professional spheres.

A further dimension of compliance constructed from the data was that practitioners with lived experience perceived a requirement to comply with the public performance of abstinence, particularly those who were the service role models or 'poster boys'. However, they disclosed that in private, they relapsed. One key dynamic relating to relapse was coping with the psychological stress of publicly maintaining a reformed addict identity. This contributes to the under-explored knowledge area concerning the process of relapse within practitioners with lived experience whose identity occupies a liminal space (Gupta *et al.,* 2023). This thesis draws on the literature that examines the 'spoiled identity' of PWUD with reference to Erving Goffman's (1963) work on stigma and identity. The findings offer a rare application of Erving Goffman's (1959) work on 'presentations of the self' and backstage region behaviour to harm reduction activists working within community drug treatment service settings. Additionally, the finding that participants with lived experience of drug use found the public performance of abstinence posed a threat and exacerbated their relapse, contrasts mainstream views that visible recovery role models serve as crucial, supportive public figures for enabling identity change in PWUD (Best, Bird and Hunton, 2015). This highlights the importance of harnessing heterogeneous narratives from practitioners with lived experience, peers, and service users, to contribute to the design and delivery of services that meet diverse needs.

A further aspect of heterogeneity within participants' resistance concerns temporality. Tilly (1991) recommends that studies of compliance should consider how continuously and consistently compliance occurs. This thesis contributes to knowledge by showing that participants' resistance and compliance was inconsistent over time and was embedded within complex contexts. One example of this was 'moral distress' (Jameton, 1993; 2013), a process that occurred over time and sometimes culminated in a final act of resistance: 'professional desertion'. Professional desertion proceeding from moral distress and moral injury has mostly been explored within the nursing literature (Hardingham, 2004; Bennet and Chamberlin, 2013), although researchers note that these processes have been identified within most health professional groups (Epstein and Delgado, 2010; Whitehead *et al*., 2015). The concepts of professional desertion and moral distress have not been well-researched with reference to drug treatment practice, so this research contributes to existing literature in the health professions by illustrating this process in drugs workers. The findings of this thesis that professional desertion was a form of resistance in those who were harm reduction activists brings together health professions literature examining workforce experiences over time with sociological studies of resistance (Collyer, 2007; McCann *et al*., 2015).

Participants' activism demonstrated heterogeneity at varying levels of influence, contributing to literature suggesting that activism occurs at individual, collective and institutional levels (Jones and Reddick, 2017). Harm reduction policy was mobilised through several tactics: cooperation, convergence, disobedience, and display (Baker, McCann and Temenos, 2020), enabling the achievement of harm reduction goals for individual service users, broader service delivery, and to tackle policy at national levels. However, for Freire (1974), praxis (change) can only occur successfully when there is ideological commitment to social change, such as the rejection of elite systems. According to this perspective, fragmented harm reduction activities that are justified in terms of cost-cutting and rationalisation are unlikely to result in broader gains unless they are counter-ideological. Nevertheless, contemporary studies of activism are concerned with analysing expressions of diversity within resistance (Neumayer and Svensson, 2016). This thesis contributes to a need for further research that explores the diverse ways in which harm reduction activists contribute to enacting change within differing contexts (Wieloch, 2002; Jauffret-Roustide *et al.,* 2022).

### *7.2.2. Hybrid activism: A 'world wide web of physical and online resistance'*

The second finding of the thesis was that resistance activities that occurred in physical spaces were 'superimposed' and 'interpenetrated' (Lefebvre, 1991) with online spaces. These findings can be explained by Lee's (2022) concept of 'hybrid activism', where digital tools are used for social networking, sharing information and narratives, and mobilising allyship and resources, in combination with traditional forms of resistance that occur in the physical world. The thesis contributes to knowledge by applying the concept of hybrid activism to the harm reduction field, accounting for Johansson and Vinthagen's (2016) assertion that studies of everyday resistance should examine the acts themselves, but also consider how these are situated spatially and temporally. The findings build on Baker, McCann and Temenos' (2020) framework of harm reduction mobilisation that occurs through cooperation, convergence, disobedience, and display by considering the role of online activism within these strategies.

Hybrid activism combines traditional collective action with 'connective action': 'individualized and technologically organized sets of processes that result in action without the requirement of collective identity framing or the levels of organizational resources required to respond effectively to opportunities' (Bennett and Segerberg, 2012, p.750). The thesis contributes to a need for further analyses of how diverse populations can be engaged through connective action. Participants initiated online BAME forums to engage marginalised ethnic groups, used and produced online social spaces to engage PWUD during the pandemic, and established online means of distributing NSP supplies. These spaces enhanced face-to-face collective action by providing readily-available supplies for secondary needle exchange, 'DIY needle exchanges' that occurred 'out the boot of the car', organising and promoting outreach activities, and using social networking to understand and respond to local need. Showden *et al.* (2023) argue that the 'interacting affordances' of physical and online spaces can enhance agency by enabling activists to develop a collective activist identity, while increasing a users' sense of personalised contributions based on their own lived experience and emotional engagement with the political issues. As participants commented, the incorporation of online spaces within harm reduction activism holds potential for the future of community drug treatment provision in a post-COVID-19 world.

It was found that online spaces provide a means for harm reduction activists to engage with typically marginalised groups of PWUD (Tighe *et al*., 2017; Hamilton, 2019). These activities have enabled those on the political margins to gain involvement in political action by displaying and sharing images of 'artifacts of political engagement' (Clark, 2016, p. 236), such as photographs, memes, quotes, and videos. Similarly, participants used online communication with me to share examples of their 'online pocket ethnography' artefacts, enacting resistance within the research context. Participants provided self-help materials, information sharing, and online interventions to those who were not able to access services, particularly during the pandemic. The thesis provided an example of an organisation's experience implementing an online NSP service during the COVID-19 pandemic. This contributes to studies that suggest online spaces can offer people with stigmatised conditions and behaviours, such as injecting drug use, opportunities to access healthcare services discretely (Hayes *et al.*, 2021). The research findings suggest that this combination of online and physical spaces, utilising the existing resource of the mail network, offers potential to 'fill in the gaps' in harm reduction provision where funding for physically sited services for PWUD is absent. Additionally, the use of online spaces offers potential in overcoming geographical barriers such as 'geographies of constrained policy mobility' (Longhurst and McCann, 2016, p. 109), where harm reduction policies are resisted in some jurisdictions.

While some researchers criticise the value of online activism as inauthentic 'feel-good' mechanisms, or 'slacktivism' (Morozov, 2009), Skoric (2012) argues that it conveys significant advantages: rapid mobilisation, increasing awareness across global audiences, poses few barriers to engagement, and can lead to users' participation in future activism. Within the harm reduction field, online spaces provide sites of contestation to traditional hierarchies of scientific and medical authority as forum users co-create emergent knowledge by sharing lived experiences about their drug use (Hardon and Hymans, 2016). The findings showed that where practitioners were unable to find evidence-based answers within services or trust claims made by management, they accessed alternative perspectives through forums and other online spaces. This supports evidence that data generated in online spaces offers future potential for developing new policy insights and gaining a better understanding of harm reduction practices and cultures of PWUD (Enghoff and Aldridge, 2019).

The implications of this research for the harm reduction field suggest that hybrid activism produces agentic possibilities for countering 'appropriated spaces': 'the appropriation of politically dominated space poses an enormous political problem… power aspires to control space in its entirety' (Lefebvre, 1991, pp. 387-388). Participants experienced 'space wars' with other professionals, as the drug-free world ideology expressed spatial dominance by removing or modifying spaces that were a resource for harm reduction activity. At its most extreme, space wars culminated in 'junkie jogging', where agents within the repressive state apparatus (RSA) (Althusser, 1971), in this case police officers, enacted state-sanctioned violence on citizens. However, online spaces led by PWUD and harm reduction activists such as Reddit communities, the *Harm Reduction Activists' Forum*, and participants' personally-produced online spaces, could be used to share information and mobilise networks that informed physical activism. While increased use of technology embedded within fabric of urban life potentially increases citizens' surveillance and domination, this thesis contributes to studies that show how ordinary citizens can use online spaces as sites of resistance that offer counter-narratives, expose human rights violations, and enact 'electronic civil disobedience' (Geuder and Alcântara, 2019, p. 122).

### *7.2.3. People, spaces, things, and time: a posthumanistic harm reduction*

The third finding of the thesis indicated that agency within harm reduction activism is produced through interactions between people, spaces, things, and time. This can be explained by a posthumanism approach that uses interdisciplinary perspectives to critique 'the humanist ideal of 'Man' as the universal representation of the human' (Braidotti and Hlavajova, 2018, p. 1). Instead, an individual is conceptualised as: 'primarily a nexus of contingent and dynamic relations, embedded and extended through a sociomaterial environment' (Brookfield *et al*., 2023, p. 2). This idea draws on Deleuze and Guattari's (1987) notion of 'assemblages', which DeLanda (2016) summarises as: 'a multiplicity which is made up of many heterogeneous terms and which establishes liaisons, relations between them, across ages, sexes and reigns – different natures… it is a symbiosis' (p. 1). Accordingly, human agency is produced through human interaction with the social environment and the non-human things in it (Fairchild, 2019). While this theory is far-reaching into many disciplines, within the field of critical drug studies, posthumanism offers insight into 'relational

ontologies' (Duff, 2018, p. 60), rejecting the notion that we can analyse agency within drug use by examining ontologically discrete humans and objects. For example, Dennis' (2017) notion of a 'posthuman harm reduction' that displaces 'anthropocentrism', the centrality of the human actor, and considers how an individual's relationships to other people, space, things, and time can contribute to improvements in how harm reduction manages contingency and care. This thesis contributes to this emerging body of literature by suggesting that there is potential for this posthuman conceptualisation to be extended to harm reduction activism.

The research considered a 'dialogic approach' (Ahearn, 2001, p. 128) to human agency, conceiving it as a product of the relationships between people and rejecting an over-reliance on positivist rationalism that centres on individualised, rational, cognitive decision-making. For example, 'humour capital' generated within groups of people was found to produce agency in terms of coping and social bonding. Discussing participants' intentions for resistance and compliance in depth, highlighted a gulf between the intended consequences and actual consequences of speech and actions. For example, participant Rory asked a question in a meeting that was intended to be a request for information, but this turned into a 'disruption' (Goffman, 1959, p. 205). Participants discussed examples of small acts of resistance that created a 'ripple effect' and resulted in change at more structural levels. Developing insight into this gulf between intended and actual consequences was made possible by examining agency as a product of an individual's actions related to other people over time.

A posthuman approach has implications for the role of charismatic leadership that was explored in the thesis. Participants described their own leadership journeys related to the resources that they needed for successful harm reduction outcomes, which included influential others, physical and online spaces, and things such as IT equipment and mobile phones, evidence in the form of documents, vehicles, money, and NSP equipment. This perspective contrasts traditional theories of leadership that focuses on the biography of 'the great man' in inspiring a following and changing the lives of millions through their personal actions (Bennis, 2007). Furthermore, a posthuman approach challenges discourses that site agency on to a single, individual subject: 'we must reject any dream of discovering a 'pure'

location from which to construct the 'ideal' subject of harm reduction. There is no such place' (Moore and Fraser, 2006, p. 3045). Focusing on the agency of 'great men' in healthcare leadership ignores how successful practices are relational and contextual, denying the agency of 'followers' (Schmidt and Linenberger, 2020). For example, the new development of Scotland's approval of an overdose prevention service in September 2023 centres on Peter Krykant's activism running this service on an unsanctioned basis out of a minibus in Glasgow (McCann, 2020; Soussi, 2023). A posthumanistic analysis of this harm reduction success could consider how Krykant's leadership agency was produced within the context of other resources such as urban spaces, trained volunteers who assist in the running of the van, the Scottish Lord Advocate Dorothy Bain KC's decision that prosecuting drug users 'is not in the public interest' (BBC News, 2023, para. 1), and Gill Shorter's ongoing evaluations of proof of concept (Shorter *et al*., 2022). Such a perspective can help to inform future harm reduction activism.

Within the data, there was a silence concerning the role of women leaders in harm reduction; charismatic leaders whose names were dropped as sources of inspiration were almost always men. One female participant, Sue, premised her own leadership success with 'I don't mean to blow my own trumpet', and Kathy partly attributed hers to knowing a local (male) leader; both women denying their own personal successes. Butler (2006) argues that male power is constructed by binary gender relations: 'The radical dependency of the masculine subject on the female "Other" suddenly exposes his autonomy as illusory' (p. xxviii). A posthuman approach to understanding leadership scrutinises the notion of 'human' as 'colonized by hegemonic masculine discourses' (Adam, Juergensen and Mallette, 2021, p. 6) and can contribute to discourses that critique the human agent on the basis of gender, as well as race, class, and age.

Participants produced agency by mobilising harm reduction activism into a hybridised, intersected web of intersection of online and offline spaces, a perspective that departs from a Cartesian, dualistic binary (Geuder and Alcântara, 2019). Gray (2001) argues that technology enables people to exist simultaneously in cyberspace and physical spaces: 'the living system we are part of is clearly both organic and machinic – and it is evolving… politics will determine what values we build into posthumanity' (p. 11). As a posthuman approach considers the

production of agency as relational, this questions the nature of agency produced between humans and non-human technology and artificial intelligence (Leander and Burriss, 2020), in this case, the technology that harm reduction activists interact with. This somewhat separates human agency from intention, as illustrated in participant Jackson's example where the police intended to text those whose phone numbers appeared in a dealer's mobile phone list to provide a drug service's contact details and inadvertently caused chaos, as the texts were interpreted in diverse ways. The thesis contributes to literature that champions the innovative use of technology in harm reduction activism (Krawczyk *et al.*, 2021). It also provides examples of how restrictions on space imposed by the COVID-19 pandemic necessitated a drive for drug treatment services to reconsider the relationship between individuals and spaces. The data suggests that because homeless PWUD couldn't simply 'stay at home', activism was driven into residential communities and online spaces (Pienaar *et al*., 2021).

The relationship between spaces and things in the harm reduction literature is an under-researched area, but one of importance as 'enabling resources' such as equipment and financial resources play an important role in producing 'enabling places' that reduce drug-related harm (Duff, 2010). In the context of harm reduction activism, this research considers the agentic force produced when participants created and interacted with things, or 'vibrant matter' (Bennett, 2010). This included electronic things such as evidence documents, communications, reports, and e-learning tools that could be disseminated through online spaces. Vehicles provided spatial reference points for harm reduction activism; where these were not formally provided, participants created and adapted their own spaces: 'the boot of the car'. Additionally, participants created agentic spaces by finding community spaces and creating a way to commission their transformation into spaces that facilitated harm reduction. This contributes to the relative paucity of harm reduction literature that considers the sociology of things; for example, Vitellone (2017) considers the syringe as 'an object of social policy and social inquiry' (p. 1), noting that the emergence of HIV and AIDS during the 1980s shifted the conceptualisation of the syringe from an object of needle fixation to one of risk management. Studies that emphasise agency within materiality provide an important departure from the drug-free world ideology, as they contest traditional assumptions that

agency is sited within the malignant drug itself, or the irresponsible drug user (Fraser, valentine and Ekendahl, 2018).

Finally, it is argued that posthuman studies of critical drug research should examine temporal aspects of processes of power, as studies have tended to focus on more immediate encounters of drug use (Dilkes-Frayne and Duff, 2017). Temporality is a key consideration in studies of resistance; as Freire (1974) states: 'men are not imprisoned within a permanent "today"; they emerge, and become temporalized' (p. 4). By examining the process of professional desertion through Jameton's (1993; 2013) idea of moral distress, it appeared that participants' resistance and compliance tactics were in a permanent state of evolution as they responded to their dynamic environment. However, it seemed that eventually, oppression caused participants to 'snap', a feature of resistance that Tilly (1991) terms 'the switch': 'the maturing of consciousness cannot be the switch that turns on rebellion… the chief switch between compliance and rebellion lies in the visible vulnerability of the dominant party' (pp. 598-599). The PhD findings suggest that participants who possessed a critical consciousness, but lacked the social, spatial, material, and temporal resources to resist oppression, enacted unwilling or false compliance. Ultimately, for activism, or 'doing it anyway' to occur, individuals needed to possess a critical understanding of their own domination, plus the enabling people, space, things, and time resources to enact harm reduction, and the critical hope to foresee successful outcomes.

## 7.3. Findings: methodology

This section discusses the value and contribution of the methodological aspects of this thesis, including the online ethnographic methods and the constructivist grounded theory methodology (Charmaz, 2008; 2014).

### *7.3.1. Online ethnography and studies of resistance*

Ortner (1995) argues that studies of resistance have been limited by an 'ethnographic refusal' (p. 173) where insights into the resistance of subaltern groups is 'thin', lacking the 'thick description' that Geertz (1973) asserts is central to ethnographic inquiry. Furthermore, Ortner (1995) proposes that researching resistance through ethnography enables an understanding

that acts of resistance do not fit neatly into a 'fixed box' (p. 175) and ethnographic work should 'reveal the ambivalences and ambiguities of resistance itself' (p. 190). Therefore, this online ethnography challenges the notion that resistance and domination exist as an either/or binary featuring a homogenous subaltern (Theodossopoulos, 2014). Pursuing ethnographic research has enabled deep insights into how and why participants' resistance and compliance were heterogeneous between actors and over time. One methodological problem in studies of resistance concerns actors' intentions, which are difficult to ascertain as acts of resistance are not necessarily intended with political consciousness (Baaz *et al.,* 2017). For example, 'false compliance', can be viewed as both an act of compliance and an act of resistance, depending on whether the focus is on the intentions of the agent, or the action itself. Throughout the thesis, I have aimed to provide rich descriptions of the heterogeneity of participants' accounts of resistance and compliance, contributing empirical examples to the harm reduction activism literature.

Ethnographic studies where the researcher is positioned as a partial insider contribute to knowledge by eliciting authentic, intimate voices from participants (Paechter, 2013). In my researcher role, I possessed no structural or institutional power over participants for disclosures about rule breaking or covert drug use. Therefore, participants could explain their intentions behind acts of resistance that they could not have expressed within employment or treatment contexts, enabling access to 'hidden ethnographies' (Blackman, 2007); in the words of one participant, the research enabled participants to say: 'things that I had wanted to say for a long time'. Ethnographic work plays an important role in the future of critical drugs studies research, as its study of underground cultures can provide an 'early detection mechanism' (Carlson *et al.,* 2009, p. 60) for identifying new types of drug use. This thesis tells stories from the point of view of PWUD, which can help to reduce stigma by valuing lived experience and providing alternative narratives to the disease model of addiction. Ethnographic work holds potential for examining early implications of new behaviours and trends within drug treatment service spaces and the impact on the practitioners required to manage these. Practitioner perspectives offer further insight into the treatment experiences of PWUD as they can illuminate how new initiatives (e.g., naloxone provision) or challenges such as the pandemic affect drug-related experiences and healthcare practice.

The online methods of the thesis added value by pushing at the boundaries of the scope of the traditional fieldwork site, which necessitates a reconceptualization of 'self, community, privacy, and text' (Gatson, 2013, p. 250). Despite online methods becoming a necessity due to the pandemic, I found the experience to be enjoyable, intense, and it enabled me to develop rapport with other harm reduction activists. This facilitated a global reach of activists, whose voices I would have otherwise been unable to elicit. The online conversational interviewing method offered a convenient means of recording the interviews and generating a transcript for the analysis process. Methodologically, this enabled me to draw on temporality, as the interviewing technique allowed participants to reflect on their activism over time to tell 'whole stories' of resistance on their own terms; what they did, what worked well, what did not and future possibilities. As participants were able to send me 'online pocket ethnography' artefacts, this triggered discussion and insights into the agency of material resources, as well as extending Hey (1997) and Blackman's (1998) research concerning pocket ethnography by discussing the value of virtual gifts.

The thesis maintained a strong element of reflexivity that is central to ethnographic work, although the strength of the reflexive voice varies within the literature (Lichterman, 2017). While I have been mindful of criticisms about autoethnography and self-indulgence (Delamont, 2007), I developed my own voice as an ex-harm reduction practitioner throughout the research process, maintaining that lived experience offers crucial insights into harm reduction research (Davis, 2003). As I no longer work for a drug treatment service, I have been able to uphold an authentic and critical stance without conflict of interest or fear of professional ramifications. I believe my experiences as a harm reduction practitioner are fairly typical, are worthy of illuminating in the interests of social justice, and I hoped to strike a balance between finding my own voice, but with the central aim of representing participants. Despite me not coming from a background of lived experience of being a drug service user, the strength of emotional responses from participants concerning the injustice of how practitioners with lived experience are treated was significant, so I have attempted to highlight the importance of these experiences throughout the data chapters, analysis, and conclusions. The question whether drug professionals should 'come out' abut their personal drug use is an emergent issue (Ross *et al*., 2020), but as my participants' experiences contribute to evidence that practitioners with lived experience high levels of psychological

stress and increased burnout (Nicholas *et al.,* 2017), I would argue that there is a long way to go in addressing the stigma of drug use within community drug treatment services and the academic field.

### *7.3.2. Constructivist grounded theory and social justice*

This data was analysed using Charmaz's (2008; 2014) constructivist grounded theory. This is a valuable method of inquiry as it strikes a balance between directing the researcher and fostering the creativity to construct new insights from the data (Hussein, Hirst and Osuji, 2014). Ethnography goes beyond rich description and when studying people within institutions, should generate theory to 'describe or explain what exists or has existed' (Lee, 2014, p. 350). Constructivist grounded theory can be used to cast light on little-known experiences within the harm reduction field (Nixon and Burns, 2022) and my study provides a novel example of the experiences of harm reduction activists as a group who are subordinated by the drug-free world ideology. This approach co-creates knowledge (Deans *et al*., 2017), enabling me as a partial insider to integrate my socially constructed reality with that of the participants, and contribute a faithful representation of our joint experiences to the harm reduction literature.

As grounded theory asserts that subjective realities are constructed over time (Kean *et al*., 2013), I was able to examine temporal aspects of processes of resistance and compliance that Crawford (2007) argues is an under-researched aspect of these behaviours. Constructivist grounded theory articulates a strong commitment to social justice (Charmaz, 2013; 2020) and is 'uniquely poised to resist neoliberalist ideology' (Charmaz and Belgrave, 2019, p. 751) as it rejects 'methodological individualism' (p. 745) and focuses on the solidarity required for social movements. This emphasis on collectivism enables my activism research and the data produced in this thesis actively contests the drug-free world ideology and is itself an artefact of resistance.

The use of constructivist grounded theory was valuable as it incorporates 'methodological self-consciousness' (Charmaz, 2017, p. 34), a strong reflexivity and examination of self during the research process that enables the researcher to utilise emotionality (Mohajan and

Mohajan, 2022). Despite seeming 'complex and mysterious' (Briggs, 2013, p. 1) emotions are a crucial component of the research process as they shape data collection and analysis. Throughout the fieldwork, I felt emotions of sadness, anger, shame, guilt, frustration, amusement, and affection. These emotions were regarded as an inevitable human quality, non-problematised, and were explicitly used to shape the way stories were told. As Stoler (2002) states, 'emotional reactions and personal needs do not just vanish because one has declared oneself a researcher' (p. 270). This approach often contrasts the emphasis on cognitive rationality in harm reduction; as Zampini (2018) highlights, to provide opposition to morally-driven prohibitionism, harm reduction stakeholders have advocated a 'value-free' rhetoric to emphasise the evidence-based and cost-effectiveness of harm reduction interventions. However, this has portrayed emotions as biased and irrational, and neglected an emotional and ethical commitment within the harm reduction field. My decision to incorporate the role of emotions was politically driven and I concur with Zampini (2018) that 'empathy, fairness and care' (p. 8) concerning people's human rights is consistent with harm reduction. The findings suggest that drugs professionals and service users – and particularly where these overlap – suffer from emotional and psychological burdens that drive mental ill health and relapse, an important contribution to the harm reduction literature.

As well facilitating a voice for social justice, the use of constructivist grounded theory was methodologically advantageous as it supports combinations of theoretical approaches in the interest of discovery (Charmaz, 2014). This enabled me to use a structuralist idea to explain behaviour within a symbolic interactionist methodological approach, which was necessary to pursue the research question that examined the relationship between a macro ideology and micro everyday practices. Theoretically speaking, this can be regarded as 'riding two horses', (Thomson and James, 2006, p. 774), in a desire to bridge rational scientific positivism with interpretive inquiry, which raises problems for grounded theory. However, constructivist grounded theory is rooted in a pragmatic tradition that seeks multiple perspectives (Charmaz, 2017) and instead of positioning itself in a traditional realism-relativism paradigm, focuses on realising multiple realities, yet values joint action and shared beliefs (Morgan, 2020). I therefore adopted what Allen (2011) terms 'an inclusive approach to theorising' (p. 27) that values subjective lived experiences, while acknowledging structural factors that oppress and reinforce inequalities. This adds to the studies of resistance by providing much-needed

research that examines the interaction between micro and macro processes (Lilja, Vinthagen and Wiksell, 2022) and draws together cultural, structural, and individual influences (Giugni and Grasso, 2021).

## 7.4. Future research

a) Further ethnographic research is required to elicit voices from practitioners working in community drug treatment services, examining the barriers that they face to reducing harms for PWUD in the context of the drug-free world ideology. This research engaged participants with many years' experience of harm reduction work and activism to consider how they managed the ideology-practice tension. To develop a richer picture of how this tension is managed, further research is needed that engages 'the new breed' of drugs worker, to gain insights into their perspectives and processes of compliance and resistance.

b) Further research should examine the experiences of practitioners in community drug treatment services to investigate the impact that working practices have on their mental health, and their decisions to exit the workforce. This is politically pertinent at present considering Dame Carol Black's (Black, 2021) Review findings that the workforce is suffering losses in terms of quality, quantity, and morale. There needs to be a research emphasis on the transitions into work for practitioners with lived experience of drug use, particularly those who have entered via a peer lead or volunteering route. During the data collection process, I was alarmed to hear about the culture of silence regarding relapse experiences for practitioners with lived experience of drug use and it was deeply concerning to hear about the role that being a role model or 'poster person' can play in intensifying pressure for this group. I would be interested to conduct further research into the impact that being an abstinence role model has on practitioners with lived experience. Future research should strive to find ways of positioning practitioners with lived experience of drug use at the forefront of developing sector-wide workforce policies that support employees with

their personal drug and alcohol-related issues and aim to build a supportive workplace environment for sustaining healthy, controlled relationships with drugs and alcohol.

c) Further interdisciplinary research is required to consider how harm reduction activism can be invigorated to meet the needs of PWUD in a post-COVID-19 world. This perspective moves beyond a clinical and public health focus to consider how combinations of people, spaces, things, and time can be used to develop a harm reduction 'counter ideology'. Sites of contestation particularly include online spaces, as these have potential to develop and disseminate harm reduction discourses cost-effectively and globally. Further ethnographic research is required to examine how integrating online and offline worlds can improve relationships and knowledge exchange between harm reduction activists, other professional groups (particularly pharmacists), and the public.

**References**


A Social Explorer (1885) 'London Opium Dens', *Good Words, London*, 26, pp. 188-192.

AA World Services (2021) *SMF-132 estimated worldwide A.A. individual and group membership*. Available at: https://www.aa.org/estimated-worldwide-aa-individual-and-group-membership (Accessed: 06 May 2023).

Abel, E. L. (2001) 'The gin epidemic: much ado about what?' *Alcohol and Alcoholism*, 36(5), pp. 401-405.

Ackers, H. L. (1993) 'Racism, sexuality and the ongoing process of ethnographic research', in Hobbs, D. and May, T. (eds) *Interpreting the field: accounts of ethnography*. Oxford: Oxford University Press, pp. 209-239.

Action on Smoking and Health (2019) *ASH fact sheet: tobacco and the developing world.* Available at: https://ash.org.uk/uploads/Tobacco-Developing-World.pdf?v=1650647567 (Accessed: 06 May 2023).

Adam, S., Juergensen, L., and Mallette, C. (2021) 'Harnessing the power to bridge different worlds: an introduction to posthumanism as a philosophical perspective for the discipline', *Nursing Philosophy*, 22(3), article number e12362. Available at: https://doi.org/10.1111/nup.12362

Adams, E. A. (2019) 'Ladies' Delight? Women in London's 18th Century gin craze', *Crimson Historical Review*. Available at: https://crimsonhistorical.ua.edu/wp-content/uploads/2019/12/LadiesDelight.pdf (Accessed: 06 May 2023).

Adnan, S. (2007) 'Departures from everyday resistance and flexible strategies of domination: The making and unmaking of a poor peasant mobilization in Bangladesh', *Journal of Agrarian Change*, 7(2), pp. 183-224.

Advisory Council on the Misuse of Drugs (1988) *AIDS and drug misuse: part 1.* London: HMSO.

Advisory Council on the Misuse of Drugs (2010) *Consideration of the use of foil, as an intervention, to reduce the harms of injecting heroin*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/119107/foil-report.pdf (Accessed: 06 May 2023).

Advisory Council on the Misuse of Drugs (2013) *Khat: a review of its potential harms to the individual and communities in the UK.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/144120/report-2013.pdf (Accessed: 06 May 2023).

Aggleton, P. J. and Whitty, G. (1985) 'Rebels without a Cause? Socialization and Subcultural Style Among the Children of the New Middle Classes', *Sociology of Education*, 58(1), pp. 60-72.

Ahearn, L. (2001) 'Language and agency', *Annual Review of Anthropology*, 30, pp. 109-137.

Albers, E. R. (2012) 'Harm reduction: contribution to a critical appraisal from the perspective of people who use drugs', in R. Pates and D. Riley (eds) *Harm reduction in substance use and high risk behaviour*. Hoboken, NJ: Wiley-Blackwell, pp. 124-132.

Alderson, H., Kaner, E., O'Donnell, A. and Bate, A. (2022) 'A qualitative exploration of stakeholder involvement in decision-making for alcohol treatment and prevention services', *International Journal of Environmental Research and Public Health*, 19(4). Available at: https://doi.org/10.3390/ijerph19042148

Alexander, B. K. (2000) 'The globalization of addiction', *Addition Research,* 8(6), pp. 501-526.

Alexander, B. K. and Schweighofer, A. R. F. (1988) 'Defining "addiction"', *Canadian Psychology/Psychologie Canadienne*, 29(2), pp. 151-162.

Allen, M. (2011) 'Violence and voice: using a feminist constructivist grounded theory to explore women's resistance to abuse', *Qualitative Research*, 11(1), pp. 23-45.

Allen, S., Ruiz, M. and O'Rourke, A. (2015) 'How far will they go? Assessing the travel distance of current and former drug users to access harm reduction services', *Harm Reduction Journal*, 12(3), pp. 1-4.

Althusser, L. (1969) *For Marx*. Available at: https://www.marxists.org/reference/archive/althusser/index.htm (Accessed: 06 May 2023).

Althusser, L. (1971) *On ideology*. London: Verso.

American Temperance Society (1835) *Permanent temperance documents of the American Temperance Society*. Boston, MA: Perkins, Marvin, and Co.

Andersen, D. (2014) 'Giving clients a backstage experience: A case of dramaturgical trouble in the professional performance of drug treatment', *Symbolic Interaction*, 37(4), pp. 483-499.

Andersen, D. (2015) 'What's so funny? Towards a client perspective on professionals' use of humour in drug treatment', *Drugs: Education, Prevention and Policy*, 22(3), pp. 263–271.

Andersen, D. and Järvinen, M. (2007) 'Harm reduction – ideals and paradoxes', *Nordic Studies on Alcohol and Drugs*, 24(3), pp. 235-252.

Anderson, E. R. (2021) 'Positionality, privilege, and possibility: the ethnographer "at home" as an uncomfortable insider', *Anthropology and Humanism*, 46(2), pp. 212–225.

Anderson, P. and Baumberg, B. (2006) *Alcohol in Europe: a public health perspective*. London: Institute of Alcohol Studies.

Andrejevic, M. (2006) 'The discipline of watching: detection, risk, and lateral surveillance', *Critical Studies in Media Communication*, 23(5), pp. 391-407.

Andrews, N. and Phillips, A. (2021) 'Community nurses' support for patients with fibromyalgia who use cannabis to manage pain', *British Journal of Community Nursing*, 26(2), pp. 92-98.

Andrews, S. and Skoczylis, J. (2022) 'Prevent, ideology and ideological state apparatus: analysing terrorism prevention policies using Althusser's framework', *Millennium: Journal of International* Studies, 50(2), pp. 405-429.

Andrews, T. (2012) 'What is social constructionism?' *The Grounded Theory Review*, 11 (1), pp. 39-46.

Angelone, L. (2018) 'Virtual ethnography: the post possibilities of not being there', *Mid-Western Educational Researcher*, 31(3), pp. 275-295.

Anslinger, H. (1957) 'Narcotics addiction as seen by the law-enforcement officer', *Federal Probation*, 21(2), pp. 34-41.

Arnstein, S. (1969) 'A ladder of citizen participation', *Journal of the American Planning Association*, 35(4), pp. 216–224.

Ashton, J. and Seymour, H. (2010) 'Public health and the origins of the Mersey Model of Ham Reduction', *International Journal of Drug Policy*, 21, pp. 94-96.

Ashton, M. (1989) 'How the Rolleston report set the course of addiction treatment in Britain', *Druglink,* 4(1), p. 13.

Ashton, M. (2008) *The new abstentionists*. Available at: https://www.drugwise.org.uk/wp-content/uploads/New-abstentionists.pdf (Accessed: 06 May 2023).

Askew, R. and Bone, M. (2019) 'Deconstructing prohibitionist ideology: a sociocognitive approach to understand opinions on UK drug policy and the law', *International Journal of Drug Policy*, 74, pp. 33-40.

Askew, R., Griffiths, B. and Bone, M. (2022) 'The importance of PEOPLE who use drugs within drug policy reform debates: findings from the UK Drug Policy Voices online survey', *International Journal of Drug Policy*, 105. Available at: https://doi.org/10.1016/j.drugpo.2022.103711

Askew, R. and Williams, L. (2021) 'Rethinking enhancement substance use: a critical discourse studies approach', *International Journal of Drug Policy,* 95. Available at: https://doi.org/10.1016/j.drugpo.2020.102994

Aston, S. (2009) 'Identities under construction: women hailed as addicts', *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 13(6), pp. 611-628.

Atkinson, A. M., McAuley, A., Trayner, K. M. A. and Sumnall, H. M. (2019) ''We are still obsessed by this idea of abstinence': A critical analysis of UK news media representations of proposals to introduce drug consumption rooms in Glasgow, UK', *International Journal of Drug Policy*, 68, pp. 62-74.

Atkinson, A. M. and Sumnall, H. (2021) ''Zombies', 'cannibals', and 'super humans': a quantitative and qualitative analysis of UK news media reporting of the cathinone psychostimulants labelled 'monkey dust'', *Drugs: Education, Prevention and Policy,* 28(4), pp. 299-315.

Austin, T. and Boyd, J. (2021) 'Having a voice and saving lives: a qualitative survey on employment impacts of people with lived experience of drug use working in harm reduction', *Harm Reduction International,* 18(1). Available at: https://doi.org/10.1186/s12954-020-00453-5

Austin, W. (2016) 'Contemporary healthcare practice and the risk of moral distress', *Healthcare Management Forum*, 29(3), pp. 131-133.

Baaz, M., Lilja, M., Schulz, M., and Vinthagen, S. (2017) 'Defining and analyzing "resistance" possible entrances to the study of subversive practices', *Alternatives*, 41(3), pp. 137-153.

Bacchi, C. (2012) 'Why study problematizations? Making politics visible', *Open Journal of Political Science*, 2(1), pp. 1-8.

Badcock, C. R. (2015) *Lévi-Strauss: structuralism and sociological theory.* London: Routledge.

Bailey, C. A. (2017) *A guide to qualitative field research*. 3rd edn. London: SAGE Publications Ltd.

Bain, A. L. and Nash, C. J. (2006) 'Undressing the researcher: feminism, embodiment and sexuality at a queer bathhouse event', *Area*, 38(1), pp. 99-106.

Baines, D., Cunningham, I. and Shields, J. (2017) 'Filling the gaps: Unpaid (and precarious) work in the nonprofit social services', *Critical Social Policy*, 37(4), pp. 625-645.

Baker, T., McCann, E. and Temenos, C. (2020) 'Into the ordinary: non-elite actors and the mobility of harm reduction policies', *Policy and Society*, 39(1), pp. 129-145.

Bakhtin, M. (1984) *Rabelais and his world*. Bloomington, IN: Indiana University Press.

Bancroft, A. (2009) *Drugs, intoxication and society.* Cambridge: Polity Press.

Barenholtz, E., Krotulskil, A. J., Morris, P., Fitzgerald, N. D., Le, A., Papsun, D. M., Logan, B. K., Hahn, W. E., Goldberger, B. A., Cottler, L. B. and Palamar, J. J. (2021) 'Online surveillance of novel psychoactive substances (NPS): Monitoring Reddit discussions as a predictor of increased NPS-related exposures', *International Journal of Drug Policy*, 98, pp. 1-11.

Barglowski, K., Bilecen, B. and Amelina, A. (2014) 'Approaching transnational social protection: methodological challenges and empirical applications', *Population, Space and Place,* 21, pp. 215-226.

Barop, H. (2015) 'Building the «Opium Evil» Consensus – the International Opium Commission of Shanghai', *Journal of Modern European History*, 13(1), pp. 115-137.

Barratt, M. J. and Maddox, A. (2016) 'Active engagement with stigmatised communities through digital ethnography', *Qualitative Research*, 16(6), pp. 701-719.

Barrows, S. and Room, R. (1991) (eds.) *Drinking: behaviour and belief in modern history*. Oxford: University of California Press, Ltd.

Barry, P. (2017) *Beginning theory: an introduction to literary and cultural theory*. Manchester: Manchester University Press.

Barthes, R. (1972) *Mythologies*. Translated from the French by A. Lavers. New York, NY: The Noonday Press.

Bayer, R. (1978) 'Heroin decriminalization and the ideology of tolerance: a critical view', *Law & Society Review*, 12(2), pp. 301-328.

BBC News (2023) 'No prosecution plan for drug consumption rooms', *BBC News,* 11 September. Available at: https://www.bbc.co.uk/news/uk-scotland-66775122 (Accessed: 24 October 2023).

Beatty, A. (2010) 'How did it feel for you? Emotion, narrative and the limits of ethnography', *American Anthropologist*, 112(3), pp. 430-443.

Becker, H. S. (1953) 'Becoming a marijuana user', *American Journal of Sociology*, 59(3), pp. 235-242.

Becker, H. S. (1963) *Outsiders*: *studies in the sociology of deviance.* New York, NY: The Free Press.

Becker, H. S. (1967) 'Whose side are we on?' *Social Problems*, 14(3), pp. 239-247.

Becker, P. H. (1993) 'Common pitfalls in published grounded theory research', *Qualitative Health Research*, 3(2), pp. 254-260.

Bennet, A. and Chamberlin, S. M. E. (2013) 'Resisting moral residue', *Pastoral Psychology*, 62, pp. 151-162.

Bennett, J. (2004) 'The force of things: steps toward an ecology of matter', *Political Theory*, 32(3), pp. 347-372.

Bennett, J. (2010) *Vibrant matter: a political ecology of things*. Durham, NC: Duke University Press.

Bennett, J. M. (1992) 'Conviviality and charity in medieval and early modern England', *Past & Present*, 134(1), pp. 19-41.

Bennett, W. L. and Segerberg, A. (2012) 'The logic of connective action', *Information, Communication & Society*, 15(5), pp. 739-768.

Bennis, W. (2007) 'The challenges of leadership in the modern world', *American Psychologist*, 62(1), pp. 2-5.

Berlin, J. (1988) 'Rhetoric and ideology in the writing class', *College English*, 50(5), pp. 477-494.

Bernays, E. L. (1947) 'The engineering of consent', *The Annals of the American Academy*, 250(1), pp. 113-120.

Berridge, V. (1978a) 'Opium eating in the nineteenth century: establishing the facts', *British Journal of Addiction*, 73, pp. 363-374.

Berridge, V. (1978b) 'Victorian opium eating: responses to opiate use in nineteenth-century England', *Victorian Studies*, 21(4), pp. 437-461.

Berridge, V. (1978c) 'East End opium dens and narcotic use in Britain', *The London Journal*, 4(1), pp. 3-28.

Berridge, V. (1978d) 'Opium eating and the in the nineteenth century: the public and official reaction', *British Journal of Addiction*, 73, pp. 107-112.

Berridge, V. (1979a) 'Morality and medical science: concepts of narcotic addiction in Britain, 1820-1926', *Annals of Science*, 36, pp. 67-85.

Berridge, V. (1979b) 'Opium and oral history', *Oral History*, 7(2), pp. 48-58.

Berridge, V. (1980) 'The making of the Rolleston Report, 1908-1926', *Journal of Drug Issues*, 10(1), pp. 7-28.

Berridge, V. (1984) 'Drugs and social policy: the establishment of drug control in Britain 1900-30', *British Journal of Addiction*, 79, pp. 17-29.

Berridge, V. (1988) 'Drinking sensibly: defining the historical context', *British Journal of Addiction*, 83(1), pp. 36-39.

Berridge, V. (1999a) *Opium and the people: opiate use and drug control policy in nineteenth and early twentieth century England.* London: Free Association Books Ltd.

Berridge, V. (2004) 'Punishment or treatment? Inebriety, drink and drugs, 1860-2004, *The Lancet*, 364, pp. 4-5.

Berridge, V. (2007) 'Public health activism: lessons from history?' *BMJ*, 335. Available at: https://doi.org/10.1136/bmj.39399.612454.AD

Berridge, V. (2012) 'The art of medicine: the rise and fall of recovery in drug policy', *The Lancet,* 379, pp. 22-23.

Berridge, V. (2013) *Demons: our changing attitudes to alcohol, tobacco and drugs*. Oxford: Oxford University Press.

Berridge, V. and Mars, S. (2004) 'History of addictions', *Journal of Epidemiology and Community Health*, 58, pp. 747-750.

Berridge, V., Mold, A., Beccaria, F., Eisenbach-Stangl, I., Herczyńska, G., Moskalewicz, J., Petrilli, E. and Taylor, S. (2014) 'Addiction in Europe, 1860s–1960s: concepts and responses in Italy, Poland, Austria, and the United Kingdom', *Contemporary Drug Problems*, 41(4), pp. 551-566.

Berridge, V. and Rawson, N. S. B. (1979) 'Opiate use and legislative control: a nineteenth century case study', *Social Science and Medicine*, 13A, pp. 351-363.

Berry, K. and Patti, C. J. (2015) 'Lost in narration: applying autoethnography', *Journal of Applied Communication Research,* 43(2), pp.263–268.

Best, D., Bamber, S., Battersby, A., Gilman, M., Groshkova, T., Honor, S., McCartney, D., Yates, R. & White, W. (2010) 'Recovery and straw men: an analysis of the objections raised to the transition to a recovery model in UK addiction services', *Journal of Groups in Addiction & Recovery*, 5(3-4), pp. 264-288.

Best, D., Bird, K. and Hunton, L. (2015) 'Recovery as a social phenomenon: what is the role of the community in supporting and enabling recovery?', in N. Ronel and Natti and D. Segev (eds) *Positive criminology. Routledge frontiers of criminal justice*. Abingdon: Routledge, pp. 194-207.

Best, D., De Alwis, J. S., and Burdett, D. (2017) 'The recovery movement and its implications for policy, commissioning and practice', *Nordic Studies on Alcohol and Drugs*, 34(2), pp.107-111.

Best, D. and Lubman, D. (2012) 'The recovery paradigm: a model of hope and change for alcohol and drug addiction', *Australian Family Physician*, 41(8), pp. 593-597.

Betty Ford Institute Consensus Panel (2007) 'What is recovery? A working definition from the Betty Ford Institute' *Journal of Substance Abuse Treatment*, 33, pp. 221–228.

Bewley-Taylor, D. R. (2002) *United States and international drug control, 1909-1997*. London: Continuum.

Bewley-Taylor, D. R. (2022) 'The creation and impact of global drug prohibition', in P. Gootenberg (eds) *The Oxford handbook of Global Drug History.* Oxford: Oxford University Press, pp. 303-322.

Bhattacharya, K. (2015) 'Coding is Not a Dirty Word: Theory-Driven Data Analysis Using NVivo', in S. Hai-Jew (ed) *Enhancing Qualitative and Mixed Methods Research with Technology*. Hershey, PA: IGI Global, pp. 1-30. Available at: https://doi.org/10.4018/978-1-4666-6493-7.ch001

Bilgrei, O. R. (2017) 'Broscience: creating trust in online drug communities', *New Media and Society*, 20(8), pp. 2712-2727.

Birks, M. and Mills, J. (2023) *Grounded theory: a practical guide*. 3rd edn. London: SAGE Publications Ltd.

Bishundat, D., Velázquez Phillips, D. and Gore, W. (2018) 'Cultivating critical hope: the too often forgotten dimension of critical leadership development', *New Directions for Student Leadership,* 159, pp. 91-102.

Black, C. (2021) *Review of drugs part two: prevention, treatment, and recovery*. Available at: https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery#rebuilding-services (Accessed: 06 May 2023).

Blackman, S. (1998) 'The school: "Poxy Cupid!". An ethnographic and feminist account of a resistant female youth culture: the New Wave Girls', in T. Skelton and G. Valentine (eds) *Cool places: geographies of youth cultures*. London: Routledge, pp. 207-228.

Blackman, S. (2004) *Chilling out: the cultural politics of substance consumption, youth and drug policy*. Maidenhead: Open University Press.

Blackman, S. (2007) 'Hidden ethnography: crossing emotional borders in qualitative accounts of young people's lives', *Sociology*, 41(4), pp. 699-716.

Blackman, S. (2010a) 'Youth subcultures, normalisation and drug prohibition: The politics of contemporary crisis and change?' *British Politics,* 5(3), pp. 337-366.

Blackman, S. (2010b) ''The ethnographic mosaic' of the Chicago School: critically locating Vivien Palmer, Clifford Shaw and Frederic Thrasher's research method in contemporary reflexive sociological interpretation', in C. Hart (ed.) *The legacy of the Chicago School of Sociology*. Poynton: Midrash Publications.

Blackman, S. (2022) '*The Jack-Roller* and the life history method: notes on the Chicago School's Clifford Shaw and Howard Becker's humanistic narrative of young male and female delinquents in different ages', *YOUNG*, 30(3), pp. 213-229.

Blackman, S., Bradley, R., Fagg, M. and Hickmott, N. (2018) 'Towards 'sensible' drug information: critically exploring drug intersectionalities, 'Just Say No', normalisation and harm reduction', *Drugs: Education, Prevention and Policy,* 25(4), pp. 320-328.

Blackman, S. and Kempson, M. (2023) 'The subcultural imagination: critically negotiating the co-production of 'Subcultural Subjects' through the lens of C. Wright Mills', *Sociological Research Online*, 28(1), pp. 58-72.

Blackman, S., Phillips, A. and Sah, R. K. (2019) 'Ethnography and emotions: new directions for critical reflexivity within contemporary qualitative health care research', in C. M. Hayre and D. J. Muller (eds) *Enhancing healthcare and rehabilitation: the impact of qualitative research*. Boca Raton, FL: CRC Press, pp. 379-394.

Bloomfield, K. (1994) 'Beyond sobriety: the cultural significance of alcoholics anonymous as social movement', *Nonprofit and Voluntary Sector Quarterly,* 23(1), pp. 21-40.

Blumer, H. (1969) *Symbolic interactionism: perspective and method.* London: University of California Press, Ltd.

Bootle-Wilbraham, R. (1988) 'AIDS and drugs misuse: ACMD report', *Hansard: House of Lords*, 29 March, 495, c. 755. Available at: https://hansard.parliament.uk/Lords/1988-03-29/debates/9fcfaced-d1af-4eff-aa65-477cc0f10fba/AidsAndDrugsMisuseAcmdReport (Accessed: 06 May 2023).

Borsay, P. (2007) 'Binge drinking and moral panics: historical parallels?' *History and Policy*. Available at: https://www.historyandpolicy.org/policy-papers/papers/binge-drinking-and-moral-panics-historical-parallels (Accessed: 06 May 2023).

Bouras, N. and Ikkos, G. (2013) 'Ideology, psychiatric practice, and professionalism', *Psychiatriki*, 24, pp. 17-26.

Bourdieu, P. (1986) 'The forms of capital', in J. Richardson (ed.) *Handbook of theory and research for the sociology of education*. Westport, CT: Greenwood, pp. 241-258.

Bourdieu, P. and Wacquant, L. J. D. (1992) *An invitation to reflexive sociology*. Chicago, IL: University of Chicago Press.

Bourgois, P. (1996) 'In search of masculinity: violence, respect and sexuality among Puerto Rican crack dealers in East Harlem', *The British Journal of Criminology*, 36(3), pp. 412-427.

Bourgois, P. (2001) 'The power of violence in war and peace: Post-Cold War lessons from El Salvador', *Ethnography*, 2(1), pp. 5-34.

Bourgois, P. (2003) 'Crack and the political economy of social suffering', *Addiction Research and Theory*, 11(1), pp. 31-37.

Bourgois, P. (2012) 'Bringing HIV, substance abuse and homelessness into the University of Pennsylvania Anthropology Museum through photo-ethnography', P*hiladelphia Social Innovations Journal Spring*, 2012(10), pp. 433.

Bovill, M. and Livingstone, S. M. (2001) *Bedroom culture and the privatization of media use.* London: LSE Research Online. Available at: https://eprints.lse.ac.uk/672/1/Chapter8_Children&ChangingMediaEnvironment.pdf (Accessed: 06 May 2023).

Bowers, T. (1996) *The politics of motherhood: British writing and culture, 1680-1760.* Cambridge: Cambridge University Press.

Braidotti, R. and Hlavajova, M. (2018) *Posthuman glossary*. London: Bloomsbury Academic.

Brenner, N. and Elden, S. (2001) 'Henri Lefebvre in contexts: An introduction', *Antipode*, 33(5), pp. 736-768.

Broadbent, J. P. (1985) T*he web of power: elites, social movements and structural change, a method of analysis. Working paper no. 327.* University of Michigan, MI: Center for Research on Social Organization.

Brookfield, S., Selvey, L., Fitzgerald, L., and Maher, L. (2023) '"More human": Using ethnographic insights to develop a posthuman framework of 'extended recovery' for harmful drug use', *SSM-Qualitative Research in Health*, 3, article number 100245. Available at: https://doi.org/10.1016/j.ssmqr.2023.100245

Brown, J., Harker, R., Sutherland, N., Macdonald, M. and Barber, S. (2021) *General Debate: Misuse of Drugs Act 1971*. London: House of Commons Library.

Brown, P. (1981) 'Mental patients' rights movement and mental health institutional change', *International Journal of Health Services*, 11(4), pp. 523-540.

Bryant, A. (2003) 'A constructivist response to Glaser', *Forum: Qualitative Social Research/Sozialforschung*, 4(1), article number 15. Available at: http://nbnresolving.de/urn:nbn:de:0114-fqs0301155

Bucerius, S. M. (2013) 'Becoming a "trusted outsider": gender, ethnicity, and inequality in ethnographic research', *Journal of Contemporary Ethnography*, 42(6), pp. 690-721.

Buchanan, J. (2015) 'Ending drug prohibition with a hangover?' *British Journal of Community Justice*, 13(1), pp. 55-74.

Buchanan, J. and Young, L. (2000) 'The war on drugs – a war on drug users', *Drugs: Education, Prevention Policy*, 7(4), pp. 409-422.

Bucholtz, M. (2000) 'The politics of transcription', *Journal of Pragmatics*, 32, pp. 1439-1465.

Bucknill, J. C. (1878) *Habitual drunkenness and insane* drunkards. London: Macmillan and Co.

Burbank, P. M. and Martins, D. C. (2009) 'Symbolic interactionism and critical perspective: divergent or synergistic?', *Nursing Philosophy*, 11, pp. 25-41.

Burgess, R. G. (1984) *In the field: an introduction to field research.* London: George Allen & Unwin.

Butler, J. (1997a) *The psychic life of power: theories in subjection.* Stanford, CA: Stanford University Press.

Butler, J. (1997b) *Excitable speech: a politics of the performative*. Abingdon: Routledge.

Buxton, J. and Burger, L. (2020) 'International Drug Policy in Context', in J. Buxton, G. Margo, and L. Burger (eds) *The Impact of Global Drug Policy on Women: Shifting the Needle*. Bingley: Emerald Publishing Limited, pp. 9-22.

Buzard, J. (2003) 'On autoethnographic authority', The Yale Journal of Criticism, 16(1), pp. 61-91.

Cahal, D. A. (1971) 'Misuse of Drugs Act 1971', *British Medical Journal*, 1, pp. 70-72.

Calhoun, C. (1993) ''New social movements' of the early nineteenth century', *Social Science History*, 17(3), pp. 385-427.

Campbell, C. (2017) '"Apparently being a self-obsessed c**t is now academically lauded": Experiencing Twitter trolling of autoethnographers', *Forum: Qualitative Social Research*, 18 (3). Available at: http://dx.doi.org/10.17169/fqs-18.3.2819

Campbell, C. and Cornish, F. (2021) 'Public health activism in changing times: re-locating collective agency', *Critical Public Health*, 31(2), pp. 125-133.

Campbell, C., Cornish, F., Gibbs, A. and Scott, K. (2010) 'Heeding the push from below: how do social movements persuade the rich to listen to the poor?' *Journal of Health Psychology*, 15(7), pp. 962-971.

Campbell, N. (2020) 'Tough times and the ethnography of state intimacies', *Contemporary Drug Problems*, 47(4), pp. 255-267.

Campbell, N. D. and Shaw, S. J. (2008) 'Incitements to discourse: illicit drugs, harm reduction, and the production of ethnographic subjects', *Cultural Anthropology*, 23(4), pp. 688-717.

Canadian Health Services Research Foundation (2003) *The theory and practice of knowledge brokering in Canada's health system.* Available at: https://www.ktpathways.ca/system/files/resources/2019-02/Theory_and_Practice_e.pdf (Accessed: 06 May 2023).

Canadian Institutes of Health Research (2012) *Guide to knowledge translation planning at CIHR: integrated and end-of-grant approaches*. Available at: https://cihr-irsc.gc.ca/e/45321.html (Accessed: 06 May 2023).

Cannadine, D. (1984) 'The present and the past in the English Industrial Revolution 1880-1980', *Past and Present*, 103, pp. 131-172.

Cannon, E. F. (2013) The saloon and the mission: addiction, conversion and the politics of redemption in American culture. Amherst, MA: University of Massachusetts Press.

Caquet, P. E. (2022) Opium's orphans. London: Reaktion Books Ltd.

Carlin, T. (2005) 'A therapeutic response or a 'free fix'? The Irish experience of methadone maintenance treatment', *Irish Probation Journal*, 2(1), pp. 87-94.

Carlson, R. G., Singer, M., Stephens, R. C. and Sterk, C. E. (2009) 'Reflections on 40 years of ethnographic drug abuse research: implications for the future', *Journal of Drug Issues,* 39(1), pp. 57-70.

Carstairs, C. (2005) 'The stages of the international drug control system', *Drug and Alcohol Review*, 24, pp. 57-65.

Carter, M. J. and Fuller, C. (2015) 'Symbolic interactionism', *Sociopedia.isa*, doi: 10.1177/205684601561.

Carter, M. J. and Montes Alvarado, A. (2017) 'Symbolic interactionism as a methodological framework', in P. Liamputtong (ed) *Handbook of research methods in health social sciences.* Singapore: Springer. Available at: https://link.springer.com/referenceworkentry/10.1007/978-981-10-2779-6_62-1 (Accessed: 06 May 2023).

Čartolovni, A., Stolt, M., Scott, P. A. and Suhonen, R. (2021) 'Moral injury in healthcare professionals: A scoping review and discussion', *Nursing Ethics*, 28(5), pp. 590-602.

Carty, J. and Musharbash, Y. (2008) 'You've *got* to be joking: Asserting the analytical value of humour and laughter in contemporary anthropology' *Anthropological Forum*, 18(3), pp. 209-217.

Casey, L. and McGregor, H. (2012) 'A critical examination of experiential knowledge in illicit substance use research and policy', *Journal of Addiction Research and Therapy*, 3(5). Available at: http://dx.doi.org/10.14288/1.0132697

Castagno, A. E. (2012) 'What makes ethnography "critical"?' in S. D. Lapin, M. T. Quartaroli, and F. J. Riemer (eds) *Qualitative research: an introduction to methods and designs*. San Francisco, CA: John Wiley & Sons, Inc., pp. 373-390.

Castle, R. (2023) 'What is monkey dust? The substance wrecking lives in Stoke-on-Trent that's soon to become Class A', *StokeonTrentLive*, 12 May. Available at: https://www.stokesentinel.co.uk/news/stoke-on-trent-news/what-monkey-dust-substance-wrecking-8432430 (Accessed: 12 July 2023).

Centre for Contemporary Cultural Studies (1978) *On ideology*. London: Hutchinson.

Cepeda, A. and Valdez, A. (2010) 'Ethnographic strategies in the tracking and retention of street-recruited community-based samples of substance using hidden populations in longitudinal studies', *Substance Use and Misuse*, 45, pp. 700-716.

Cha, J. M., Holgate, J. and Yon, K. (2018) 'Emergent cultures of activism: young people and the building of alliances between unions and other social movements', *Work and Occupations*, 45(4), pp. 451-474.

Chadwick, E. (1842) *Report on the sanitary condition of the labouring population and on the means of its improvement.* Available at: https://s3.amazonaws.com/aspphwebassets/delta-omega/archives/ChadwickClassic.pdf (Accessed: 06 May 2023).

Chadwick, E. (1843) *Report on the sanitary condition of the labouring population of Great Britain. A supplementary report on the results of a special inquiry into the practice of interment in towns.* London: W. Clowes and Sons.

Chandler, A. (2022) 'Masculinities and suicide: unsettling 'talk' as a response to suicide in men', *Critical Public Health*, 32(4), pp. 499-508.

Charmaz, K. (2000) 'Grounded theory: objectivist and constructivist methods', in N.K. Denzin and Y. S. Lincoln (eds) *Handbook of qualitative research*. 2nd edn. London: SAGE Publications Ltd., pp. 509-535.

Charmaz, K. (2005) 'Grounded theory in the 21st century: applications for advancing social justice studies', in N. K. Denzin and Y. S. Lincoln (eds) *The Sage handbook of qualitative research. 3rd edn. London: SAGE Publications Ltd.,* pp. 507–535.

Charmaz, K. (2007) 'Constructionism and the grounded theory method', in J. A. Holstein and J. F. Gubrium (eds) *Handbook of constructionist research.* New York, NY: Guildford Press, pp. 397-412.

Charmaz, K. (2008a) 'The legacy of Anselm Strauss in constructivist grounded theory', *Studies in Symbolic Interaction*, 32, pp. 127–141.

Charmaz, K. (2008b) 'Grounded theory as an emergent method', in S. N. Hesse-Biber and P. Leavy (eds) *Handbook of emergent methods*. New York, NY: The Guildford Press, pp. 155-172.

Charmaz, K. (2008c) 'A future for symbolic interactionism', Studies in Symbolic Interaction, 32, pp. 51–59.

Charmaz, K. (2013) 'Grounded theory methods in social justice research', in N. K. Denzin and Y. S. Lincoln (eds) *Strategies of qualitative inquiry*. 4th edn. London: SAGE Publications Ltd., pp. 291-336.

Charmaz, K. (2014) *Constructing grounded theory*. 2nd edn. London: SAGE Publications Ltd.

Charmaz, K. (2017) 'The power of constructivist grounded theory for critical inquiry', *Qualitative Inquiry*, 23(1), pp. 34-45.

Charmaz, K. (2020) '"With constructivist grounded theory you can't hide": social justice research and critical inquiry in the public sphere', *Qualitative Inquiry*, 26(2), pp. 165–176.

Charmaz, K. (2021) 'The genesis, grounds and growth of constructivist grounded theory', in J. M. Morse, B. J. Bowers, K. Charmaz, A. E. Clarke, J. Corbin, C. J. Porr and P. N. Stern (2021) (eds) *Developing grounded theory: the second generation revisited*. 2nd edn. Abingdon: Routledge, pp. 153-187.

Charmaz, K. And Belgrave, L. L. (2013) 'Modern symbolic interaction theory and health', in W. C. Cockerham (ed) *Medical sociology on the move: new directions in theory*. London: Springer, pp. 11-40.

Charmaz, K. And Belgrave, L. L. (2019) 'Thinking about data with grounded theory', *Qualitative Inquiry*, 25(8), pp. 743-753.

Charmaz, K., Harris, S. R. and Irvine, L. (2019) *The social self and everyday life*. Hoboken, NJ: John Wiley and Sons, Inc.

Charmaz, K. and Mitchell, R. G. (1996) 'The myth of silent authorship: self, substance, and style in ethnographic writing', *Symbolic Interaction*, 19(4), pp. 285-302.

Charmaz, K. and Olesen, V. (2003) 'Medical institutions', in L. T. Reynolds and N. J. Herman-Kinney (eds) *Handbook of symbolic interactionism.* Oxford: AltaMira Press, pp. 637-656.

Charmaz, K. and Thornberg, R. (2021) 'The pursuit of quality in grounded theory', *Qualitative Research in Psychology*, 18(3), pp. 305-327

Charon, J. M. (1998) *Symbolic interactionism: an introduction, an interpretation, an integration.* 6th edn. Upper Saddle River, NJ: Prentice Hall.

Chavigny, K. A. (2014) '"An army of reformed drunkards and clergymen": the medicalization of habitual drunkenness, 1857-1910', *Journal of the History of Medicine and Allied Sciences*, 69(3), pp. 383-425.

Cherkaoui, M. (2020) *The shifting geopolitics of coronavirus and the demise of neoliberalism*. Available at: https://studies.aljazeera.net/en/reports/shifting-geopolitics-coronavirus-and-demise-neoliberalism-%E2%80%93-part-2 (Accessed: 06 May 2023).

Chernik, A. (2008) 'Identity, ideology and inscription: narrative acts as the site of resistance in The Woman in White', in A. Rose (ed.) *Gender and Victorian Reform*. Newcastle: Cambridge Scholars, pp. 141-151.

Chiarello, E. (2013) 'How organizational context affects bioethical decision making; Pharmacists' management of gatekeeping processes in retail and hospital settings', *Social Science and Medicine,* 98, pp. 319-329.

Ching, B. (2020) 'Echoes of 9/11: Rhetorical Analysis of Presidential Statements in the "War on Terror"', *Seton Hall Law Review*, 51(2), pp. 431-460.

Cho, J. and Kim, J. H. (2022) 'Compassionate anger as a mobilizer for social justice: feelings application in curriculum design', *Journal of Curriculum Studies*, 54(4), pp. 466-485.

Christie, B. (2023) 'Safe space for injecting drugs is approved in Scotland', *BMJ*, 382, p. 2238. Available at: https://doi.org/10.1136/bmj.p2238

Christin, A. (2020) 'Algorithmic ethnography, during and after COVID-19', *Communication and the Public*, 5 (3-4), pp. 108-111.

Chua, L. and Salmond, A. (2012) 'Artefacts in anthropology', *The SAGE Handbook of Social Anthropology*, 2, pp. 101-114.

Ciccarone, D. and Bourgois, P. (2016) 'Injecting drugs in tight spaces: HIV, cocaine and collinearity in the Downtown Eastside, Vancouver, Canada', *International Journal of Drug Policy,* 33, pp. 36-43.

Clark, L. (2005) 'What's in a name? Transfer of skills across the Cinderella services', *British Journal of Neuroscience Nursing*, 1(5), pp. 214-215.

Clark, L. S. (2016) 'Participants on the margins: #BlackLivesMatter and the role that shared artifacts of engagement played among minoritized political newcomers on Snapchat, Facebook, and Twitter', *International Journal of Communication*, 10, pp. 235-253.

Clark, P. (1988) 'The 'Mother Gin' controversy in the early eighteenth century' *Transactions of the Royal Historical Society*, 38, pp. 63-84.

Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) *Drug misuse and dependence: UK guidelines on clinical management.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf (Accessed: 06 May 2023).

Cloud, W. and Granfield, R. (2008) 'Conceptualizing recovery capital: expansion of a theoretical construct', *Substance Use and Misuse*, 43, pp. 1971-1986.

Clough, A and Conigrave, K (2008) 'Managing confidentiality in illicit drugs research: ethical and legal lessons from studies in remote Aboriginal communities', *Internal Medicine Journal*, 38, pp. 60-63.

Cocq, C. (2019) 'The where, how and who of digital ethnography', *Folklore Fellows*, 53, pp. 3-6.

Coffey, A., Renold, E., Dicks, B., Soyinka, B. and Mason, B. (2006) 'Hypermedia ethnography in educational settings: possibilities and challenges', *Ethnography and Education*, 1(1), pp. 15-30.

Cohen, A., Vakharia, S. P., Netherland, J. and Frederique, K. (2022) 'How the war on drugs impacts social determinants of health beyond the criminal legal system', *Annals of Medicine*, 54(1), pp. 2024-2038.

Cohen, S. (1972) *Folk devils and moral panics*. 3rd edn. Abingdon: Routledge.

Cohen, S. (1985) *Visions of social control*. Oxford: Blackwell.

Colby, B. N., Fernandez, J. W. and Kronenfeld, D. B. (1981) 'Toward a convergence of cognitive and symbolic anthropology', *American Ethnologist*, 8(3), pp. 422-450.

Coles, A. (2017) 'Non-linear discourse and control of technology: The Pharmaceutical Society and poisons legislation in 19th-century Britain', *Sociology*, 51(3), pp. 511-526.

Collins, W. J. (1919) 'The international control of drugs of addiction. The present position of the International Opium Convention, 1912', *The British Medical Journal*, 2(3064), pp. 369-370.

Collyer, F. (2007) 'A sociological approach to workforce shortages: findings of a qualitative study in Australian hospitals', *Health Sociology Review*, 16(3-4), pp. 248-262.

Connell, P. H. (1969) 'Drug taking in Great Britain: a growing problem', *Royal Society of Health Journal*, 89(2), pp. 92-96.

Conrad, P. (2007) *Identifying hyperactive children: the medicalization of deviant behavior.* Farnham: Ashgate Publishing Ltd.

Conti, M., Milani, S., Nowroozi, E. and Orazi, G. (2021) 'Do not deceive your employer with a virtual background: a video conferencing manipulation-detection system', *arXiv*, 2106, article number: 15130. Available at: https://arxiv.org/pdf/2106.15130.pdf (Accessed: 06 May 2023).

Copeland, K. (2020) 'Liquid gold', *Washington University Law Review*, 97(5), pp. 1451-1515.

Corbin, J. and Strauss, A. L. (2015) *Basics of qualitative research: techniques and procedures for developing grounded theory*. 4th edn. London: SAGE Publications Ltd.

Courtwright, D. T. (2012) 'A short history of drug policy or why we make war on some drugs but not on others', *History Faculty Publications,* 23. Available at: https://digitalcommons.unf.edu/ahis_facpub/23 (Accessed: 06 May 2023).

Cranston, M. (1979) 'That is an ideology?' *Revue Européenne des Sciences Sociales*, 17(46), pp. 59-63.

Crawford, D. L. (2007) 'The temporality of resistance', in R. Fletcher (ed.) *Beyond Resistance: The Future of Freedom*. New York, NY: Nova Science Publishers, pp. 3-20.

Crichton, S. and Kinash, S. (2003) 'Virtual ethnography: interactive interviewing online as Method', *Canadian Journal of Learning and Technology*, 29(2). Available at: https://www.learntechlib.org/p/43044/ (Accessed: 06 May 2023).

Crick, E. and Holland, A. (2022) 'How states have adapted their drug laws', in I. Crome, D. Nutt and A. Stevens (eds) *Drug science and British drug policy: critical analysis of the Misuse of Drugs Act 1971.* Sherfield-on-Loddon: Waterside Press, pp. 165-182.

Critcher, C. (2011) 'Drunken antics: the gin craze, binge drinking and the political economy of regulation', in Hier, S. P. (ed.) *Moral panic and the politics of anxiety*. Abingdon: Routledge, pp. 171-189.

Crocq, M. A. (2007) 'Historical and cultural aspects of man's relationship with addictive drugs', *Dialogues in Clinical Neuroscience*, 9(4), pp. 355-361.

Crome, I. and Nutt, D. (2022) 'At the frontiers of psychiatry', in I. Crome, D. Nutt and A. Stevens (eds) *Drug science and British drug policy: critical analysis of the Misuse of Drugs Act 1971.* Sherfield-on-Loddon: Waterside Press, pp. 23-38.

Csete, J., Kamarulzaman, A., Kazatchkine, M. and Altice, F. *et al.* (2016) 'Public health and international drug policy', *The Lancet*, 387(10026), pp. 1427-1480.

Daftary, A. (2012) 'HIV and tuberculosis: the construction and management of double stigma', *Social Science and Medicine*, 74, pp. 1512-1519.

Dağtaş, M. S. (2016) ''Down with some things!' The politics of humour and humour as politics in Turkey's Gezi protests', *Etnofoor*, 28(1), pp. 11-34.

Dale, C. and Kalob, D. (2006) 'Embracing social activism: sociology in the service of social justice and peace', *Humanity and Society,* 30(2), pp. 121-152.

Daniels, C., Aluso, A., Burke-Shyne, N., Koram, K., Rajagopalan, S., Robinson, I., Shelly, S., Shirley-Beavan, S. and Tandon, T. (2021) 'Decolonizing drug policy', *Harm Reduction Journal*., 18, article number 120. Available at: https://doi.org/10.1186/s12954-021-00564-7

Da Silva Nascimento, L. and Steinbruch, F. K. (2019) '"The interviews were transcribed", but how? Reflections on management research', *RAUSP Management Journal,* 54(4), pp. 413-429.

Davis, M. (2003) 'IJDP commentary: qualitative research and harm reduction', *International Journal of Drug Policy*, 14, pp. 119-122.

Davis, N. (1971) 'The reasons of misrule: youth groups and charivaris in sixteenth-century France', *Past & Present*, 50, pp. 41-75.

Davis, N. (2012) 'Subjugated subjects? On Judith Butler's paradox of interpellation', *Hypatia,* 27(4), pp. 881-897.

Davison, G. C. and Neale, J. M. (1998). *Abnormal psychology.* 7th edn. New York: John Wiley & Sons, Inc.

Davoudi, S., Galland, D. and Stead, D. (2020) 'Reinventing planning and planners: ideological decontestations and rhetorical appeal', *Planning Theory*, 19(1), pp. 17-37.

Day, E., Wall, R., Chohan, G. and Seddon, J. (2015) 'Perceptions of professional drug treatment staff in England about client barriers to narcotics anonymous attendance', *Addiction Research and Theory*, 23(3), pp. 223-230.

De Chesnay, M. (2015) *Nursing research using life history*. New York, NY: Springer Publishing Company.

Deakin, H. and Wakefield, K. (2014) 'Skype interviewing: reflections of two PhD researchers', *Qualitative Research*, 14(5), pp. 603-616.

Deans, E. G., Thomas, S. L., Derevensky, J., and Daube, M. (2017) 'The influence of marketing on the sports betting attitudes and consumption behaviours of young men: implications for harm reduction and prevention strategies', *Harm Reduction Journal*, 14(1), pp. 1-12.

Degenhardt, L., Chiu, W., Sampson, N. *et al.* (2008) 'Toward a global view of alcohol, tobacco, cannabis, and cocaine use: findings from the WHO World Mental Health Surveys', *PloS Med*, 5(7), doi: 10.1371/journal.pmed.0050141.

Delamont, S. (1989) *Knowledgeable women: structuralism and the reproduction of elites*. London: Routledge.

Delamont, S. (2007) 'Arguments against auto-ethnography', *Qualitative Researcher*, 4, pp. 2-4.

DeLanda, M. (2016) *Assemblage theory.* Edinburgh: Edinburgh University Press.

Delfabbro, P. H., McArdle, P. and King, D. L. (2020) 'Political and policy issues in adolescent addiction', in C. A. Essau and P. H. Delfabbro (eds) *Adolescent addiction*. Cambridge, MA: Academic Press, pp. 319-334.

Demange, E., Henry, E. and Préau, M. (2012) *From collaborative research to community-based research: a methodological toolkit*. Paris: ANRS/Coalition PLUS. Collection Sciences Sociales et Sida.

Dennis, F. (2017) 'The injecting 'event': harm reduction beyond the human', *Critical Public Health*, 27(3), pp. 337-349.

Dennis, F. (2021) 'Advocating for diamorphine: cosmopolitical care and collective action in the ruins of the 'old British system', *Critical Public Health*, 31(2), pp. 144-155.

Dennis, F., Rhodes, T. and Harris, M. (2020) 'More-than-harm reduction: engaging with alternative ontologies of 'movement' in UK drug services', *International Journal of Drug Policy*, 82, article number 102771. Available at: https://doi.org/10.1016/j.drugpo.2020.102771

Denshire, S. (2010) 'The art of 'writing in' the hospital under-life: auto-ethnographic reflections on subjugated knowledges in everyday practice', *Reflective Practice*, 11(4), pp. 529–544.

Denshire, S. (2014) 'On autoethnography', *Current Sociology,* 62(6), pp. 831-850.

Denzin, N. K. (1992) *Symbolic interactionism and cultural studies: the politics of interpretation*. Oxford: Blackwell Publishing.

Diaz, M. P. (1985) 'The translation of experience: from ethnography to theory in anthropology', *Philippine Sociological Review*, 33 (3/4), pp. 94-102.

Denzin, N. K. (1998) 'Reviewed work(s): Qualitative Analysis for Social Scientists, by Anselm L. Strauss', *Contemporary Sociology*, 17(3), pp. 430-432.

Denzin, N. K. (2004) 'Symbolic interactionism', in U. Flick, E. von Kardorff and I. Steinke (eds) *A companion to qualitative research.* London: SAGE Publications Ltd., pp. 81-87.

Department of Health (2013) *Performance of Payment by Results pilot areas: April 2012 - February 2013.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/194007/Agenda_item_3.2_-_Pilot_data_for_publication_on_the_web.pdf (Accessed: 06 May 2023).

De Quincey (1821) *Confessions of an English opium eater.* Available at: https://www.gutenberg.org/files/2040/2040-h/2040-h.htm (Accessed: 06 May 2023).

Deshpande, A. (2009) 'An historical overview of opium cultivation and changing state attitudes towards the crop in India, 1878–2000 A.D', *Studies in History*, 25(1), pp. 109-143.

Dickens, D. R. (1994) 'Cultural studies in sociology', *Symbolic Interaction,* 17(1), pp. 99-105.

Dikötter, F. (2003) *'Patient zero': China and the myth of the 'opium plague'* [Inaugural lecture]. School of Oriental and African Studies, University of London, 24 October. Available at: https://frankdikotter.com/publications/the-myth-of-opium.pdf (Accessed: 06 May 2023).

Dilkes-Frayne, E. and Duff, C. (2017) 'Tendencies and trajectories: the production of subjectivity in an event of drug consumption', *Environment and Planning D: Society and Space*, 35(5), pp. 951-967.

Doherty, S. (2023) 'What is monkey dust? The zombie drug causing users to eat glass – allegedly', *The Face*, (17 May). Available at: https://theface.com/life/what-is-monkey-dust-drug-the-sun-zombie-drug-bath-salts-uk-life (Accessed: 20 May 2023).

Dorsey, E. R. and Ritzer, G. (2016) 'The MacDonaldization of medicine', JAMA Neurology, 73(1), pp. 15-16.

Douglas, M. (1975) *"Jokes." Implicit meanings: essays in anthropology.* London: Routledge.

Doukas, N. and Cullen, J. (2009) 'Recovered, in recovery, or recovering from substance abuse? A question of identity', *Journal of Psychoactive Drugs*, 41(4), pp. 391-394.

Doukas, N. and Cullen, J. (2010) 'Recovered addicts working in the addiction field: pitfalls to substance abuse relapse', *Drugs: Education, Prevention and Policy,* 17(3), pp. 216-231.

Drink and Drug News (no date) *About us*. Available at: https://www.drinkanddrugsnews.com/drink-and-drugs-news-about-us/ (Accessed: 06 May 2023).

Drug Policy Alliance (2019) *Rethinking the "drug dealer".* Available at: https://drugpolicy.org/wp-content/uploads/2023/05/Rethinking_the_Drug_Dealer_Report.pdf (Accessed: 06 May 2023).

Duff, C. (2010) 'Enabling places and enabling resources: new directions for harm reduction research and practice', *Drug and Alcohol Review,* 29(3), pp. 337-344.

Duff, C. (2018) 'A new empiricism for harm reduction', *International Journal of Drug Policy*, 61, pp. 59-61.

Duke, K. (2013) 'From crime to recovery: the re-framing of British drugs policy?' *Journal of Drugs Issues*, 43(1), pp. 39-55.

Duke, K., Herring, R., Thickett, A. and Thom, B. (2013) 'Substitution treatment in the era of "recovery": an analysis of stakeholder roles and policy windows in Britain', *Substance Use and Misuse*, 48(11), pp. 966-976.

Duke, K. and Thom, B. (2014) 'The role of evidence and the expert in contemporary processes of governance: the case of opioid substitution treatment policy in England', *International Journal of Drug Policy*, 25, pp. 964-971.

Dunlop, W. L. and Tracy, J. L. (2013) 'The autobiography of addiction: autobiographical reasoning and psychological adjustment in abstinent alcoholics', *Memory*, 21(1), pp. 64-78.

Dwyer, S. C. and Buckle, J. L. (2009) 'The space between: on being an insider-outsider in qualitative research', *International Journal of Qualitative Methods*, 8(10), pp. 54-63.

Easton, M. (2007) 'Drug 'rewards' given to addicts', *BBC News*, 18 October. Available at: http://news.bbc.co.uk/1/hi/uk/7049934.stm (Accessed: 06 May 2023).

Eaves, E. R., Trotter II, R. T., Marquez, B., Negron, K., Doerry, E., Mensah, D., Compton-Gore, K. A., Lanzetta, S. A., Kruitho, K., Dykman, K. and Baldwin, J. A. (2022) 'Possibilities and constraints of rapid online ethnography: lessons from a rapid assessment of COVID-19 policy for people who use drugs', *Frontiers in Sociology*, 7, doi: 10.3389/fsoc.2022.959642

Edman, J. (2013) 'The ideological drug problem', *Drugs and Alcohol Today*, 13(1), pp. 9-19.

Edwards, G. (2012) 'Thomas Trotter's 'Essay on Drunkenness' appraised', *Addiction*, 107, pp. 1562-1569.

Ekendahl, M. and Karlsson, P. (2021) 'Multiple logics: how staff in relapse prevention interpellate people with substance use problems', *Contemporary Drug Problems*, 48(2), pp. 99-113.

Elden, S. (2007) 'Some are born posthumously: the French afterlife of Henri Lefebvre. *Historical Materialism*, 14(4), pp. 185.

El-Guebaly, N. (2012) 'The meanings of recovery from addiction: evolution and promises', *Journal of Addiction Medicine*, 6(1), pp. 1-9.

Ellis, C., Adams, T. E and Bochner, A. (2011) 'Autoethnography: an overview', *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research,* 12(1), article number 10. Available at: http://nbn-resolving.de/urn:nbn:de:0114-fqs1101108

Ellis, C. and Bochner, A. (2000) 'Autoethnography, personal narrative, reflexivity: researcher as subject', in N. K. Denzin and Y. S. Lincoln (eds) *Handbook of Qualitative Research*. 2nd edn. London: SAGE Publications Ltd., pp. 733-768.

Elmborg, J. K. (2011) 'Libraries as the spaces between us: Recognising and valuing the third space', *Reference and Service User Quarterly*, 50(4), pp. 338-350.

Enghoff, O. and Aldridge, J. (2019) 'The value of unsolicited online data in drug policy research', *International Journal of Drug Policy*, 73, pp. 210-218.

Engward, H. (2013) 'Understanding grounded theory', *Nursing Standard*, 28(7), pp. 37-41.

Epstein, E. G. and Delgado, S. (2010) 'Understanding and Addressing Moral Distress', *OJIN: The Online Journal of Issues in Nursing*, 15(3), doi: 10.3912/OJIN.Vol15No03Man01

Epstein, E. G. and Hamric, A. B. (2009) 'Moral distress, moral residue and the crescendo effect', *Journal of Clinical Ethics*, 20(4), pp. 330-42.

Eriksen, S. (1999) 'Alcohol as a gender symbol', *Scandinavian Journal of History*, 24(1), pp. 45-73.

Esquivel-Suárez, F. (2018) 'The Global War on Drugs', *Global South Studies: A Collective Publication with The Global South*. Available at: https://globalsouthstudies.as.virginia.edu/key-issues/global-war-drugs (Accessed: 06 May 2023).

Etheredge, S. (2020) 'Prohibition at 100: a comprehensive and annotated federal legislative history', *Legal Reference Services Quarterly*, 39(2-3), pp. 204-242.

Ettorre, E. (2017) '*Feminist autoethnography, gender, and drug use: "Feeling About" empathy while "Storying the I"', Contemporary Drug Problems*, 44(4), pp. 356-374.

Evans, G. L. (2013) 'A novice researcher's first walk through the maze of grounded theory: rationalization for classical grounded theory', *The Grounded Theory Review*, 12(1), pp. 37-55.

Evans, M. (2014) ''I'm beyond caring', a response to the Francis Report: the failure of social systems in health care to adequately support nurses and nursing in the clinical care of their patients', *Psychoanalytic Psychotherapy*, 28(2), pp. 193–210.

Fairchild, N. (2019) 'The micropolitics of posthuman early years leadership assemblages: exploring more-than-human relationality', *Contemporary Issues in Early Childhood*, 20(1), pp. 53-64.

Fairclough, N. (2012) 'Critical discourse analysis', in J. P. Gee and M. Handford (eds) *The Routledge Handbook of Discourse Analysis* Abingdon: Routledge, pp. 9-20.

Farahmand, P., Arshed, A. and Bradley, M. V. (2020) 'Systemic racism and substance use disorders', *Psychiatric Annals,* 50(11), pp. 494-498.

Fazey, C. S. J. (2003) 'The Commission on Narcotic Drugs and the United Nations International Drug Control Programme: politics, policies and prospect for change', *International Journal of Drug Policy*, 14, pp. 155-169.

Featherstone, M. (1990) 'Perspectives on consumer culture', *Sociology*, 24(1), pp. 5-22.

Ferentzy, P. (2001) 'From sin to disease: differences and similarities between past and current conceptions of chronic drunkenness', *Contemporary Drug Problems*, 28, pp. 363-390.

Fielding, J. (2023) 'Inside the monkey dust epidemic sweeping Britain: drug zombies terrify shoppers in once-prosperous British city as new synthetic drug that has laid waste to US comes to our shores', *MailOnline*, 20 May. Available at: https://www.dailymail.co.uk/news/article-12103423/Inside-monkey-dust-epidemic-sweeping-Britain.html (Accessed: 12 July 2023).

Fields, J., Copp, M. and Kleinman, S. (2006) 'Symbolic interactionism, inequality, and emotions', in J. E. Stets and J. H. Turner (eds) *Handbook of the Sociology of Emotions*. *Handbooks of Sociology and Social Research.* Boston, MA: Springer, pp. 155-178.

Fine, G. A. (1993) 'The sad demise, mysterious disappearance, and glorious triumph of symbolic interactionism', *Annual Review of Sociology*, 19, pp. 61-87.

Fink, E. L. (2015) 'Symbolic interactionism' in C. R. Berger and M. E. Roloff (eds) *The international encyclopedia of interpersonal communication*. Boston, MA: John Wiley and Sons, Inc. Available at: https://doi.org/10.1002/9781118540190.wbeic266 (Accessed: 06 May 2023).

Fischer, B. (1999) 'Prohibition, public health and a window of opportunity: an analysis of Canadian drug policy, 1985-1997', *Policy Studies*, 20(3), pp. 197-210.

Fisher, H. and Measham, F. (2018) *Night lives: reducing drug-related harm in the night time economy.* Available at: https://apo.org.au/sites/default/files/resource-files/2018-03/apo-nid219036.pdf (Accessed: 06 May 2023).

Fiske, J. (1987) *Television culture*. London: Routledge.

Fitzgerald, J. L. (2015) *Framing drug use: bodies, space, economy and crime*. Basingstoke: Palgrave Macmillan.

Flacks, S. (2023) 'Who is the addict-offender? A historical ontology', *Social & Legal Studies*, doi: 10.1177/09646639231172612

Flavin, S., Meltonville, M., Taverner, C., Reid, J., Lawrence, S., Belloch-Molina, C. and Morrissey, J. (2023) 'Understanding early modern beer: an interdisciplinary case study', *The Historical Journal*, 66., pp. 516-549.

Fletcher, H. B. (2008) *Gender and the American temperance movement of the nineteenth century.* Abingdon: Routledge.

Flick, U. (2018) *An introduction to qualitative research*. 6th edn. London: SAGE Publications Ltd.

Floyd, C. N. and Warren, J. B. (2018) 'Opioids out of control', *British Journal of Clinical Pharmacology*, 84, pp. 813-815.

Fogarty, M. and Elliot, D. L. (2020) 'The role of humour in the social care professions', *British Journal of Social Work*, 50, pp. 778-796.

Fomiatti, R., Moore, D. and Fraser, S. (2017) 'Interpellating recovery: the politics of 'identity' in recovery-focused treatment', *International Journal of Drug Policy,* 44, pp. 174-182.

Fomiatti, R., Moore, D. and Fraser, S. (2019) 'The improvable self: enacting model citizenship and sociality in research on 'new recovery', *Addiction Research & Theory,* 27(6), pp. 527-538.

Forsey, G. (2010) 'Ethnography as participant listening', *Ethnography*, 11(4), pp. 558-572.

Foss, S. K. (2012) 'Framing the study of visual rhetoric: toward a transformation of rhetorical theory', in C. A. Hill and M. Helmers (eds) *Defining visual rhetorics.* Mahwah, NJ: Lawrence Erlbaum Associates, Inc., pp. 303-314.

Foss, S. K. (2018) *Rhetorical criticism: exploration and practice*. 5th edn. Long Grove, IL: Waveland Press Inc.

Foxcroft, L. (2007) *The making of addiction: the 'use and abuse' of opium in nineteenth-century Britain.* Abingdon: Routledge.

Fraser, S., valentine, k. and Ekendahl, M. (2018) 'Drugs, brains and other subalterns: public debate and the new materialist politics of addiction', *Body & Society*, 24(4), pp. 58-86.

Freeden, M. (1996) *Ideologies and political theory: a conceptual approach.* Oxford: Oxford University Press.

Freire, P. (1970) *Pedagogy of the oppressed.* London: Penguin Books Ltd.

Freire, P. (1974) *Education for critical consciousness*. Translated from the Portuguese by M. D. Ramos. London: Continuum.

Freire, P. (1985) ‘Reading the world and reading the word: an interview with Paulo Freire’, *Language Arts*, 62(1), pp. 15-21.

Freire, P. (1992) *Pedagogy of hope: reliving Pedagogy of the Oppressed*. London: Bloomsbury Publishing Plc.

Friedman, S. R. (1998) ‘The political economy of drug-user scapegoating-and the philosophy and politics of resistance’, *Drugs: Education, Prevention and Policy*, 5(1), pp. 15-32.

Fuchs, C. (2019) ‘Revisiting the Althusser/E. P. Thompson-controversy: towards a Marxist theory of communication’, *Communication and the Public*, 4(1), pp. 3-20.

Gallagher, J. R. and Bremer, T. (2018) ‘A perspective from the field: the disconnect between abstinence-Based Programs and the use of Motivational Interviewing in treating substance use disorders’, *Alcoholism Treatment Quarterly*, 36(1), pp. 115-126.

García-Reyes, K. (2022) ‘The ‘Real Man’ in the global war on drugs: narco versus militarised masculinities’, *Journal of Illicit Economies and Development*, 4(2), pp. 191–203.

Garton, S. (1987) ‘’Once a drunkard, always a drunkard’: social reform and the problem of ‘habitual drunkenness’ in Australia, 1880-1914’, *Labour History*, 53, pp. 38-53.

Gatson, S. N. (2011) ‘The methods, politics, and ethics of representation in online ethnography’, in N. K. Denzin and Y. S. Lincoln (eds) *Collecting and interpreting qualitative materials*. 4th edn. Thousand Oaks, CA: SAGE Publications, Inc., pp. 245-275.

Geertz, C. (1973) *The interpretation of cultures: selected essays*. Reprint. London: Fontana Press, 1993.

Geertz, C. (1983) *Local knowledge: further essays in interpretive anthropology*. Reprint. London: Fontana Press, 1993.

Geertz, C. (1988) *Works and lives: the anthropologist as author*. Stanford, CA: Stanford University Press.

Geleta, E. B. (2014) ‘The politics of identity and methodology in African development ethnography’, *Qualitative Research,* 14(1), pp. 131-146.

Gerber, H., Abrams, S. S., Curwood, J. S. and Magnifico, A. M. (2017) *Conducting Qualitative Research of Learning in Online Spaces*. Thousand Oaks, CA: SAGE Publications Ltd.

Gerring, J. (1997) ‘Ideology: a definitional analysis’, *Political Research Quarterly,* 50(4), pp. 957-994.

Gerth, H. H. and Mills, C. W. (1946) (eds) *From Max Weber: Essays in sociology.* New York, NY: Oxford University Press.

Geuder, J. and Alcântara, L. (2019) '(Urban) space, media and protests: digitalizing the right to the city?' In J. Bauer and R. Fischer (eds) *Perspectives on Henri Lefebvre: theory, practices and (re)readings.* Berlin: De Gruyter Oldenbourg, pp. 118-144.

Giles, T., King, L. and De Lacey, S. (2013) 'The timing of the literature review in grounded theory research: an open mind versus an empty head', *Advances in Nursing Science*, 36(2), E29-E40.

Gillis, J. R. (1975) ''The evolution of juvenile delinquency in England 1890 - 1914', *Past and Present*, 67 (1), pp. 96-126.

Giugni, M., and Grasso, M. (2021) 'Party membership and social movement activism: a macro–micro analysis' *Party Politics*, 27(1), pp. 92-102.

Giulianotti, R. (1995) 'Participant observation and research into football hooliganism: reflections on the problems of entree and everyday risks', *Sociology of Sport Journal*, 12, pp. 1-20.

Glaser, B. G. (1992) *Basics of grounded theory analysis*. Mill Valley, CA: Sociology Press.

Glaser, B. G. and Strauss, A. L. (1965) 'Temporal aspects of dying as a non-scheduled status passage', *American Journal of Sociology*, 71(1), pp. 48-59.

Glaser, B. G. and Strauss, A. L. (1967) *Discovery of grounded theory: strategies for qualitative research.* Reprint. Abingdon: Routledge, 2017.

Glatt, M. M. (1966) *A review of the Second Report of the Interdepartmental Committee on Addiction.* Available at: https://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin_1966-01-01_2_page006.html (Accessed: 06 May 2023).

Gleadow, E. (2023) ''Monkey dust' sweeps UK with terrifying drug zombies left roaming city streets', *Daily Star*, 20 May. Available at: https://www.dailystar.co.uk/news/latest-news/monkey-dust-sweeps-uk-terrifying-30029086 (Accessed: 12 July 2023).

Godlee, F. and Hurley, R. (2016) 'The war on drugs has failed: doctors should lead calls for drug policy reform', *BMJ,* 355, i6067, doi: 10.1136/bmj.i6067

Goffman, E. (1959) *The presentation of self in everyday life*. Middlesex: Penguin Books Ltd.

Goffman, E. (1961a) *Asylums. Essays on the social situation of mental patients and other inmates.* Middlesex: Penguin Books Ltd.

Goffman, E. (1961b) *Encounters: Two studies in the sociology of interaction*. Middlesex: Penguin Books Ltd.

Goffman, E. (1963) *Stigma: notes on the management of a spoiled identity*. Middlesex: Penguin Books Ltd.

Goldschmidt, W. (1977) Anthropology and the coming crisis: An autoethnographic appraisal, *American Anthropologist*, 79(2), pp. 293-308.

Gomes, A. (2022) 'Paulo Freire: review of "Pedagogy of the Oppressed"', *Harm Reduction Journal*, 19 (21). Available at: https://doi.org/10.1186/s12954-022-00605-9

Gomis, B. (2014) *Turkey declares new war on drugs, ignoring pitfalls and global trends.* Available at: https://www.worldpoliticsreview.com/turkey-declares-new-war-on-drugs-ignoring-pitfalls-and-global-trends/ (Accessed: 06 May 2023).

Gosling, H. (2016) 'A critical insight into practitioners' lived experience of payment by results in the alcohol and drug treatment sector', *Critical Social Policy*, 38(2), pp. 244–261.

Goulka, J., del Pozo, B. and Beletsky, L. (2021) 'From public safety to public health: re-envisioning the goals and methods of policing', *Journal of Community Safety and Wellbeing*, 6(1), pp. 22-27.

Granfield, R. (2004) 'Addiction and modernity: a comment on a global theory of addiction', *Nordic Studies on Alcohol and* Drugs, 44, pp. 27-32.

Gray, C. H. (2002) *Cyborg citizen*. London: Routledge.

Greenfield, G., Foley, K. and Majeed, A. (2016) 'Rethinking primary care's gatekeeper role', *BMJ,* 354, i4803. Available at: https://doi.org/10.1136/bmj.i4803

Greenwood, C., Davis, M., Remes, D., Ku, J. and Massimino, E. (2008) 'Civil liberties in times of crisis', *Proceedings of the Annual Meeting (American Society of International Law),* 102, pp. 75-87.

Greer, A. M., Luchenski, S. A., Amlani, A. A., Lacroix, K., Burmeister, C. and Buxton, J. A. (2016) 'Peer engagement in harm reduction strategies and services: a critical case study and evaluation framework from British Columbia, Canada', *BMC Public Health*, 16(452). Available at: https://doi.org/10.1186/s12889-016-3136-4

Griffin, C. J. G. (2000) 'The Washingtonian Revival": narrative and moral transformation of temperance reform in antebellum America', *Southern Journal of Communication*, 66(1), pp. 67-78.

Griffiths, P. (2012) 'Recovery ruffling feathers across the Tasman', *Matters of Substance*, 22(3), pp. 22-25.

Guest, K. R. (2005) 'The ideology of terror: why we will never win the "war"', *The Journal of American Culture*, 28(4), pp. 368-376.

Gunning, K. F. (1996) 'The aim should be a drug free society', *BMJ,* 312, pp. 636-637.

Gupta, V., Allan, S., Qi, R., Bryant, A., Greenhill, B., Golding, L., Eames, C. and Fisher, P. (2023) 'Understanding the identity of lived experience researchers and providers: a conceptual framework and systematic narrative review', *Research Involvement and Engagement*, 9, 26. Available at: https://doi.org/10.1186/s40900-023-00439-0

Guralnik, O. and Simeon, D. (2010) 'Depersonalization: Standing in the Spaces Between Recognition and Interpellation', *Psychoanalytic Dialogues*, 20, pp. 400-416.

Gusfield, J. R. (1963) *Symbolic crusade: Status politics and the American temperance movement.* Urbana, IL: University of Illinois Press.

Habermas, J. (1970) 'Technology and Science as "Ideology"', in J. Habermas (ed.) *Toward a rational society*. Boston, MA: Beacon Press, pp. 81-122.

Hair, N., Akdevelioglu, D. and Clark, M. (2023) 'The philosophical and methodological guidelines for ethical online ethnography', *International Journal of Market Research*, 65(1), pp. 12-28.

Hales, S. (1751) *A friendly admonition to the drinkers of Gin, Brandy, and other distilled spirituous liquors*. London: B. Dod.

Hall, M. K. (2004) 'The Vietnam era antiwar movement', *OAH Magazine of History*, 18(5), pp. 13-17.

Hall, P. M. (2003) 'Interactionism, social organization, and social processes: looking back and moving ahead', *Symbolic Interaction*, 26(1), pp. 33–55.

Hall, S. (1968) 'The Hippies – an American moment'. Available at: https://www.birmingham.ac.uk/Documents/college-artslaw/history/cccs/stencilled-occasional-papers/1to8and11to24and38to48/SOP16.pdf (Accessed: 06 May 2023).

Hall, S. (1985) 'Signification, representation, ideology: Althusser and post-structuralist debates', *Critical Studies in Mass Communication*, 2(2), pp. 91-114.

Hall, W. (2010) 'What are the policy lessons of National Alcohol Prohibition in the United States, 1919-1933?', *Addiction*, 105, pp. 1164-1173.

Hall, W. (2017) 'The future of the international drug control system and national drug prohibitions', *Addiction*, 113, pp. 1210-1223.

Hallam, C. (2020) 'Drug consumers and the formation of the international drug control apparatus', in D. R. Bewley-Taylor and K. Tinasti (eds) *Research handbook on international drug policy.* Cheltenham: Edward Elgar Publishing Limited, pp. 38-53.

Hallam, C. (2022) 'Interwar drug scenes and restrictive regulation in Britain', in P. Gootenberg (eds) *The Oxford handbook of Global Drug History.* Oxford: Oxford University Press, pp. 341-357.

Hallstone, M. (2002) 'Updating Howard Becker's theory of using marijuana for pleasure', *Contemporary Drug Problems*, 29, pp. 821-845.

Hamerton, C. (2022) *Devilry, Deviance and Public Sphere: the social discovery of moral panic in eighteenth century London*. Cham: Palgrave Macmillan.

Hamilton, M. (2017) 'On being a teacher-ethnographer: nestling the ethical and logistical dilemmas among the joys of insiderness', *The Qualitative Report*, 22(9), pp. 2457-2477.

Hamilton, K. D. (2019) *Online novel psychoactive substance user communities: responsible use, harm reduction and resistance.* PhD thesis. University of the West of Scotland. Available at: https://www.academia.edu/download/65134246/Kieran_Hamilton_Doctoral_Thesis_Final_Feb_2019.pdf (Accessed: 06 May 2023).

Hammersley, M. (1989) *The dilemma of qualitative method: Herbert Blumer and the Chicago tradition.* London: Routledge.

Hammersley, M. (2006) 'Ethnography: problems and prospects', *Ethnography and Education*, 1(1), pp. 3-14.

Hammersley, M. and Atkinson, P. (2007) *Ethnography: principles in practice*. 3rd edn. Abingdon: Routledge.

Handel, W. (1979) 'Normative expectations and the emergence of meaning as solutions to problems: convergence of structural and interactionist views', *American Journal of Sociology*, 84(4), pp. 855-881.

Hands, T. (2013) 'Sobering up the Magdalenes' drunken sisters: the institutional treatment of "female drunken pests" in Scotland, 1900–15', *The Social History of Alcohol and Drugs*, 27(1), pp. 62-81.

Hands, T. (2018) *Drinking in Victorian and Edwardian Britain: Beyond the spectre of the drunkard*. London: Palgrave Macmillan.

Hanna, D. R. (2004) 'Moral distress: the state of the science', *Research and Theory for Nursing Practice*, 18(1), 73-93.

Hardingham, L. B. (2004) 'Integrity and moral residue: nurses as participants in a moral community', *Nursing Philosophy*, 5(2), pp. 127-134.

Hardon, A. and Hymans, D. (2016) 'Guest editors' introduction: harm reduction from below', *Contemporary Drug Problems*, 43(3), pp. 191-198.

Hargreaves, P. (2022) 'The MDA (1971): no education', in I. Crome, D. Nutt and A. Stevens (eds) *Drug science and British drug policy: critical analysis of the Misuse of Drugs Act 1971.* Sherfield-on-Loddon: Waterside Press, pp. 225-240.

Harm Reduction International (2020a) *Making the investment case: Cost-effectiveness evidence for harm reduction.* Available at: https://www.hri.global/files/2021/12/01/HRI-BRIEFING-APRIL-2020-NOV21-LOWRES.PDF (Accessed: 06 May 2023).

Harm Reduction International (2020b) *The global state of harm reduction 2020*. Available at: https://www.hri.global/files/2021/03/04/Global_State_HRI_2020_BOOK_FA_Web.pdf (Accessed: 06 May 2023).

Harm Reduction International (2021) *What is harm reduction?* Available at: https://www.hri.global/what-is-harm-reduction (Accessed: 06 May 2023).

Harm Reduction International (2022) *Who we are: our history*. Available at: https://hri.global/about-us/ (Accessed: 06 May 2023).

Harris, S. and Schlosser, A. (2021) 'At the intersection of harm reduction and COVID-19: the role of anthropologists during and post-pandemic', *Human Organization*, 80(4), pp. 272-281.

*Harrison Act 2014*. Available at: https://govtrackus.s3.amazonaws.com/legislink/pdf/stat/38/STATUTE-38-Pg785.pdf (Accessed: 06 May 2023).

Harrison, A. K. (2013) 'Thick description', in R. J. McGee and R. J. Warms (eds) *Theory in social and cultural anthropology: An encyclopedia.* London: SAGE Publications Ltd, pp. 860-861.

Harrison, R. E., Shyleika, V. and Falkenstein, C., Garsevanidze, E., Vishnevskaya, O., Lonnroth, K., Sayakci Ö., Sinha, A., Sitali, N., Skrahina, A., Stringer, B., Tan, C., Mar, H. T., Venis, S., Vetushko, D., Viney, K., Vishneuski, R. and Carrion Martin, A. I. (2022) 'Patient and health-care provider experience of a person-centred, multidisciplinary, psychosocial support and harm reduction programme for patients with harmful use of alcohol and drug-resistant tuberculosis in Minsk, Belarus', BMC Health Services Research, 22, pp. 1-12.

Hart, T. (2017) 'Online ethnography', *The International Encyclopedia of Communication Research Methods.* Available at: https://doi.org/10.1002/9781118901731.iecrm0172

Hartmann, G. W. (1933) 'The interview as a research and teaching device', *Journal of Applied Psychology*, 17, pp. 205–211.

Haveman, R., Blank, R., Moffitt, R., Smeeding, T. and Wallace, G. (2015) 'The war on poverty: measurement, trends, and policy', *Journal of Policy Analysis and Management*, 34(3), pp. 593-638.

Hay, I. (2020) 'Zoom and place: video conferencing and virtual geography', *South Australian Geographical Journal*, 116(1), pp. 7-11.

Hayano, D. (1979) 'Auto-ethnography: paradigms, problems, and prospects', *Human Organization*, 38(1), pp. 99-104.

Hayes, B.T., Favaro, J., Davis, C.S., Gonsalves, G.S., Beletsky, L., Vlahov, D., Heimer, R. and Fox, A.D. (2021) 'Harm reduction, by mail: the next step in promoting the health of people who use drugs', *Journal of Urban Health*, 98, pp.532-537.

Hayfield, N. and Huxley, C. (2015) 'Insider and outsider perspectives: reflections on researcher identities in research with lesbian and bisexual Women, *Qualitative Research in Psychology*, 12(2), pp. 91-106.

Hayter, A. (1980) 'The laudanum bottle loomed large: opium in the English literary world in the nineteenth century', *Ariel: A Review of International English Literature,* 11(4), pp. 37-51.

Heath, H. and Cowley, S. (2004) 'Developing a grounded theory approach: a comparison of Glaser and Strauss', *International Journal of Nursing Studies*, 41, pp. 141-150.

Heath, I. (2007) 'Let's get tough on the causes of health inequality', *BMJ,* 334(7607), doi: 10.1136/bmj.39247.502813.59

Heather, N., Wodak, A., Nadelman, E. and O'Hare, P. (eds) (1993) *Psychoactive Drugs and Harm Reduction: From Faith to Science*. London: Whurr Publishers.

Henderson, C., Madden, A. and Kelsall, J. (2017) ''Beyond the willing and the waiting' – the role of peer-based approaches in hepatitis C diagnosis and treatment', *International Journal of Drug Policy*, 50, pp. 111-115.

Henry, S. (2019) *Social deviance*. 2nd edn. Cambridge: Polity Press.

Herkt, P. (1993) 'Peer-based user groups: the Australian experience', in N. Heather, A. Wodak, E. Nadelman and P. O'Hare (eds) *Psychoactive Drugs and Harm Reduction: From Faith to Science*. London: Whurr Publishers, pp. 320-330.

Herold, M. D. and Søgaard, T. F. (2019) 'Disturbing the 'spoiled-unspoiled binary: performances of recovering identities in drug-experienced youths' friendship narratives', *Addiction Research and Theory*, 27(3), pp. 226-234.

Herring, R., Berridge, V. and Thom, B. (2008) 'Binge drinking today: Learning lessons from the past', *Drugs: education, prevention and policy*, 15(5), pp. 475-486.

Hey, V. (1997) *The company she keeps: an ethnography of girls' friendships*. Buckingham: Open University Press.

Hine, C. (2015) *Ethnography for the Internet. Embedded, Embodied and Everyday*. London: Bloomsbury.

Hine, C. (2017) 'Ethnographies of online communities and social media: modes, varieties, affordances', in N. G. Fielding, R. M. Lee and G. Blank (eds) *The SAGE handbook of online research methods*. London: SAGE Publications Ltd., pp. 401-415.

Hinton, E. (2016) *From the war on poverty to the war on crime: the making of mass incarceration in America.* Cambridge, MA: Harvard University Press.

HM Government (2010) *Drug Strategy 2010. Reducing demand, restricting supply, building recovery: supporting people to live a drug free life.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/98026/drug-strategy-2010.pdf (Accessed: 06 May 2023).

HM Government (2011) *Open Public Services* (Cm 8145) Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/255288/OpenPublicServices-WhitePaper.pdf (Accessed: 06 May 2023).

HM Government (2012) *Putting full recovery first: the recovery roadmap.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/98010/recovery-roadmap.pdf (Accessed: 06 May 2023).

HM Government (2017) *2017 Drug Strategy*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF (Accessed: 06 May 2023).

HM Government (2021) *From harm to hope: a 10 year drugs plan to cut crime and save lives.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1079147/From_harm_to_hope_PDF.pdf (Accessed: 06 May 2023).

HM Government (2022) *Swift, certain, tough: new penalties for drug possession*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1091385/Swift_Certain_Tough_-_New_consequences_for_drug_possession_official_.pdf (Accessed: 06 May 2023).

HM Inspectorate of Probation (2021) *A joint thematic inspection of community-based drug treatment and recovery work with people on probation*. Available at: https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2021/08/Drug-treatment-recovery-thematic-v1.0-1.pdf (Accessed: 06 May 2023).

Hobbs, D. and May, T. (1993) (eds.) *Interpreting the field: accounts of ethnography*. Oxford: Oxford University Press.

Hockey, J. (2002) 'Interviews as ethnography? Disembodied social interaction in Britain', in N. Rapport (ed.) *British subjects: an anthropology of Britain*. Oxford: Berg, pp. 209–222.

Hodkinson, P. (2005) 'Insider Research in the Study of Youth Culture', *Journal of Youth Studies*, 8(2), pp. 131-50.

Hoffman, J. P. (1990) 'The historical shift in the perception of opiates: from medicine to social menace', *Journal of Psychoactive Drugs*, 22(1), pp. 53-62.

Holdaway, S. (1988) 'Blue jokes: humour in police work' in C. Powell and G. E. C. Paton (eds) *Humour in society: resistance and control.* London: The Macmillan Press Ltd, pp. 106-122.

Holland, A., Stevens, A., Harris, M., Lewer, D., Sumnall, H., Stewart, D., Gilvarry, E., Wiseman, A., Howkins, J., McManus, J., Shorter, G. W., Nicholls, J., Scott, J., Thomas, K., Reid, L., Day, E., Horsley, J., Measham, F., Rae, M., Fenton, K., and Hickman, M. (2022) 'Analysis of the UK Government's 10-Year drugs strategy – a resource for practitioners and policymakers', *Journal of Public Health*, 45(2), pp. e215-e224.

Hollander, J. A. and Einwohner, R. L. (2004) 'Conceptualising resistance', *Sociological Forum,* 19(4), pp. 533-554.

Holloway, K., Murray, S., Buhociu, M., Arthur, A., Molinaro, R., Chicken, S., Thomas, E., Courtney, S., Spencer, A., Wood, R., Rees, R., Walder, S. and Stait, J. (2022) 'Lessons from the COVID-19 pandemic for substance misuse services: findings from a peer-led study', *Harm Reduction Journal*, 19, article number 140. Available at: https://doi.org/10.1186/s12954-022-00713-6

Holmes, A. G. D. (2020) 'Researcher positionality - a consideration of its influence and place in qualitative research - a new researcher guide', *Shanlax International Journal of Education*, 8(4), pp. 1-10.

Holmes, M. (2010) 'The emotionalization of social life', *Sociology*, 44(1), pp. 139-154.

Home Office (2006) *Drug classification: making a hash of it? The government reply to the fifth report from the House of Commons Science and Technology Committee, session 2005-06, HC1031*. Available at: https://www.gov.uk/government/publications/drug-classification-making-a-hash-of-it (Accessed: 06 May 2023).

Home Office (2014) *Khat fact sheet for England and Wales.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/341917/Khat_leaflet_A4_v12__2_.pdf (Accessed: 06 May 2023).

Home Office (2021) *United Kingdom drug situation 2019: Focal Point annual report*. Available at: https://www.gov.uk/government/publications/united-kingdom-drug-situation-focal-point-annual-report/united-kingdom-drug-situation-focal-point-annual-report-2019 (Accessed: 06 May 2023).

Honig, B. (1994) 'Differences, dilemmas, and the politics of home', *Social Research,* 61(3), pp. 563-597.

Huang, Z., Ruan, H., Jeong, R., Zhou, E., Cohen, T., Kim, J. and Berg, W. (2022) 'Systematic evaluation of YouTube content on testosterone therapy: the proliferation of broscience', *Journal of Sexual Medicine*, 19(4), p. S16.

Hughes, C. E. and Stevens, A. (2012) 'A resounding success or a disastrous failure: Re-examining the interpretation of evidence on the Portuguese decriminalisation of illicit drugs', *Drug and Alcohol Review*, 31, pp. 101-113.

Hughes, M. Suhail-Sindhu S., Namirembe, S., Jordan, A., Medlock, M., Tookes, H. E., Turner, J., Gonzalez-Zuniga, P. (2022) 'The crucial role of Black, Latinx, and Indigenous leadership in harm reduction and addiction treatment', *American Journal of Public Health,* 112(S2), pp. S136-S139.

Humphreys, K. (2000) 'Community narratives and personal stories in Alcoholics Anonymous', *Journal of Community Psychology*, 28(5), pp. 495-506.

Humphreys, L. (1970) *Tearoom trade: impersonal sex in public places.* Chicago: Aldine Publishing Company.

Hunt, N., Ashton, M., Lenton, S., Mitcheson, L., Nelles, B. and Stimson, G. (2003) *A review of the evidence base for harm reduction approaches to drug use.* Available at: https://www.hri.global/files/2010/05/31/HIVTop50Documents11.pdf (Accessed: 06 May 2023).

*Hunting Act 2004, c. 37*. Available at: http://www.legislation.gov.uk/ukpga/2004/37/contents (Accessed: 06 May 2023).

Hurley, R. (2018) 'Illicit drug use should not be a crime, say Royal College of Physicians', *British Medical Journal*, 361, doi: 10.1136/bmj.k1832

El Hussein, M., Hirst, S., Salyers, V., and Osuji, J. (2014) 'Using grounded theory as a method of inquiry: advantages and disadvantages', *The Qualitative Report*, 19(27). Available at: https://doi.org/10.46743/2160-3715/2014.1209

Hutchison, A. J., Johnston, L. H. and Breckon, J. D. (2010) 'Using QSR-NVivo to facilitate the development of a grounded theory project: an account of a worked example', *International Journal of Social Research Methodology,* 13(4), pp. 283–302.

Huxley, A. (1954) *The doors of perception*. Reprint. London: Vintage, 2004.

Hylland, O. M. (2022) 'Tales of temporary disruption: digital adaptations in the first 100 days of the cultural Covid lockdown' *Poetics*, 90, pp. 1-11.

Hyshka, E., Anderson-Baron, J., Karekezi, K., Belle-Isle, L., Elliott, R., Pauly, B., Strike, C., Asbridge, M., Dell, C., McBride, K., Hathaway, A. and Wild, C. (2017) 'Harm reduction in name, but not substance: a comparative analysis of current Canadian provincial and territorial policy frameworks', *Harm Reduction Journal*, 14(50). Available at: https://doi.org/10.1186/s12954-017-0177-7

Ihlen, Ø. (2007) 'Building on Bourdieu: a sociological grasp of public relations', *Public Relations Review*, 33, pp. 269-274.

Incze, M. A. (2021) 'Reassessing the Role of Routine Urine Drug Screening in Opioid Use Disorder Treatment', *JAMA Internal Medicine*, 181(10), pp. 1282-1283.

*Inebriates Act 1898, c. 60*. Available at: http://www.legislation.gov.uk/ukpga/Vict/61-62/60/enacted (Accessed: 06 May 2023).

International Drug Policy Consortium (2018) *Taking stock: a decade of drug policy.* Available at: https://apo.org.au/sites/default/files/resource-files/2018-10/apo-nid199556_1.pdf (Accessed: 06 May 2023).

Isaac, A. (2022) 'Traces of suspected cocaine found after parties in Liz Truss's grace-and-favour house, say staff', *The Guardian*, 16 December. Available at: https://www.theguardian.com/politics/2022/dec/16/traces-of-suspected-cocaine-found-after-parties-in-liz-truss-grace-and-favour-house-say-staff (Accessed: 06 May 2023).

Isomäki, H. and Silvennoinen, J. (2013) 'Online ethnographies', in P. Isaias and M. B. Nunes (eds) *Information systems research and exploring social artifacts: approaches and methodologies*. Hershey, PA: IGI Global, p. 124-141.

Israel, M. (1993) 'The rhetoric of drugs: an interview', *Differences: A Journal of Feminist Cultural Studies,* 5(1), pp. 1-26.

Ivankova, N. V. (2015) *Mixed methods applications in action research: from methods to community action*. London: SAGE Publications Ltd.

Iyer, C. J. (2022) ''Neuralizing' Injustice: How neuroscience misunderstands racism, addiction, and crime', *Intersect*, 16(1), pp. 1-22.

Jameton, A. (1993) 'Dilemmas of moral distress: Moral responsibility and nursing practice', *AWHONNS Clinical Issues in Perinatal & Women's Health Nursing, 4*(4), pp. 542-551.

Jameton, A. (2013) 'A reflection on moral distress in nursing together with a current application of the concept', *Journal of Bioethical Inquiry*, 10(3), pp. 297–308.

Jauffret-Roustide, M., Houborg, E., Southwell, M., Chronopoulou, D., Granier, J., Frank, V. A., Stevens, A. and Rhodes, T. (2022) 'Different paths and potentials to harm reduction in different welfare states: drug consumption rooms in the United Kingdom, Denmark, and France', *American Journal of Public Health*, 112(S2), pp. S99–S103.

Jelsma, M. (2003) 'Drugs in the UN system: the unwritten history of the 1998 United Nations General Assembly Special Session on drugs', *International Journal of Drug Policy*, 14, pp. 181-195.

Jensen, G. H. (2000) *Storytelling in Alcoholics Anonymous: a rhetorical analysis.* Carbondale, IL: Southern Illinois University Press.

Johansson, A. and Vinthagen, S. (2016) 'Dimensions of everyday resistance: an analytical framework', *Critical Sociology*, 42(3), pp. 417-435.

Johansson, T. and Lalander, P. (2012) 'Doing resistance: youth and changing theories of resistance', *Journal of Youth Studies*, 15(8), pp. 1078-1088.

Johnston, H. (2015) *Crime in England 1815-1880: experiencing the criminal justice system.* London: Routledge.

Johnstone, G. (1996) 'From vice to disease: the concepts of dipsomania and inebriety', *Social and Legal Studies*, 5, pp. 37-56.

Jones, J. and Smith, J. (2017) 'Ethnography: challenges and opportunities', *Evidence-Based Nursing*, 20, pp. 98-100.

Jones, V. A. and Reddick, R. J. (2017) 'The heterogeneity of resistance: how black students utilize engagement and activism to challenge PWI inequalities', *The Journal of Negro Education*, 86(3), pp. 204-219.

Josefson, D. (2003) 'Arkansas bans selling of clean urine to beat drug testing', *BMJ,* 326(7384), p. 300.

Joseph, P. E. (2009) 'The black power movement: a state of the field', *The Journal of American History*, 96(3), pp. 751-776.

Kahraman, O. E. (2020) 'Consumption as an ideological state apparatus', *Journal of Human Values*, 26(2), pp. 133-145.

Kalk, N. J., Robertson, J. R., Kidd, B., Day, E., Kelleher, M. J., Gilvarry, E. and Strang, J. (2018) 'Treatment and intervention for opiate dependence in the United Kingdom: Lessons from triumph and failure', *European Journal on Criminal Policy and Research*, 24, pp. 183-200.

Kamieński, L. (2019) 'Drugs'. Available at: https://encyclopedia.1914-1918-online.net/article/drugs (Accessed: 06 May 2023).

Kammersgaard, T. (2019) 'Harm reduction policing: from drug law enforcement to protection', *Contemporary Drug Problems*, 46(4), pp. 345-362.

Kaplan, M. (2012) 'Missing misrecognition', *Culture, Theory and Critique*, 53(3), pp. 265-285.

Katz, F. E. (1976) *Structuralism in sociology: an approach to knowledge*. Albany, NY: State University of New York Press.

Kavanaugh, P. R., and Maratea, R. J. (2020) 'Digital ethnography in an age of information warfare: notes from the field', *Journal of Contemporary Ethnography*, 49(1), pp. 3-26.

Kean, S., Salisbury, L. G., Rattray, J., Walsh, T. S., Huby, G., and Ramsay, P. (2017) ‘‘Intensive care unit survivorship’–a constructivist grounded theory of surviving critical illness’, *Journal of Clinical Nursing*, 26(19-20), pp. 3111-3124.

Kelley, T. (2020) *Life narratives as technologies of self: explorations of agency in A Son of the Forest and The Autobiography of Malcolm X.* MA thesis. University of Central Florida. Available at: https://stars.library.ucf.edu/etd2020/71/ (Accessed: 06 May 2023).

Kemmesies, U. E. (2002) ‘What do hamburgers and drug care have in common: some unorthodox remarks on the McDonaldization and rationality of drug care’, *Journal of Drug Issues*, 32(2), pp. 689-708.

Kennedy, E. (1979) ‘"Ideology" from Destutt De Tracy to Marx’, 40(30), pp. 353-368.

Kilty, K. M. and Joseph, A. (1999) ‘Institutional Racism and Sentencing Disparities for Cocaine Possession’, *Journal of Poverty*, 3(4), pp. 1-17.

King, A. (2011) ‘Service user involvement in methadone maintenance programmes: the ‘philosophy, the ideal, and the reality’, *Drugs: Education, Prevention and Policy,* 18(4), pp. 276-284.

King, L., Nutt, D. and Nichols, D. (2023) ‘Remove barriers to clinical research for schedule 1 drugs with therapeutic potential’, *British Medical Journal*, 381. Available at: https://doi.org/10.1136/bmj.p981

Kitto, S. Alexanian, J. and Goldman, J. (2023) ‘Attuning to the social world: ethnography in health professions education research’, in J. Cleland and S. J. Durning (eds) *Researching medical education*. 2nd edn. Chichester: John Wiley & Sons Ltd., pp. 127-138.

Klein, A. (2013) ‘The khat ban in the UK: what about the ‘scientific’ evidence?’ *Anthropology Today*, 29(5), pp. 6-8.

Klein, A. (2020) ‘Harm reduction works: evidence and inclusion in drug policy and advocacy’, *Health Care Analysis*, 28, pp. 404-414.

Klein, A. and Stothard, B. (2016) ‘All well with world drug control system – just give us more money’, *Drugs and Alcohol Today,* 16 (2). Available at: https://doi.org/10.1108/DAT-04-2016-0013

Klein, A. and Stothard, B. (2021), ‘Editorial’, *Drugs and Alcohol Today*, 21(4), pp. 261-265.

Klemsdal, L. and Wittusen, C. (2021) ‘Agency in compliance with institutions: the case of professional expert-organizations and politico-ethical agency’, *Organization*, 30(4). Available at: https://doi.org/10.1177/13505084211020461

Knijnik, J. (2021) 'To Freire or not to Freire: educational freedom and the populist right-wing 'Escola sem Partido' movement in Brazil', *British Educational Research Journal*, 47(2), pp. 355-371.

Kohn, M. (1992) *Dope Girls: the birth of the British drug underground.* London: Granta.

Kopak, A. M. and Gleicher, L. (2020) 'Law enforcement deflection and pre-arrest diversion programs: a tale of two initiatives', *Journal for Advancing Justice*, 3, pp. 37-56.

Koram, K. (2019) 'Drug prohibition and the end of human rights: race, "Evil," and the United Nations Single Convention on Narcotic Drugs, 1961', in S. Wilson (ed.) *Prohibitions and Psychoactive Substances in History, Culture and Theory*. London: Routledge, pp. 1-20.

Koram, K. (2022) 'Drug prohibition and the policing of warfare: the war on drugs, globalization, and the moralization of perpetual violence', *Humanity: An International Journal of Human Rights, Humanitarianism, and Development*, 13(1), pp. 22-39.

Körner, H. and Treloar, C. (2003) 'Needle and syringe programmes in the local media: "needle anger" versus "effective education in the community", *International Journal of Drug Policy,* 15(1), pp. 46-55.

Kornfield, R. (2014) '(Re)Working the program: gender and openness in Alcoholics Anonymous', *ETHOS*, 42(4), pp. 415-439.

Kowal-Bourgonjon, E. and Jacobs, G. (2019) 'Does addiction belong in modernity? Discursive strategies of exclusion in Polish public awareness campaigns', *Discourse, Context and Media*, 28, pp. 27-34.

Kowalewski, M. R. (1988) 'Double stigma and boundary maintenance: how gay men deal with AIDS', *Journal of Contemporary Ethnography*, 17(2), pp. 211-228.

Kozinets, R. V. (2002) 'The field behind the screen: Using netnography for marketing research in online communities', *Journal of Marketing Research*, 49, pp. 61-72.

Krausz, M. R. and Jang, K. L. (2018) 'North American opioid crisis: decline and fall of the war on drugs', *The Lancet Psychiatry*, 5, pp. 6-7.

Krawczyk, N., Fawole, A., Yang, J., and Tofighi, B. (2021) 'Early innovations in opioid use disorder treatment and harm reduction during the COVID-19 pandemic: a scoping review', *Addiction Science & Clinical Practice*, 16, pp. 1-15.

Krieg, L. J., Berning, M. and Hardon, A. (2017) 'Anthropology with algorithms? An exploration of online drug knowledge using digital methods', *Medicine Anthropology Theory*, 4(3), pp. 21-52.

Kronenfeld, D. and Decker, H. W. (1979) 'Structuralism', *Annual Review of Anthropology*, 8, pp. 503-541.

Krykant, P. (2022) *Glasgow unsanctioned overdose prevention centre*. Available at: https://www.lisbonaddictions.eu/lisbon-addictions-2022/sites/lisbonaddictions.eu.lisbon-addictions-2022/files/23%20%205B%20%201500%20%20Peter%20Krykant_v1.0.pdf (Accessed: 06 May 2023).

Ksobiech, K. (2004) 'Risky sexual behaviors and HIV/disease knowledge of injection drug users attending needle exchange programs', *Journal of HIV/AIDS & Social Services*, 2(2), pp. 41-63.

Kuipers, G. (2016) 'Follow the joke: humour and ethnography', *Etnofoor,* 28(2), pp. 125-129.

Kukla, R. (2018) 'Slurs, interpellation, and ideology', *The Southern Journal of Philosophy*, 56, pp. 7-32.

Lago, R. R., Peter, E. and Bógus, C. M. (2017) 'Harm reduction and tensions in trust and distrust in a Mental Health Service: a qualitative approach', *Substance Abuse Treatment, Prevention and Policy,* 12(12), doi: 10.1186/s13011-017-0098-1

Lal, B. K. (2022) 'The opium poppy (Papaver somniferum L.): historical perspectives recapitulate and induced mutation towards latex less, low alkaloids in capsule husk mutant: a review', *Journal of Medicinal Plants Studies*, 10(3), pp. 19-29.

Lalander, P. (1997) 'Beyond everyday order, breaking away with alcohol', *Nordisk Alcohol- & Narkotikatidskrift*, 14, pp. 33-42.

Lane, J. and Lingel, J. (2022) 'Digital ethnography for sociology: craft, rigor and creativity', *Qualitative Sociology*, 45, pp. 319-326.

Langman, L. (2015) 'An overview: hegemony, ideology and the reproduction of domination', *Critical Sociology*, 41(3), pp. 425-432.

Lavin, C. (2006) 'Fear, radical democracy, and ontological methadone', *Polity*, 38(2), pp. 254-275.

Lavorgna, A. and Myles, H. (2021) 'Science denial and medical misinformation in pandemic times: a psycho-criminological analysis', *European Journal of Criminology,* 19(6). Available at: https://doi.org/10.1177%2F1477370820988832

Layne, K., Dargan, P. I. and Wood, D. M. (2022) 'Synthetic cathinones', in P. Dargan and D. Wood (eds) *Novel Psychoactive Substances*. 2nd edn. Cambridge, MA: Academic Press, pp. 333-380.

Leander, K. M., and Burriss, S. K. (2020) 'Critical literacy for a posthuman world: when people read, and become, with machines', *British Journal of Educational Technology*, 51(4), pp. 1262-1276.

Lee, A. (2022) 'Hybrid activism under the radar: surveillance and resistance among marginalized youth activists in the United States and Canada', *New Media & Society*. Available at: https://doi.org/10.1177/14614448221105847.

Lee, A. S. (2014) 'Theory is king? But first, what is theory?' *Journal of Information Technology*, 29, pp. 350-352.

Lee, D., Baker, W. and Haywood, N. (2020) 'Engaging with 21st century methodologies in contemporary education research: developing a multi-sited, distance, online ethnography', *Florida Journal of Educational Research*, 58(7), pp. 20-33.

Lefebvre, H. (1991) *The production of space*. Translated from the French by D. Nicholson-Smith. Oxford: Blackwell Publishing.

Le Grand, J. (2003) *Motivation, agency, and public policy: of knights and knaves, pawns and queens.* Oxford: Oxford University Press.

Lenton, S. and Single, E. (1998) 'The definition of harm reduction', *Drug and Alcohol Review*, 17(2), pp. 213-9.

Leonardo, Z. (2005) 'Through the Multicultural Glass: Althusser, ideology and race relations in post-civil rights America', *Policy Futures in Education*, 3(4), pp. 400-412.

Leopald, D. (2013) 'Marxism and ideology: from Marx to Althusser', in M. Freeden, L. T. Sargent, and M. Stears (eds) *The Oxford Handbook of Political Ideologies.* Oxford: Oxford University Press, pp. 20-37.

Levine, H. G. (1978) 'The discovery of addiction: changing conceptions of habitual drunkenness in America', *Journal of Studies on Alcohol*, 39, pp. 143-174.

Levine, H. G. (1993) 'Temperance cultures: Concern about alcohol as a problem in Nordic and English-speaking cultures', in M. Lader, G. Edwards and D. C. Drummond, D. C. (eds) *The nature of alcohol and drug-related problems*. New York, NY: Oxford University Press, pp. 15-36.

Levine, H. G. (2002) 'The secret of worldwide drug prohibition: the varieties and uses of drug prohibition', *The Independent Review*, 7(2), pp. 165-180.

Levine, H. G. (2003) 'Global drug prohibition: its uses and crises', *International Journal of Drug Policy*, 14, pp. 145-153.

Levinthal, C. F. (1985) 'Milk of paradise/milk of Hell – the history of ideas about opium', *Perspectives in Biology and Medicine*, 28(4), pp. 561-577.

Li, T. M. (2007) *The will to improve: governmentality, development, and the practice of politics.* Durham, NC: Duke University Press.

*Licensing Act 1872, c. 94.* Available at: https://www.legislation.gov.uk/ukpga/Vict/35-36/94 (Accessed: 06 May 2023).

*Licensing Act 2003, c. 17*. Available at: https://www.legislation.gov.uk/ukpga/2003/17 (Accessed: 06 May 2023).

Lichterman, P. (2017) 'Interpretive reflexivity in ethnography', *Ethnography*, 18(1), pp. 35-45.

Lichtheim, G. (1965) 'The concept of ideology', *History and Theory*, 4(2), pp. 164-195.

Lilja, M., Vinthagen, S., and Wiksell, K. (2022) 'Beyond "individual" or "collective" resistance: a critical assessment towards an agenda for future research on dissent', *Journal of Resistance Studies*, 8(2), pp. 31-49.

Lin, A. M. Y. (2015) 'Researcher positionality', in F. M. Hult and D. C. Johnson (eds) *Research methods in language policy and planning: a practical guide.* 1st edn. Chichester: John Wiley & Sons, Ltd., pp. 21-32.

Lincoln, S. (2012) *Youth culture and private space.* Basingstoke: Palgrave Macmillan.

Lindesmith, A. R. (1938) 'A sociological theory of drug addiction', *American Journal of Sociology*, 11, pp. 593–609.

Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C. and Maguen, S. (2009) 'Moral injury and moral repair in war veterans: a preliminary model and intervention strategy', *Clinical Psychology Review*, 29, pp. 695-706.

Livesey, J. (1868) *Reminiscences of early Teetotalism*. London: The British Library.

Lloyd, C. and Hunt, N. (2007) 'Drug consumption rooms: an overdue extension to harm reduction policy in the UK', *International Journal of Drug Policy*, 18, pp. 5-9.

Lloyd, C., Stöver, H., Zurhold, H. and Hunt, N. (2016) '*Similar Problems, Divergent Responses: Drug Consumption Room policies in the UK and Germany', Journal of Substance Use*, 22(1), pp. 66-70.

Logan, J. R. (2012) 'Making a place for space: spatial thinking in social science', *Annual Review of Sociology,* 38, pp. 507-524.

Lomax, E. (1973) 'Uses and abuses of opium in nineteenth-century England', *Bulletin of the History of Medicine*, 47(2), pp. 167-176.

London, M. (2005) 'History of addiction: a UK perspective', *The American Journal on Addictions,* 14, pp. 97-105.

Long, F. (2018) 'The potency of politics: an exploration of the value of critical discourse analysis in the realm of UK drug policy, *Manchester Review of Law, Crime and Ethics,* 7, pp. 72-86.

Lopez, A. M., Bourgois, P., Wenger, L. D., Lorvick, J., Martinez, A. N. and Kral, A. H. (2013) 'Interdisciplinary mixed methods research with structurally vulnerable populations: case studies of injection drug users in San Francisco', *International Journal of Drug Policy*, 24,(2), pp. 101-109.

Ludington, C. (2013) *The politics of wine in Britain: a new cultural history*. New York, NY: Palgrave Macmillan.

Lukey, R., Gray, B. and Morris, C. (2020) ''We're just seen as people that give out the methadone…': exploring the role of community pharmacists in the opioid substitution treatment team', Jo*urnal of Primary Health Care,* 12(4), pp. 358-367.

Luoma-Aho, M. (2022) 'Drugs, disobedience and democracy: civil disobedience and drug policy', in T. Nykänen, T. Seppälä, T. and P. Koikkalainen, P. (eds) *Civil disobedience from Nepal to Norway: traditions, extensions and civility*. London: Routledge, pp. 64-81.

Lurigio, A. J. (2014) 'A century of losing battles: the costly and ill-advised war on drugs in the United States', *Social Justice*, 21. Available at: https://ecommons.luc.edu/social_justice/21 (Accessed: 06 May 2023).

Lury, C. and Wakeford, N. (eds) (2012) *Inventive methods: the happening of the social*. Abingdon: Routledge.

MacDonald, M. and Schreiber, R. S. (2001) 'Constructing and deconstructing: grounded theory in a postmodern world', in R. S. Schreiber and P. N. Stern (eds) *Using grounded theory in nursing*. New York, NY: Springer Publishing Company, Inc., pp. 35-54.

MacDonald, R., Burke, R., De Nora, T., Donohue, M. S. and Birrell, R. (2021) 'Our virtual tribe: sustaining and enhancing community via online music improvisation', *Frontiers in Psychology*, 11, article number 623640. Available at: https://doi.org/10.3389/fpsyg.2020.623640

MacLeod, R. M. (1967) 'The edge of hope: social policy and chronic alcoholism', *Journal of the History of Medicine and Allied Sciences*, 22(3), pp. 215-245.

MacNeil, J. and Pauly, B. (2010) 'Impact: a case study examining the closure of a large urban fixed site needle exchange in Canada', *Harm Reduction Journal*, 7(11), pp. 1-8.

MacNeil, J. and Pauly, B. (2011) 'Needle exchange as a safe haven in an unsafe world', *Drug and Alcohol Review*, 30(1), pp. 26-32.

Madianou, M. (2015) 'Polymedia and ethnography: understanding the social in social media', *Social Media + Society*, 1(1). Available at: https://doi.org/10.1177/2056305115578675

Magalhães, P. T. (2022) 'Charisma and democracy: Max Weber on the riddle of political change in modern societies', *Topoi*, 41, pp. 69-78.

Mahmood, F. (2021) *Exploring reasons for clients' non-attendance at appointments within a community-based alcohol service: clients' and practitioners' perspectives*. PhD thesis. Manchester University. Available at: https://e-space.mmu.ac.uk/628034/1/FaisalMahmood_14501562_PhDThesis_Final.pdf (Accessed: 06 May 2023).

Mak, V. S. L., March, G. J., Clark, A. and Gilbert, A. L. (2012) 'Why do Australian registered pharmacists leave the profession? A qualitative study', *International Journal of Clinical Pharmacy*, 35, pp. 129-137.

Mäkelä*, K.,* Arminen, I., Bloomfield, K. Eisenbach-Stangl, I., Bergmark, K. H., Kurube, N., Mariolini, N., Ólafsdóttir, H., Peterson, J. H., Phillips, M., Rehm, J., Room, R., Rosenqvist, P., Rosovsky, H., Stenius, K., Świątkiewicz, G., Woronowicz, B. and Zielinski, A. (1996) *Alcoholics Anonymous as a mutual-help movement: a study in eight societies.* Madison, WI: The University of Wisconsin Press.

Malinowski, B. (1922) *Argonauts of the Western Pacific: an account of native enterprise and adventure in the Archipelagoes of Melanesian New Guinea.* London: Routledge and Kegan Paul Ltd. Available at: http://www.bohol.ph/books/Argonauts/Argonauts.html (Accessed: 06 May 2023).

Manchester, K. R., Lomas, E. C. and Waters, L., Dempsey, F. C. and Maskell, P. D. (2018) 'The emergence of new psychoactive substance (NPS) benzodiazepines: A review', 10(1), pp. 37-53.

Manning, P. (2005) 'Reinvigorating the tradition of symbolic interactionism', *Symbolic Interaction*, 28(2), pp. 167–173.

Mannion, R. and Davies, H. T. O. (2007) 'Payment for performance in health care', *BMJ*, 336, pp. 306-308.

Manohar, N., Liamputtong, P., Bhole, S. and Arora, A. (2017) 'Researcher positionality in cross-cultural and sensitive research', in P. Liamputtong (eds) *Handbook of research methods in health social sciences.* Singapore: Springer, pp. 1601-1616.

Mänttäri-van der Kuip, M. (2020) 'Conceptualising work-related moral suffering – exploring and refining the concept of moral distress in the context of social work', *British Journal of Social Work*, 50, pp. 741-757.

Maranda, P. (1972) 'Structuralism in cultural anthropology', *Annual Review of Anthropology*, 1, pp. 329-348.

Marlatt, G. A. (1996) 'Harm reduction: come as you are', *Addictive Behaviors*, 21(6), pp. 779-788.

Marshall, Z., Dechman, M. K., Minichiello, A., Alcock, L. and Harris, G. E. (2015) 'Peering into the literature: a systematic review of the roles of people who inject drugs in harm reduction initiatives', *Drug and Alcohol Dependence*, 151. Available at: http://dx.doi.org/10.1016/j.drugalcdep.2015.03.002

Martin, A. L. (2001) *Alcohol, sex, and gender in late medieval and early modern Europe.* Basingstoke: Palgrave.

Martos-Garcia, D., Devís-Devís, J. and Sparkes, A. C. (2022) 'Volunteering for research in prison: issues of access, rapport and ethics and emotions during ethnography', *International Journal of Qualitative Methods*, 21. Available at: https://doi.org/10.1177/16094069221086096

Matthew-Simmons, F., Sunderland, M. and Ritter, A. (2013) 'Exploring the existence of drug policy 'ideologies' in Australia', *Drugs: Education, Prevention and Policy,* 20(3), pp. 258-267.

May, C. (1997) 'Habitual drunkards and the invention of alcoholism: susceptibility and culpability in nineteenth century medicine', *Addiction Research,* 5(2), pp. 169-187.

May, T. (1993) 'Feelings matter: inverting the hidden equation', in D. Hobbs and T. May (eds) *Interpreting the field*. Oxford: Oxford University Press, pp. 69-97.

May, T., Holloway, K., Buhociu, M. and Huggett, M. (2019) *A Qualitative Study of the Misuse and Diversion of Prescription Only and Over-the-Counter Medication.* Available at: https://pure.southwales.ac.uk/ws/portalfiles/portal/3885289/a_qualitative_study_of_the_misuse_and_diversion_of_prescription_only_and_over_the_counter_medication.pdf (Accessed: 06 May 2023).

Mayhew, B. H. (1980) 'Structuralism vs individualism: Part 1, shadowboxing in the dark', *Social Forces: A Scientific Medium of Social Study and Interpretation*, 59(2), pp. 335-375.

Mayock, P. and Butler, S. (2022) '"I'm always hiding and ducking and diving": the stigma of growing older on methadone', *Drugs: Education, Prevention and Policy*, 29(2), pp. 139-149.

McAllister, A. (2012) 'Picturing the demon drink: how children were shown temperance principles in the Band of Hope', *Visual Resources,* 28(4), pp. 309-323.

McBride, C. M., Emmons, K. M., and Lipkus, I. M. (2003) 'Understanding the potential of teachable moments: the case of smoking cessation', *Health Education Research*, 18(2), pp. 156-170.

McCall, J., Mollison, A., Browne, A., Parker, J. and Pauly, B. (2017) 'The role of knowledge brokers: lessons from a community based research study of cultural safety in relation to people who use drugs', *Canadian Journal of Action Research*, 18(1), pp. 34-51.

McCann, A. (2020) 'How a man with a van is challenging UK drug policy', *International New York Times*, 21 November. Available at: https://www.nytimes.com/2020/11/21/world/europe/scotland-glasgow-drugs-van.html (Accessed: 24 October 2023).

McCann, E. J. (2008) 'Expertise, truth, and urban policy mobilities: global circuits of knowledge in the development of Vancouver, Canada's `four pillar' drug strategy', *Environment and Planning A: Economy and Space,* 40(4), pp. 885-904.

McCann, E. J. and Duffin, T. (2022) *Empathy, evidence and experience: learning from overseas to respond to street-based drug injecting in Dublin City Centre (a working paper)*. Available at: http://www.aldp.ie/content/uploads/2022/01/Dublin-SIF-Working-Paper-Jan-22-McCann-Duffin.pdf (Accessed: 06 May 2023).

McCann, E. J. and Temenos, C. (2015) 'Mobilizing drug consumption rooms: inter-place networks and harm reduction policy*, Health & Place,* 31, pp. 216-223.

McCann, L., Granter, E., Hassard, J., and Hyde, P. (2015) '"You can't do both—something will give": limitations of the targets culture in managing UK health care workforces', *Human Resource Management*, 54(5), pp. 773-791.

McCarthy, J. and Deady, R. (2008) 'Moral distress reconsidered', *Nursing Ethics*, 15(2), pp. 254-262.

McCrady, B. S., Ladd, B., Vermont, L. and Steele, J. (2010) 'Interviews', in: P. G. Miller, J. Strang and P. Miller (eds) *Addiction research methods.* Oxford: Blackwell Publishing, pp 109–125.

McCreaddie, M. and Wiggins, S. (2008) 'The purpose and function of humour in health, health care and nursing: a narrative review', *Journal of Advanced Nursing*, 61(6), pp. 584-595.

McElrath, K. (2018) 'Medication-assisted treatment for opioid addiction in the United States: Critique and commentary', *Substance Use and Misuse*, 53(2), pp. 334-343.

McErlain, R. (2015) 'Alcohol and moral regulation in historical context', in P. Staddon (ed.) *Women and alcohol*. Bristol: Policy Press, pp. 31-44.

McKay, G. (1996) *Senseless acts of beauty: cultures of resistance since the sixties.* London: Verso.

McKeganey, N., Morris, Z., Neale, J. and Robertson, M. (2004) 'What are drug users looking for when they contact drug services: abstinence or harm reduction?', *Drugs: Education, Prevention and Policy*. Taylor & Francis, 11(5), pp. 423–435.

McLellan, D. (1995) *Ideology.* 2nd edn. Buckingham: Open University Press.

McManimon, S. K., Lozenski, B. D. and Casey, Z. A. (2012) 'A pedagogy of ceaseless war: JROTC and the military occupation of US schools', in P. R. Carr and B. J. Porfilio (eds) *Educating for peace in a time of "permanent war": are schools part of the solution or the problem?* Abingdon: Routledge, pp. 101-114.

McPhee, J., Warner, T., Cruwys, T., Happell, B. and Scholz, B. (2023) ''They don't really know why they're here': mental health professionals' perspectives of consumer representatives', *International Journal of Mental Health Nursing*, 32, pp. 819-828.

McPherson, R. (2017) *Towards a normalisation of young people's drinking practices: a Chicago School ethnographic study in the Canterbury night-time economy*. PhD thesis. Canterbury Christ Church University. Available at: https://www.proquest.com/docview/2493120698?pq-origsite=gscholar&fromopenview=true (Accessed: 06 May 2023).

McRobbie, A. and Garber, J. (1976) 'Girls and subcultures', in S. Hall and T. Jefferson (eds) *Resistance through rituals: Youth subcultures in post-war Britain.* London: Harper Collins Academic, pp. 209–222.

McRobert, C. J., Hill, J. C., Smale, T., Hay, E. M., van der Windt, D. A. (2018) 'A multi-modal recruitment strategy using social media and internet-mediated methods to recruit a multidisciplinary, international sample of clinicians to an online research study', *PLoS ONE*, 13(7). Available at: https://doi.org/10.1371/journal. pone.0200184

McVeigh, J., Hearne, E., Bates, G. and Van Huot, M. C. (2017) 'Community pharmacy experiences of providing needle and syringe programmes in Ireland', *Research in Social and Administrative Pharmacy,* 13, pp. 767–777.

Mead, G. M. (1934) *Mind, self, and society from the standpoint of a social behaviorist*. Reprint. (Edited and with an introduction by Charles W. Morris). London: The University of Chicago Press, Ltd, 1967.

Mead, M. (1928) 'The role of the individual in Samoan culture', *The Journal of the Royal Anthropological Institute of Great Britain and Ireland*, 58, pp. 481-495.

Measham, F. (2004) 'The decline of ecstasy, the rise of 'binge' drinking and the persistence of pleasure', *The Journal of Community and Criminal Justice*, 51(4), pp. 309–326.

Measham, F. (2008) 'A history of intoxication: changing attitudes to drunkenness and excess in the United Kingdom', in M. Martinic and F. Measham (eds) *Swimming with crocodiles: the culture of extreme drinking*. London: Routledge, pp. 13-36.

Measham, F. and Moore, K. (2006) 'Reluctant reflexivity, implicit insider knowledge and the development of club drug studies', in B. Sanders (ed.) *Drugs, clubs and young people: sociological and public health perspectives*. Farnham: Ashgate Publishing Ltd., pp. 13-25.

Measham, F., Moore, K. and Welch, Z. (2013) *The reorientation towards recovery in UK drug debate, policy and practice: exploring local stakeholder perspectives.* Available at: http://clubresearch.org/wp-content/uploads/2019/08/LDAAT-P4.pdf (Accessed: 06 May 2023).

Measham, F., Williams, L. and Aldridge, J. (2011) 'Marriage, mortgage, motherhood: what longitudinal studies can tell us about gender, drug 'careers' and the normalisation of adult 'recreational' drug use', *International Journal of Drug Policy*, 22(6), pp. 420-427.

Medical Research Council (2009) *Addiction and substance misuse: research strategy.* Available at: https://www.ukri.org/wp-content/uploads/2021/12/MRC-011221-AddictionResearchStrategy.pdf (Accessed: 06 May 2023).

Merriam, S. B., Johnson-Bailey, J., Lee, M. Y., Kee, Y., Ntseane, G. and Muhamad, M. (2001) 'Power and positionality: negotiating insider/outsider status within and across cultures', *International Journal of Lifelong Education*, 20(5), pp. 405-416.

Merrill, B. and West, L. (2009) *Using biographical methods in social research*. London: SAGE Publications Ltd.

Meylahn, J. A. (2020) 'Being human in the time of COVID-19', *HTS Teologiese Studies/Theological Studies*, 76(1). Available at: https://doi.org/10.4102/hts.v76i1.6029

Mik-Meyer, N. (2007) 'Interpersonal relations or jokes of social structure? Laughter in social work', *Qualitative Social Work*, 6(1), pp. 9-26.

Millar, S. (2023) *Implementation of Safer Drug Consumption Facility*. Glasgow City Integration Joint Board. Available at: https://glasgowcity.hscp.scot/sites/default/files/publications/Item%20No%2007%20-%20Implementation%20of%20a%20Safer%20Drug%20Consumption%20Facility.pdf (Accessed: 01 November 2023).

Milligan, B. (2005) 'Morphine-addicted doctors, the English opium-eater and embattled medical authority', *Victorian Literature and Culture*, 33, pp. 541-533.

Mills, C. W. (1951) *White collar: the American middle classes.* Oxford: Oxford University Press.

Mills, C. W. (1956) *The power elite*. Oxford: Oxford University Press.

Mills, C. W. (1959) *The sociological imagination*. Oxford: Oxford University Press.

Mills, J. H. (2014) 'Cocaine and the British Empire: the drug and the diplomats at the Hague Opium Conference, 1911–12', *The Journal of Imperial and Commonwealth History*, 42(3), pp. 400-419.

Miller, W. (1996) 'What is a relapse? Fifty ways to leave the wagon', *Addiction*, 91, S15-S27.

Ministry of Health (1926) *Departmental committee on morphine and heroin addiction (Rolleston) 1926.* London: HMSO.

Ministry of Health (1961) *Drug addition: report of the interdepartmental committee*. London: HMSO.

Miron, J. A. (1999) 'Violence and US prohibitions of drugs and alcohol', *American Law and Economics Review*, 1(1/2), pp. 78-114.

Miron, J. and Partin, E. (2021) 'Ending the war on drugs is an essential step towards racial justice', *The American Journal of Bioethics*, 21(4), pp. 1-3.

*Misuse of Drugs Act 1971, c. 38*. Available at: https://www.legislation.gov.uk/ukpga/1971/38/contents (Accessed: 06 May 2023).

*Misuse of Drugs Regulations 2001* (SI2001/3998). Available at: https://www.legislation.gov.uk/uksi/2001/3998/contents/made (Accessed: 06 May 2023).

Mitka, M. (1998) '"Teachable Moments" provide a means for physicians to lower alcohol abuse', *The Journal of the American Medical Associatio*n, 279(22), pp. 1767-1768.

Mohajan, D., and Mohajan, H. K. (2022) 'Constructivist grounded theory: a new research approach in social science', *Research and Advances in Education*, 1(4), pp. 8-16.

Mold, A. (2004) 'The 'British System' of heroin addiction treatment and the opening of Drug Dependence Units, 1965-1970', *Social History of Medicine*, 17(3), pp. 501-517.

Mold, A. (2012) 'Patients' rights and the National Health Service in Britain, 1960s-1980s', *American Journal of Public Health*, 102(11), pp. 2030-2038.

Mold, A. (2018) 'Framing drug and alcohol use as a public health problem in Britain: past and present', *Nordic Studies on Alcohol and Drugs*, 35(2), pp. 93-99.

Mold, A. and Berridge, V. (2008) 'The rise of the user'? Voluntary organizations, the state and illegal drugs in England since the 1960s', *Drugs: Education, Prevention and Policy*, 15 (5), pp. 451-461.

Molotch, H. (1993) 'The space of Lefebvre', *Theory and Society*, 22, pp. 887-895.

Monaghan, M. (2014) 'Drug policy governance in the UK: lessons from changes to and debates concerning the classification of cannabis under the 1971 Misuse of Drugs Act', *International Journal of Drug Policy*, 25, pp. 1025-1030.

Monahan, T (2018) 'Ways of being seen: surveillance art and the interpellation of viewing subjects', *Cultural Studies*, 32(4), pp. 560-581.

Montag, W. (2013) 'The threat of the outside: Althusser's reflections on law', in L. de Sutter (ed.) *Althusser and law.* Abingdon: Routledge, pp. 15-32.

Moore, D. (2008) 'Erasing pleasure from public discourse on illicit drugs: on the creation and reproduction of an absence', *International Journal of Drug Policy*, 19, pp. 353-358.

Moore, D. and Fraser, S. (2006) 'Putting at risk what we know: reflecting on the drug-using subject in harm reduction and its political implications', *Social Science and Medicine*, 62, pp. 3035-3047.

Moore, D., Pienaar, K., Dilkes-Frayne, E. and Fraser, S. (2017) 'Challenging the addiction/health binary with assemblage thinking: an analysis of consumer accounts', *International Journal of Drug Policy,* 44, pp. 155-163.

Moore, K. and Measham, F. (2012) 'Impermissible pleasures in UK leisure: exploring policy developments in alcohol and illicit drugs', in C. Jones, E. Barclay and R. Mawby (eds) *The problem of pleasure: leisure, tourism and crime.* Abingdon: Routledge, pp. 62-76.

Moors, A. (2017) 'On autoethnography', *Ethnography*, 18(3), pp. 387-389.
Moran, G. S., Russinova, Z., Gidugu, V. and Gagne, C. (2013) 'Challenges experienced by paid peer providers in mental health recovery: a qualitative study', *Community Mental Health Journal,* 49, pp. 281-291.

Morgan, D. L. (2020) 'Pragmatism as a basis for grounded theory', *The Qualitative Report*, *25*(1), pp. 64-73.

Morgan-Trimmer, S. and Wood, F. (2016) 'Ethnographic methods for process evaluations of complex health interventions', *Trials*, 17, article number 232. Available at: https://doi.org/10.1186/s13063-016-1340-2

Móró, L. and Rácz, J. (2013) 'Online drug user-led harm reduction in Hungary: a review of "Daath"', *Harm Reduction Journal*, 10(18). Available at: https://doi.org/10.1186/1477-7517-10-18

Morozov, E. (2009) 'The brave new world of slacktivism. Available at: https://foreignpolicy.com/2009/05/19/the-brave-new-world-of-slacktivism/#cookie_message_anchor (Accessed: 06 May 2023).

Morris, J. and Melia, C. (2019) 'Challenging the language of alcohol problems', *The Psychologist*, 32(7), pp. 36-39.

Morris, M. W and Fu, H. Y. (2001) 'How does culture influence conflict resolution? A dynamic constructivist analysis', *Social Cognition*, 19(3), pp. 324-349.

Moser C. (1998) 'S/M (sadomasochistic) interactions in semi-public setting', *Journal of Homosexuality*, 36, pp. 19–29.

Mount, I. and Schipani, A. (2019) 'Cocaine in Spain puts Bolsonaro under strain', *Financial Times,* 26 June. Available at: https://www.ft.com/content/5dad443a-982a-11e9-8cfb-30c211dcd229 (Accessed: 06 May 2023).

Mugford, S. (1988) 'Pathology, pleasure, profit and the state: towards an integrated theory of drug use', *Australian and New Zealand Society of Criminology Annual Conference*. Sydney (Australia), August 22.

Muehlmann, S. (2018) 'The gender of the war on drugs', *Annual Review of Anthropology*, 47, pp. 315-330.

Murphy, N. and Canales, M. (2001) 'A critical analysis of compliance', *Nursing Inquiry*, 8(3), pp. 173-181.

Nadelmann, E. (2001) 'Introduction: drug ways', *Social Research*, 68(3), pp. 653-654.

Naidoo, L. (2012) 'Ethnography: an introduction to definition and method', in L. Naidoo (ed.) *An ethnography of global landscapes and corridors*. Rijeka: InTech, pp. 1-8.

Nascimento, T. Suarez, M. C. and Campos, R. D. (2022) 'An integrative review on online ethnography methods: differentiating theoretical bases, potentialities and limitations', *Qualitative Market Research: An International Journal,* 25(4), pp. 492-510.

National Institute for Health and Care Excellence (2007) *Methadone and buprenorphine for the management of opioid dependence*. Available at: https://www.nice.org.uk/guidance/ta114/resources/methadoneand-buprenorphine-for-the-management-of-opioid-dependence-pdf-82598072878789 (Accessed: 06 May 2023).

National Institute for Health and Care Excellence (2014) *Needle and syringe programmes*. Available at: https://www.nice.org.uk/guidance/ph52 (Accessed: 06 May 2023).

National Treatment Agency for Substance Misuse (2006) *NTA Guidance for local partnerships on user and carer involvement*. Available at: https://www.drugsandalcohol.ie/17768/1/nta_guide_to_uc_involvement6.6.pdf (Accessed: 06 May 2023).

Navarro-Carrillo, G., Torres-Marin, J., Corbacho-Lobato, J. M. and Carretero-Dios, H. (2020) 'The effect of humour on nursing professionals' psychological well-being goes beyond the influence of empathy: a cross-sectional study', *Scandinavian Journal of Caring Sciences*, 34, pp. 474-483.

Neale, J., Nettleton, S. and Pickering, L. (2011) 'What is the role of harm reduction when drug users say they want abstinence?', *International Journal of Drug Policy*, 22(3), pp. 189–193.

Neale, J., Tompkins, C. N. and Strang, J. (2018) 'Qualitative exploration of relationships between peers in residential addiction treatment', *Health & Social Care in the Community*, 26(1), pp. e39-e46.

Neill, K. A. (2014) 'Tough on drugs: law and order dominance and the neglect of public health in U.S. drug policy', *World Medical and Health Policy,* 6(4), pp. 375-394.

Netherland, J. and Hansen, H. (2017) 'White opioids: pharmaceutical race and the war on drugs that wasn't', *Biosocieties*, 12(2), pp. 217-238.

Neumayer, C. and Svensson, J. (2016) 'Activism and radical politics in the digital age: towards a typology', *Convergence*, 22(2), pp. 131-146.

Newcombe, R. (1992) 'The reduction of drug-related harm: a conceptual framework for theory, practice and research', in P. A. O'Hare, R. Newcombe, A. Matthews, E. C. Buning and E. Drucker (eds) *The reduction of drug-related harm*. London: Routledge, pp. 1-14.

Newnham, E., Small, K. and Allen, J. (2021) 'Critical ethnography in maternity care research: bridging creativity and rigour –a discussion paper', *Midwifery*, 99, article number 10301. Available at: https://doi.org/10.1016/j.midw.2021.103014

Newsham, P. (2012) 'The English sporting ballad as an expression of Anglican culture', *Studies in Physical Culture and Tourism*, 19(2), pp. 59-67.

Nichols, F. H. (2000) 'History of the Women's Health Movement in the 20th century', *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 29(1), pp. 56-64.

Nicholls, J. (2003) 'Gin Lane revisited: Intoxication and society in the gin epidemic', *Journal for Cultural Research*, 7(2), pp. 125-146.

Nicholls, J. (2009) *The politics of alcohol: A history of the drink question in England.* Manchester: Manchester University Press.

Nicholls, J. (2010) *Memorandum by Dr James Nicholls (AL59)*. Available at: https://publications.parliament.uk/pa/cm200910/cmselect/cmhealth/151/151we21.htm (Accessed: 06 May 2023).

Nicholson, T., Duncan, D. F., White, J. and Stickle, F. (2013) 'Focusing on abuse, not use, in drug education', *Journal of Substance Use,* 18(6), pp. 431-439.

Nixon, L. L., and Burns, V. F. (2022) 'Exploring harm reduction in supportive housing for formerly homeless older adults', *Canadian Geriatrics Journal*, 25(3), 285-294.

Nutt, D. (2019) 'New psychoactive substances: pharmacology influencing UK practice, policy and the law', *British Journal of Clinical Pharmacology*, 86, pp. 445-451.

Nutt, D. (2020) *Drugs without the hot air: making sense of legal and illegal drugs*. 2nd edn. Cambridge: UIT Cambridge Ltd.

Nutt, D., King, L. A., and Phillips, L. D. (2010) 'Drug harms in the UK: a multicriteria decision analysis', *The Lancet*, 376, pp. 1558-1565.

Obladen, M. (2016) 'Lethal lullabies: a history of opium use in infants', *Journal of Human Lactation*, 32(1), pp. 75-85.

O'Brien, J. (2018) *States of intoxication: the place of alcohol in civilisation*. Abingdon: Routledge.

O'Connor, H. and Madge, C. (2017) 'Online interviewing', in N. G. Fielding, R. M. Lee and G. Blank (eds) *The SAGE handbook of online research methods*. London: SAGE Publications Ltd., pp. 416-434.

Oh, Y. and Gastmans, C. (2015) 'Moral distress experienced by nurses: a quantitative literature review', *Nursing Ethics,* 22(1), pp. 15-31.

O'Hare, P. A. (1993) 'A note on the concept of harm reduction', in P. A. O'Hare, R. Newcombe, A. Matthews, E. C. Buning and E. Drucker (eds) *The reduction of drug-related harm.* London: Routledge, pp. xiii-xvii.

O'Hare, P. (2007) 'Merseyside, the first harm reduction conferences, and the early history of harm reduction', *International Journal of Drug Policy*, 18, pp. 141-144.

Olding, M., Barker, A., McNeil, R. and Boyd, J. (2021) 'Essential work, precarious labour', *International Journal of Drug Policy*, 90, pp. 1-5.

O'Leary, C., Ralphs, R., Stevenson, J., Smith, A., Harrison, J. and Kiss, Z. (2022) 'PROTOCOL: The effectiveness of abstinence-based and harm reduction-based interventions in reducing problematic substance use in adults who are experiencing severe and multiple disadvantage homelessness: a systematic review and meta-analysis', *Campbell Systematic Reviews*, 18, article number e1248. Available at: https://doi.org/10.1002/cl2.1246

Ollis, T. (2015) 'Activism, reflection, and Paulo Freire – an embodied pedagogy', *Counterpoints*, 500, pp. 517-527.

O'Mara, B., Carey, G. and Weier, M. (2020) 'Community-based health promotion about alcohol and other drugs in a multicultural Australia – what works? A review of evidence', *Health Education Research*, 35(5), pp. 437-449.

Ordronaux, J. (1847) 'Is habitual drunkenness a disease?' *Journal of Insanity*, 30(4), pp. 430-443.

Orsini, M. M. (2017) 'Frame analysis of drug narratives in network news coverage', *Contemporary Drug Problems*, 44(3), pp. 189-211.

Ortner, S. B. (1995) 'Resistance and the problem of ethnographic refusal', *Comparative Studies in Society and History*, 37(1), pp. 173-193.

Osler, T. (2020) 'What we got wrong in the war on drugs', *University of St. Thomas School of Law Journal,* 17(4), pp. 968-981.

Otjen, N. (2020) 'When things hail: the material encounter in Anthropocene literature', *Configurations,* 28, pp. 285-307.

Paechter, C. (2013) 'Researching sensitive issues online: implications of a hybrid insider/outsider position in a retrospective ethnographic study', *Qualitative Research*, 13(1), pp. 71-86.

Page, J. B. and Singer, M. (2010) *Comprehending drug use: ethnographic research at the social margins*. New Brunswick, NJ: Rutgers University Press.

Palmer, D. and Caldas, B. (2017) 'Critical ethnography', in K. A. King, Y. J. Lai, and S. May (eds) *Research Methods in Language and Education. Encyclopedia of Language and Education.* Cham: Springer, pp. 381-392.

Pantzidou, L. K. (2021) 'Jekyll, Hyde, and the Victorian construction of criminal working-class masculinities', *Athens Journal of Law*, 7(2), pp. 233-252.

Park, R. (2015) 'The city: suggestions for the investigation of human behavior in the city environment', *American Journal of Sociology*, 20(5), pp. 577-612.

Parker, A. (1985) 'Reviewed work: is there a future for Marxism? by Alex Callinicos', *Diacritics*, 15(4), pp. 57-72.

Parkin, S. (2013) *Habitus and drug using environments: Health, place and lived-experience.* Farnham: Ashgate Publishing Ltd.

Parliamentary Office of Science and Technology (2015) *Parity of esteem for mental health*. Available at: https://researchbriefings.files.parliament.uk/documents/POST-PN-485/POST-PN-485.pdf (Accessed: 06 May 2023).

Pascal, J. and Sagan, O. (2018) 'Cocreation or collusion: the dark side of consumer narrative in qualitative health research', *Illness, Crisis and Loss,* 26(4), pp. 251-269.

Patel, N. B. (2015) '"Natural amphetamine" khat: a cultural tradition or a drug of abuse?' *International Review of Neurobiology*, 120, pp. 235-255.

Percival, W. K. (2011) 'Roman Jakobson and the birth of linguistic structuralism', Sign Systems Studies, 39(1), pp. 236-262.

Perri, M., Schmidt, R. A., Guta, A., Kaminski, N., Rudzinski, K. and Strike, C. (2022) 'COVID-19 and the opportunity for gender-responsive virtual and remote substance use treatment and harm reduction services', *International Journal of Drug Policy*, 108. Available at: https://doi.org/10.1016/j.drugpo.2022.103815

Peter, B. and Williams, L. (2022) 'One foot in the rave: aging ravers' transitions to adulthood and their participation in rave culture', *Leisure Sciences*, 44 (7), pp. 808-826.

Peter, C. and Zerback, T. (2020) 'Ordinary citizens in the news: a conceptual framework', *Journalism Studies*, 21(8), pp. 1003-1016.

*Pharmacy Act 1868*, cc1188-9. Available at: https://api.parliament.uk/historic-hansard/acts/pharmacy-act-1868 (Accessed: 06 May 2023).

Phillips, A. and Blackman, S. (2024) 'Participatory and invasive online worlds: exploring the research method of qualitative digital ethnography', in P. W. M. Hackett, C. M. Hayre, D. Muller, M. Scherer, Gordley-Smith, A. (eds) *The future of qualitative research in healthcare*. Cambridge: Cambridge University Press.

Piemonte, N. M. and Abreu, S. (2020) 'Responding to callous humor in health care', *AMA Journal of Ethics*, 22(7), pp. 608-614.

Pienaar, K., Flore, J., Power, J. and Murphy, D. (2021) 'Making publics in a pandemic: posthuman relationalities, 'viral' intimacies and COVID-19', *Health Sociology Review*, 30(3), pp. 244-259.

Pienaar, K., Moore, D., Fraser, S., Kokanovic, R., Treloar, C. and Dilkes-Frayne, E. (2017) 'Diffracting addicting binaries: An analysis of personal accounts of alcohol and other drug 'addiction'', *Health*, 21(5), pp. 519-537.

Pink, S. (2013) *Doing visual ethnography*. 3rd edn. London: SAGE Publications Ltd.

Pink, S. (2015) *Doing sensory ethnography*. 2nd edn. London: SAGE Publications Ltd.

Pink, S. and Morgan, J. (2013) 'Short-term ethnography: intense routes to knowing', *Symbolic Interaction*, 36(3), pp. 351-361.

Ploder, A. and Hamann, J. (2021) 'Practices of ethnographic research: introduction to the special issue', *Journal of Contemporary Ethnography*, 50(1), pp. 3-10.

Poelmans, E. and Swinnen, J. F. M. (2012) 'A brief economic history of beer', in Swinnen, J. F. M. (ed.) *The economics of beer*. Oxford: Oxford University Press, pp. 3-28.

Police Treatment and Community Collaborative (2023) *About PTACC*. Available at: https://ptaccollaborative.org/wp-content/uploads/2023/03/PTACC_onepager_2023_02.23.pdf (Accessed: 06 May 2023).

Porter, R. (1985) 'The drinking man's disease: The pre-history of alcoholism in Georgian Britain', *British Journal of Addiction*, 80, pp. 385-396.

Powell, C. and Paton, G. E. C. (1988) *Humour in society: resistance and control.* London: The Macmillan Press Ltd.

Prey, R. (2015) 'Henri Lefebvre and the production of music streaming spaces', *Sociologica*, 9(3). Available at: https://doi.org/10.2383/82481

Prins, H., Knijp, I., Hermanides, G., Blanker, M. and Rokx, C. (2022) 'Online networks facilitating multidisciplinary healthcare: a novel strategy to curb COVID-19', *Integrated Healthcare Journal*, 4(1), e000079, doi:10.1136/ihj-2021-000079

Proctor, S. (2013) *Music therapy: what is it for whom? An ethnography of music therapy in a community mental health resource centre.* PhD thesis. University of Exeter. Available at: https://ore.exeter.ac.uk/repository/bitstream/handle/10871/11101/ProcterS.pdf?sequence=2 (Accessed: 06 May 2023).

Prus, R. (1996) *Symbolic interaction and ethnographic research*. Albany, NY: State University of New York Press.

Prus, R. (1997) *Subcultural mosaics and intersubjective realities*. Albany, NY: State University of New York Press.

*Psychoactive Substances Act 2016, c. 2*. Available at: https://www.legislation.gov.uk/ukpga/2016/2/enacted (Accessed: 06 May 2023).

Public Health England (2015) *Service user involvement: a guide for drug and alcohol commissioners, providers, and service users.* Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669061/Service-user-involvement-a-guide-for-drug-and-alcohol-commissioners-providers-and-service-users.pdf (Accessed: 06 May 2023).

Public Health England (2018) *Treatment Outcomes Profile*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784927/TOP_form_community_print_version.pdf (Accessed: 06 May 2023).

Puddephat, A. (2006) 'Special: an interview with Kathy Charmaz: on constructing grounded theory', *Qualitative Sociology Review*, 2(3), pp. 55-20.

Puddephat, A. (2009) 'The search for meaning: revisiting Herbert Blumer's interpretation of G. H. Mead' *American Sociologist*, 40, pp. 89-105.

Punch (1849) *'Poor child's nurse', child with opium.* Available at: https://library.artstor.org/#/public/24721589 (Accessed: 06 May 2023).

Purcell, M. (2013) 'Possible worlds: Henri Lefebvre and the right to the city', *Journal of Urban Affairs*, 36(1), pp. 141-154.

Qureshi, H. A. and Ünlü, Z. (2020) 'Beyond the paradigm conflicts: a four-step coding instrument for grounded theory', *International Journal of Qualitative Methods,* 19, pp. 1-10.

Rabin, D. (2005) 'Drunkenness and responsibility for crime in the eighteenth century', *Journal of British Studies*, 44(3), pp. 457-477.

Raby, R. (2005) 'What is resistance?' *Journal of Youth Studies*, 8(2), pp. 151-171.

Ralphs, R., Williams, L., Askew, R. and Norton, A. (2017) 'Adding spice to the porridge: the development of a synthetic cannabinoid market in an English prison', *International Journal of Drug Policy*, 40, pp. 57-69.

Ramsberger, P. F. and Bell, D. B. (2002) *What we know about AWOL and desertion: a review of the professional literature for policy makers and commanders.* Alexandria, VA: Army Research Institute for the Behavioural and Social Sciences. Available at: https://apps.dtic.mil/sti/pdfs/ADA407801.pdf (Accessed: 06 May 2023).

Reagan, N. (1986) 'Just Say No', *School Safety*, 3, pp. 4-5.

Reckner, P. E. and Brighton, S. A. (1999) '"Free from all vicious habits": archaeological perspectives on class conflict and the rhetoric of temperance', *Historical Archaeology*, 33(1), pp. 63-86.

Reddit (2022) *About us*. Available at: https://www.redditinc.com/ (Accessed: 06 May 2023).

Reed-Danahay, D. E. (1997) 'Introduction', in D. E. Reed-Danahay (ed.) *Auto/ethnography: rewriting the self and the social*. Oxford: Berg, pp. 1–17.

Reeves, C. (2019) 'Medical rhetoric and the sympathetic "Inebriet"', *Rhetoric of Health and Medicine*, 2(4), pp. 415-445.

Reeves, S., Peller, J., Goldman, J. and Kitto, S. (2013) 'Ethnography in qualitative educational research: AMEE Guide No. 80', *Medical Teacher*, 35(8), pp. e1365-1379.

Rego, X., Oliveira, M. J., Lameira, C. and Cruz, O. S. (2021) '20 years of Portuguese drug policy – developments, challenges, and the quest for human rights', *Substance Abuse Treatment, Prevention and Policy*, 16 (59). Available at: https://doi.org/10.1186/s13011-021-00394-7.

Reinarman, C. (2005) 'Addiction as accomplishment: the discursive construction of disease', *Addiction Research and Theory*, 13(4), pp. 307-320.

Release (2022) *About us*. Available at: https://www.release.org.uk/about (Accessed: 06 May 2023).

Reuter, P. and Stevens, A. (2007) *An analysis of UK drug policy*. London: UK Drug Policy Commission.

Rhodes, T. and Dagmar, H. (2010) *Harm reduction: evidence, impacts and challenges.* Lisbon: European Monitoring Centre for Drugs and Drug Addiction.

Rhodes, T. and Hedrich, D. (2010) *Harm reduction: evidence, impacts and challenges*. Luxembourg: European Monitoring Centre for Drugs and Drug Addiction. Available at: http://www.drugs.ie/resourcesfiles/ResearchDocs/Europe/Research/2010/EMCDDA-monograph10-harm_reduction_final.pdf#page=21 (Accessed: 06 May 2023).

Ricci, M. M. (2021) *COVID-19 and the opioid crisis: harm and harm reduction at the intersection.* MA thesis. McMaster University. Available at: https://macsphere.mcmaster.ca/handle/11375/27016 (Accessed: 06 May 2023).

Richard Nixon Foundation (2016) *President Nixon declares drug abuse "Public Enemy Number One"*. 29 April. Available at: https://www.youtube.com/watch?v=y8TGLLQlD9M (Accessed: 06 May 2023).

Richards, R. J. (1993) 'Ideology and the history of science', *Biology and Philosophy*, 8, pp. 103-108.

Richardson, L. (1997) *Fields of play*. New Jersey: Rutgers University Press.

Riley, D. and O'Hare, P. (2000) 'Harm reduction: history, definition and practice', in J. A. Inciardi (ed.) *Harm reduction: national and international perspectives*. London: SAGE Publications Ltd., pp. 1-26.

Rimke, H. (2000) 'Governing citizens through self-help literature', *Cultural Studies*, 14(1), pp. 61-78.

Rimke, H. and Hunt, A. (2002) 'From sinners to degenerates: the medicalization of morality in the 19th century', *History of the Human Sciences*, 15(1), pp. 59-88.

Ritter, A. and Cameron, J. (2005) *Monograph No. 6: a systematic review of harm reduction.* Available at: https://core.ac.uk/download/pdf/34719057.pdf (Accessed: 06 May 2023).

Ritter, A. and Cameron, J. (2006) 'A review of the efficacy and effectiveness of harm reduction strategies for alcohol, tobacco and illicit drugs', *Drug and Alcohol Review*, 25, pp. 611-624.

Roberts, A. (2005) 'The 'war on terror' in historical perspective', *Survival*, 47(2), pp. 101-130.

Robertson, J. R., Bucknall, A. B. V., Welsby, P. D., Roberts, J. J., Inglis, J. M., Peutherer, J. F. and Brettle, R. P. (1986) 'Epidemic of AIDS-related virus (HLTV-III/LAV) infection among intravenous drug abusers', *British Medical Journal*, 292(6519), pp. 527–529.

Rock, P. (2001) 'Symbolic interactionism and ethnography', in P. Atkinson, A. Coffey, S. Delamont, J. Lofland and L. Lofland (eds) *Handbook of ethnography*. London: SAGE Publications Ltd., pp. 26-38.

Roe, G. (2005) 'Harm reduction as paradigm: Is better than bad good enough? The origins of harm reduction', *Critical Public Health*, 15(3), pp. 243–250.

Rogers, N. (2001) 'Crowds and political festival in Georgian England', in T. Harris (ed.) *The politics of the excluded*. Basingstoke: Palgrave, pp. 233-264.

Rolland, L., Dewaele, J. M. and Costa, B. (2019) Planning and conducting ethical interviews: power, language and emotions', in J. McKinley, J. and H. Rose (eds) *The Routledge Handbook of Research Methods in Applied Linguistics*. London: Routledge, pp.279-289.

Rolles, S. (2007) 'Prohibition is an ideologically driven failure' *BMJ,* 335, p. 1060.

Rolles, S. (2020) 'The rise and fall of the 'drug-free world' narrative', in Bewley-Taylor, D. R. and Tinasti, K. (eds) *Research handbook on international drug policy*. Cheltenham: Edward Elgar Publishing, pp. 206-224.

Rolles, S. (2021) 'UK drugs strategy: promised new approach is identical to previous strategies', *BMJ,* 375. Available at: http://dx.doi.org/10.1136/bmj.n3129.

Room, R. (1993) 'Alcoholics Anonymous as a social movement', in B. S. McCrady and W. R. Miller (eds) *Research on Alcoholics Anonymous: Opportunities and Alternatives*. New Brunswick, NJ: Rutgers Center of Alcohol Studies, pp. 167-187.

Room, R. (1998) *Controlled drinking as a moral achievement and a social program*. Available at: https://www.robinroom.net/moral.htm (Accessed: 06 May 2023).

Rosenbaum, D. P. (2007) 'Just say no to D. A. R. E', *Criminology and Public Policy*, 6(4), pp. 815-824.

Rosino, M. L. and Hughey, M. W. (2017) 'Speaking through silence: racial discourse and identity construction in mass-mediated debates on the "war on drugs"', *Social Currents*, 4(3), pp. 246-264.

Rosino, M. L. and Hughey, M. W. (2018) 'The war on drugs, racial meanings, and structural racism: a holistic and reproductive approach', *The American Journal of Economics and Sociology*, 77(3-4), pp. 849-892.

Ross, A., Potter, G. R., Barratt, M. J. and Aldridge, J. A. (2020) '"Coming out": stigma, reflexivity and the drug researcher's drug use', *Contemporary Drug Problems*, 47(4), pp. 268-285.

Ross, D. (1875) 'Suggested practical checks on excessive drinking and habitual drunkenness', *Journal of the Statistical and Social Inquiry Society of Ireland*, 6(47), pp. 397-407.

Roszak, T. (1970) *The making of a counter culture.* London: Faber and Faber Ltd.

Roth, M. (1997) 'Carnival, creativity and the sublimation of drunkenness', *Mosaic: An Interdisciplinary Critical Journal*, 30(2), pp. 1-18.

Roth, M. (2004) 'The golden age of drinking and the fall into addiction', *Janus Head*, 7(1), pp. 11-33.

Roth, W. M. (2008) 'Auto/ethnography and the question of ethics', *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 10(1), article number 38. Available at: http://nbn-resolving.de/urn:nbn:de:0114-fqs0901381.

Roumeliotis, F. (2014) 'Drug prevention, politics and knowledge: ideology in the making', *Addiction Research and Theory*, 22(4), pp. 336-347.

Rowe, M. and Soppitt, S. (2014) ''Who you gonna call?' The role of trust and relationships in desistance from crime', *Probation Journal*, 61(4), pp. 397-412.

Roy, A. and Buchanan, J. (2016) 'The paradoxes of recovery policy: exploring the impact of austerity and responsibilisation for the citizenship claims of people with drug problems', *Social Policy and Administration*, 50(3), pp. 398-413.

Roy, A. and Buffin, J. (2011) *The transition to a recovery-based service: exploring the perspectives and practices of staff.* Available at: https://clok.uclan.ac.uk/3022/3/3022_Roy_Buff.pdf (Accessed: 06 May 2023).

Royal Academy of Arts (2019) Available at: https://www.royalacademy.org.uk/art-artists/work-of-art/beer-street-1 (Accessed: 06 May 2023).

Royle, E. (1987) *Modern Britain: A social history 1750-1985.* London: Edward Arnold.

Rozendo, C. A., Salas, A. S. and Cameron, B. (2017) 'Problematizing in nursing education: Freire's contribution to transformative practice', *Nurse Education Today*, 51, pp. 120-123.

Ruch, A. (2021) 'Signifying nothing: the hyperreal politics of 'apolitical' games', *Communication Research and Practice*, 7(2), pp. 128-147.

Rule, J. (1986) *The labouring classes in early industrial England 1750-1850.* Harlow: Longman Group Ltd.

Rush, B. (1785) *An inquiry into the effect of ardent spirits upon the human body and mind, with an account of the means of preventing and of the remedies for curing them.* Washington DC: Armed Forces Medical Library. Available at: https://digirepo.nlm.nih.gov/ext/mhl/2569025R/PDF/2569025R.pdf (Accessed: 06 May 2023).

Rush, B. (1812) *Medical Inquiries and Observations: Upon the Diseases of the Mind*. Philadelphia: Kimber and Richardson.

Ryan-Mills, D. and Stephenson, G. (2016) *Monitoring the legal provision of foil to heroin users*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/564151/monitoring-legal-provision-foil-heroin-users-horr92.pdf (Accessed: 06 May 2023).

Ryder, A. (2015) 'Althusser's theory of ideology', *International Socialist Review*, 99. Available at: https://isreview.org/issue/99/althussers-theory-ideology/ (Accessed: 06 May 2023).

Salvini, A. (2019) 'The methodological convergences between symbolic interactionism and constructivist grounded theory', *Qualitative Sociology Review*, 15(3), pp. 10-29.

Sardoč, M. (2019) 'Re-thinking violence: an interview with C. A. J. Coady', *Critical Studies on Terrorism*, 12(4), pp. 735-747.

Savin-Baden, M. and Major, C. (2013) *Qualitative research: the essential guide to theory and practice.* London: Routledge.

Scally, G. and Womack, J. (2004) 'The importance of the past in public health', *Journal of Epidemiology and Human Health*, 58, pp. 751-755.

Schindler, L. and Schäfer, H. (2021) 'Practices of writing in ethnographic work', *Journal of Contemporary Ethnography*, 50(1), pp. 11-32.

Schlag, A., Aday, J., Salam, I., Neill, J. C. and Nutt, D. J. (2022) 'Adverse effects of psychedelics: From anecdotes and misinformation to systematic science', *Journal of Psychopharmacology*, 36(3), pp. 258-272.

Schmidt, J. W. and Linenberger, S. J. (2020) 'Medicine: a prescription for medical student leadership education', *New Directions for Student Leadership*, 2020(165), pp. 125-136.

Schmitz, R. (1985) 'Friedrich Wilhelm Sertürner and the Discovery of Morphine', *Pharmacy in History*, 27(20), pp. 61-74.

Schneider, A. and Ingram, H. (1993) 'Social construction of target populations', *American Political Science Review*, 87(2), pp. 334-347.

Schwarzmantel, J. (1998) *The age of ideology: political ideologies from the American Revolution to Postmodern times.* New York: New York University Press.

Schwarzmantel, J. (2005) 'Challenging neoliberal hegemony', *Contemporary Politics*, 11(2-3), pp. 85-98.

Schwarzmantel, J. (2008) *Ideology and politics*. London: SAGE Publications Ltd.

Scott, J. C. (1985) *Weapons of the weak: everyday forms of peasant resistance.* London: Yale University Press.

Scott, J. C. (1990) *Domination and the arts of resistance*. London: Yale University Press.

Scott, J. C. (2013) *Decoding subaltern politics: ideology, disguise and resistance in agrarian politics.* Abingdon: Routledge.

Scottish Drugs Forum (2017) *Question mark looms over Scotland's busiest needle exchange whilst HIV outbreak continues*. Available at: https://www.sdf.org.uk/news_scotlands-busiest-needle-exchange-potentially-forced-close-whilst-hiv-outbreak-continues/ (Accessed: 06 May 2023).

Seddon, T. (2008) 'Women, harm reduction and history: gender perspectives on the emergence of the 'British System' of drug control', *International Journal of Drug Policy*, 19, pp. 99-105.

Seddon, T. (2016) 'Inventing drugs: a genealogy of a regulatory concept', *Journal of Law and Society*, 43(3), pp. 393-415.

Seddon, T. (2022) 'The sixties, Barbara Wootton and the counterculture: revisiting the origins of the MDA 1971', in I. Crome, D. Nutt and A. Stevens (eds) *Drug science and British drug policy: critical analysis of the Misuse of Drugs Act 1971.* Sherfield-on-Loddon: Waterside Press pp. 183-192.

Seddon, T. Ralphs, R. and Williams, L. (2008) 'Risk, security, and the 'criminlization' of British drug policy', *The British Journal of Criminology*, 48(6), pp. 818–834.

Segal, E. A. (2011) 'Social empathy: a model built on empathy, contextual understanding, and social responsibility that promotes social justice', *Journal of Social Service Research*, 37(3), pp. 266-277.

Seligmann, L. J. and Estes, B. P. (2020) 'Innovations in ethnographic methods', *American Behavioral Scientist*, 64(2), pp. 176-197.

Selvakumar, S. and Kenny, B. (2021) 'Ethics of care and moral resilience in health care practice: A scoping review', *Clinical Ethics,* 18(1), pp. 88-96.

Shadwell, St. C, B. (1899) 'The Inebriates Act, 1898, regarded from a public health point of view', *Public Health*, 12(2), pp. 80-84.

Shah, S. Z. H. (2018) 'Althusser on Law's subject: revisiting interpellation and the jurisprudence of ideology', *IALS Student Law Review*, 5(1), pp. 3-13.

Sharp, H. (2000) '"Is it simple to be a feminist in philosophy?": Althusser and feminist theoretical practice', *Rethinking Marxism*, 12(2), pp. 18-34.

Shelby, T. (2003) 'Ideology, racism, and critical social theory', *The Philosophical Forum*, 34(2), pp. 153-188.

Sheridan, J., Barnard, M. and Webster, S. (2011) 'Influences on the provision of drug services in England: the experiences and views of front line treatment workers', *Health & Social Care in the Community*, 19(4), pp. 403-411.

Sheridan, J., Henderson, C., Greenhill, N. *et al*. (2005) 'Pharmacy-based needle exchange in New Zealand: a review of services', *Harm Reduction Journal*, 2(10), doi: 10.1186/1477-7517-2-10

Sheridan, J., Lovell, S., Turnbull, P., Parsons, J., Stimson, G. and Strang, J. (2000) 'Pharmacy-based needle exchange (PBNX) schemes in south east England: a survey of service providers', *Addiction*, 95(10), pp. 1551-1560.

Sherif, B. (2001) 'The ambiguity of boundaries in the fieldwork experience: establishing rapport and negotiating insider/outsider status', *Qualitative Inquiry*, 7(4), pp. 436-447.

Shesgreen, S. (1973) *Engravings by Hogarth*. New York: Dover Publications Inc.

Shils, E. (1965) 'Charisma, order and status', *American Sociological Review*, 30(2), pp. 199-213.

Shiner, M., Thom, B., MacGregor, S., Gordon, D. and Bayley, M. (2004) *Exploring community responses to drugs*. York: Joseph Rowntree Foundation.

Shorter, G. W., Harris, M., McAuley, A., Trayner, K. M. A. and Stevens, A. (2022) 'The United Kingdom's first unsanctioned overdose prevention site; A proof-of-concept evaluation', *International Journal of Drug Policy*, 104. Available at: https://doi.org/10.1016/j.drugpo.2022.103670

Showden, C. R., Barker-Clarke, E., Sligo, J. and Karen Nairn, K. (2023) 'The connective is communal: hybrid activism in online & offline spaces', *Social Movement Studies*. Available at: https://doi.org/10.1080/14742837.2023.2171387

Siagian, M., Bahri, S. and Sitorus, R. (2022) 'Identification of gathering space in Pekan Labuhan, *Advances in Social Science, Education and Humanities Research,* 642. Available at: https://dx.doi.org/10.2991/assehr.k.220204.015

Singhal, M. (2022)' Opium and the Family in the Writings of Karl Marx', *Science and Society*, 86(3), pp. 370-388.

Single, E. (1995) 'Defining harm reduction', *Drug and Alcohol Review*, 14(3), pp. 287-290.

Skeat, W. W. S. (1869) *The vision of William concerning Piers the Plowman, together with Vita de Dowell, Dobet, et Dobest, secundum Wit et Resoun*. London: Pub. For the Early English text society, by N. Trubner & co., 1867-1877. Available at: https://hdl.handle.net/2027/pst.000021836916 (Accessed: 06 May 2023).

Skoric, M. M. (2012) 'What is slack about slacktivism?' In *Methodological and Conceptual Issues in Cyber Activism Research*. Singapore: Asia Research Institute, pp. 77-104. Available at: https://ari.nus.edu.sg/wp-content/uploads/2018/10/InterAsiaRoundtable-2012.pdf#page=83 (Accessed: 06 May 2023).

Skretting, A. (2007) 'Harm reduction – any limits?' *Nordic Studies on Alcohol and Drugs*, 24, pp. 270-279.

Smith. C. M. (2022) *When arrest isn't best: creating a culture of police-led, pre-arrest diversion.* Available at: https://www.rstreet.org/wp-content/uploads/2022/09/FINAL_policy-short-no-118-R2.pdf (Accessed: 06 May 2023).

Smith, D. E. (1990) *The conceptual practices of power: a feminist sociology of knowledge*. Toronto: University of Toronto Press.

Smith, S. B. (1985) 'Althusser's Marxism without a knowing subject', *The American Political Science Review,* 79(3), pp. 641-655.

Snow, D. A. (2001) 'Broadening Blumer's conceptualization of symbolic interactionism', *Symbolic Interaction*, 24(3), pp. 367-377.

Soares, C. (2015) 'The path to reform? Problematic treatments and patient experience in nineteenth century female inebriate institutions', *Cultural and Social History*, 12(3), pp. 411-429.

Soussi, A. (2023) 'Glasgow expected to approve Scotland's first official drug consumption room', *Al Jazeera*, 26 September. Available at: https://www.aljazeera.com/features/2023/9/26/glasgow-expected-to-approve-scotlands-first-official-drug-consumption-room (Accessed: 24 October 2023).

Sowards, K. A., O'Boyle, K. and Weissman, M. (2006) 'Inspiring Hope, Envisioning Alternatives: The Importance of Peer Role Models in a Mandated Treatment Program for Women', *Journal of Social Work Practice in the Addictions*, 6(4), pp. 55-70.

Spencer, K. L. (2018) 'Transforming patient compliance research in an era of biomedicalization', *Journal of Health and Social Behaviour*, 59(2), pp. 170-184.

*Spirit Duties Act 1735*. Available at: https://vlex.co.uk/vid/spirit-duties-act-1735-808407649 (Accessed: 06 May 2023).

Spradley, J. (1979) *The ethnographic interview.* New York: Holt.

Stallybrass, P. (1986) 'Wee feaste in our defense: Patrician carnival in early modern England and Robert Herrick's "Hesperides"', *English Literary Renaissance*, 16(1), pp. 234-252.

Steel, R. T. (2022) 'Medicalising the menace? The symbiotic convergence of medicine and law enforcement in the medicalisation of marijuana in Minnesota', *Sociology of Health and Illness*, 44, pp. 1324-1343.

Stevens, A. (2007) 'Survival of the ideas that fit: an evolutionary analogy for the use of evidence in policy', *Social Policy and Society*, 6(1), pp. 25-35.

Stevens, A. (2011) *Drugs, crime and public health*. Abingdon: Routledge.

Stevens, A. (2019) 'Being human' and the 'moral sidestep' in drug policy: Explaining government inaction on opioid-related deaths in the UK', *Addictive Behaviours*, 90, pp. 444-450.

Stevens, A. (2022a) *High time for harm reduction, again: submission to the 2022 Home Affairs Committee inquiry on drugs*. Available at: https://committees.parliament.uk/writtenevidence/106662/pdf/ (Accessed: 06 May 2023).

Stevens, A. and Measham, F. (2014) 'The 'drug policy ratchet': why do sanctions for new psychoactive drugs typically only go up?' *Addiction*, 109, pp. 1226-1232.

Stevens, A. and Ritter, A. (2013) 'How can and do empirical studies influence drug policies? Narratives and complexity in the use of evidence in policy making', *Drugs: Education, Prevention and Policy*, 20(3), pp. 169-174.

Stevens, A. and Zampini, G. F. (2018) '*Drug policy constellations: A Habermasian approach for understanding English drug policy', International Journal of Drug Policy*, 57, pp. 61-71.

Stewart, R. E., Wolk, C. B., Neimark, G., Vyas, R., Young, J., Tjoa, C., Kampman, K., Jones, D. T., Mandell, D. S. (2021) 'It's not just the money: the role of treatment ideology in publicly funded substance use disorder treatment', *Journal of Substance Abuse Treatment*, 120, article number 108176. Available at: https://doi.org/10.1016/j.jsat.2020.108176

Stimson, G. (1998) 'Harm reduction in action: putting theory into practice', *International Journal of Drug Policy*, 9, pp. 401-409.

Stimson, G. (2010) *Harm reduction: the advocacy of science and the science of advocacy* [Lecture]. The 1st Alison Chesney and Eddie Killoran Memorial Lecture, London School of Hygiene and Tropical Medicine, 17 November. Available at: https://www.hri.global/files/2010/11/29/Harm_reduction_-_the_advocacy_of_science_and_the_science_of_advocacy.pdf (Accessed: 06 May 2023).

Stimson, G., Oppenheimer, E. and Thorley, A. (1978) 'Seven-year follow-up of heroin addicts: drug use and outcome', *British Medical Journal*, 1, pp. 1190-1192.

Stocchetti, M. (2019) 'Selfie and Interpellation – A Preliminary Study of the Role of Ideology in the Social Construction of Reality, Self and Society in the Digital Age', *KOME – An International Journal of Pure Communication Inquiry*, 8(1), pp. 44-57.

Stockdale, K. (2017) 'Insider? Outsider? Reflections on navigating positionality when researching restorative justice policing', in S. Armstrong, J. Blaustein and A. Henry (eds) *Reflexivity and criminal justice: intersections of policy, practice and research*. London: Palgrave Macmillan, pp. 315-333.

Stoler, L. R. (2002) 'Researching childhood sexual abuse: anticipating effects on the researcher', *Feminism & Psychology*, 12(2), pp. 269-274.

Stoller, N. (2003) 'Space, place and movement as aspects of health care in three women's prisons', *Social Science and Medicine*, 56, pp. 2263-2275.

Stothard, B. (2021) 'Fifty years of the UK Misuse of Drugs Act 1971: the legislative contexts', *Drugs and Alcohol Today*, 21(4), pp. 298-311.

Strang, J. (1989) ''The British System': past, present and future', *International Review of Psychiatry*, 1(1-2), pp. 109-120.

Strang, J. (1990) 'Lessons from an English opium eater: Thomas De Quincey reconsidered', *International Journal of the Addictions*, 25(12), pp. 1455-1465.

Strang, J. (1993) 'Drug use and harm reduction: responding to the challenge', in Heather, N., Wodak, A., Nadelman, E. and O'Hare, P. (eds) *Psychoactive Drugs and Harm Reduction: From Faith to Science*. London: Whurr Publishers, pp. 3-20.

Strang, J., Clee, W. B., Gruer, L. and Raistrick, D. (1997) 'Why Britain's drug czar mustn't wage war on drugs', *BMJ,* 315, pp. 325-326.

Strang, J. and Gossop, M. (1996) 'Heroin prescribing in the British System: a historical review', *European Addiction Research*, 2, pp. 185-193.

Strang, J., Groshkova, T. and Metrebian, N. (2012) *New heroin-assisted treatment: Recent evidence and current practices of supervised injectable heroin treatment in Europe and beyond.* Lisbon: European Monitoring Centre for Drugs and Drug Addiction.

Strawbridge, S. (2019) 'Mind-forged manacles: social justice and the politics of psychological distress', *Psychotherapy Section Review*, 1(63), pp. 66-71.

Stuart, S. (2011) 'War as a metaphor and the rule of law in crisis: the lessons we should have learned from the war on drugs', *Southern Illinois University Law Journal*, 36(1), pp. 1-44.

Suarez-Lledo, V. and Alvarez-Galvez, J. (2021) 'Prevalence of health misinformation on social media: a systematic review', *Journal of Medical Internet Research*, 23(1), e17187, doi: 10.2196/17187

Sulkunen, P. and Warpenius, K. (2000) 'Reforming the self and the other: the temperance movement and the duality of modern subjectivity', *Critical Public Health*, 10(4), pp. 423-438.

Sullivan, M. A., Birkmayer, F., Boyarsky, B. K., Frances, R. J., Fromson, J. A., Galanter, M., Levin, F. R., Lewis, C., Nace, E. P., Suchinsky, R. T., Tamerin, J. S., Tolliver, B. and Sussman, S. and Sussman, A. N. (2011) 'Considering the definition of addiction', *International Journal of Environmental Research and Public Health*, 8, pp. 4025-4038.

Sweeney, S., Ward, Z., Platt, C., Guinness, L., Hickman, M., Hope, V., Maher, L., Iversen, J., Hutchinson, S. J., Smith, J., Ayres, R., Hainey, I. and Vickerman, P. (2019) 'Evaluating the cost-effectiveness of existing needle and syringe programmes in preventing hepatitis C transmission in people who inject drugs', *Addiction*, 114, pp. 560–570.

Swiencicki, J. (1998) 'Performing conversion: Washingtonian (in)temperance rhetorics', in J. Swearingen and D. Pruett (eds) *Rhetoric, the polls and the global village*. Mahwah, NJ: Lawrence Erlbaum Associates Inc.

Swora, M. (2004) 'The rhetoric of transformation in the healing of alcoholism: the twelve steps of alcoholics anonymous', *Mental Health, Religion & Culture*, 7(3), pp. 187-209.

Szaz, T. S. (1971) 'The ethics of addiction', *American Journal of Psychiatry*, 128(5), pp. 33-38.

Tammi, T. (2004) 'The harm reduction school of thought: three fractions', *Contemporary Drug Problems*, 31, pp. 381-399.

Tammi, T. and Hurme, T. (2007) 'How the harm reduction movement contrasts itself against punitive prohibition', *International Journal of Drug Policy*, 18, pp. 84-87.

Taylor, S. L. (2016) 'Evidence-based policy? The re-medicalization of cannabis and the role of expert committees in the UK, 1972-1982', *International Journal of Drug Policy,* 37, pp. 129-135.

Teff, H. (1972) 'Drugs and the law: the development of control', *The Modern Law Review*, 35(3), pp. 225-241.

Telles, A. C. (2019) 'Mothers, warriors and lords: gender(ed) cartographies of the US war on drugs in Latin America', *Contexto Internacional*, 41(1), pp. 15-37.

Temenos, C. (2016) 'Mobilizing drug policy activism: conferences, convergence spaces and ephemeral fixtures in social movement mobilization', *Space and Polity*, 20(1), pp. 124-141.

Temenos, C. (2017) 'Everyday proper politics: rereading the post-political through mobilities of drug policy activism', *Transactions of the Institute of British Geographers*, 42, pp. 584-596.

Temenos, C. and McCann, E. (2013) 'Geographies of policy mobilities', *Geography Compass*, 7(5), pp. 344-357.

Thatcher, M. S. (2006) 'Bakhtin applied: employing dialogism to analyze the interplay of the ideologies of individualism and community within the discourse of Alcoholics Anonymous, *Journal of Applied Communication Research*, 34(4), pp. 349-367.

The London Magazine (1736) 'The pernicious consequences of the excessive drinking of gin', February, p. 73. Available at: https://babel.hathitrust.org/cgi/pt?id=mdp.39015021277226&seq=83 (Accessed: 06 May 2023).

Theodoropolou, L. (2020) 'Connections build and broken: ontologies of relapse', *International Journal of Drug Policy*, 86, article number 102739. Available at: https://doi.org/10.1016/j.drugpo.2020.102739

Theodossopoulos, D. (2014) 'On de-pathologizing resistance', *History and Anthropology*, 25(4), pp. 415-430.

They Work For You (2008) *Drugs Strategy – in the Scottish Parliament at 2.35pm on 4th June 2008.* Available at: https://www.theyworkforyou.com/sp/?id=2008-06-04.9274.0#g9280.0 (Accessed: 06 May 2023).

Thom, B. (2010) 'Women in recovery', in R. Yates and M. S. Malloch (eds) *Tackling addiction: pathways to recovery*. London: Jessica Kingsley Publishers, pp. 52-69.

Thomas, N., Bull, M., Dioso-Villa, R. and Smith, K. (2019) 'The movement and translation of drug policy ideas: the case of 'new recovery'', *International Journal of Drug Policy*, 73, pp. 72-80.

Thompson, A. H. G. (2007) 'The meaning of patient involvement and participation in health care consultations: a taxonomy', *Social Science and Medicine*, 64, pp. 1297-1310.

Thompson, E. P. (1967) 'Time, work-discipline, and industrial capitalism', *Past & Present*, 38, pp. 56-97.

Thompson, J. B. (1984) *Studies in the theory of ideology*. Berkeley, CA: University of California Press.

Thomson, D. (2010) 'The social meaning and function of humour in physiotherapy practice: An ethnography', *Physiotherapy Theory and Practice*, 26(1). Available at: https://doi.org/10.3109/09593980802664893

Thornberg, R. and Charmaz, K. (2012) 'Grounded theory', in S. D. Lapan, M. T. Quartaroli and F. J. Reimer, F. J. (eds) *Qualitative research: an introduction to methods and designs*. Hoboken, NJ: John Wiley and Sons, Inc., pp. 41-68.

Thornberg, R. and Charmaz, K. (2014) 'Grounded theory and theoretical coding', in U. Flick (ed.) *The SAGE handbook of qualitative data analysis.* London: SAGE Publications Ltd., pp. 153-169.

Thorneycroft, R. (2020) 'When does research end? The emotional labour of researching abjection', *Methodological Innovations*, 13(2). Available at: https://doi.org/10.1177/2059799120926350

Thoumi, F. E. (2012) 'Vulnerable societies: why antidrug policies fail, why there is a need for reforms and why they are unlikely to be implemented', *Substance Use and Misuse*, 47, pp. 1628-1632.

Ticha, A. A. (2006) *Selecting stories to tell: the gatekeeping of international news at SAfm.* PhD thesis. Rhodes University. Available at: http://vital.seals.ac.za:8080/vital/access/manager/PdfViewer/vital:3499/SOURCEPDF?viewPdfInternal=1 (Accessed: 06 May 2023).

Tighe, B., Dunn, M., McKay, F. H., and Piatkowski, T. (2017) 'Information sought, information shared: exploring performance and image-enhancing drug user-facilitated harm reduction information in online forums, *Harm Reduction Journal*, 14(48), doi: 10.1186/s12954-017-0176-8

Tilly, C. (1991) 'Domination, resistance, compliance… discourse', *Sociological Forum*, 6(3), pp. 593-602.

Tinasti, K. (2019) 'Toward the end of the global war on drugs', *Brown Journal of World Affairs*, 25(2), pp. 109-120.

Todd, A., Thomson, K., Kasim, A., and Bambra, C. (2018) 'Cutting care clusters: the creation of an inverse pharmacy care law? An area-level analysis exploring the clustering of community pharmacies in England', *BMJ Open*, 8(7), e022109.

Tolich M (2004) 'Internal confidentiality: when confidentiality assurances fail relational informants', *Qualitative Sociology*, 27(1), pp. 101–106.

Topping, K. J. (2022) 'Peer Education and Peer Counselling for Health and Well-Being: A Review of Reviews', *International Journal of Environmental Research and Public Health*, 9, article number 6064. Available at: https://doi.org/10.3390/ijerph1910606

Transform Drug Policy Foundation (2015) *Count the costs: Threatening public health, spreading disease and death*. Available at: https://transformdrugs.org/assets/files/PDFs/count-the-costs-health.pdf (Accessed: 06 May 2023).

Transform Drug Policy Foundation (2021) *Political support: reforming the Misuse of Drugs Act is a cross-party issue.* Available at: https://transformdrugs.org/mda-at-50/parliamentary-support (Accessed: 06 May 2023).

Treloar, C., Rance, J., Yates, K. and Mao, L. (2016) 'Trust and people who inject drugs: The perspectives of clients and staff of Needle Exchange Programs', *International Journal of Drug Policy*, 27, pp. 138-145.

Trice, H. M. and Staudenmeier, W. J. (1989) 'A sociocultural history of Alcoholics Anonymous', in M. Galanter (ed.) *Recent Developments in Alcoholism*. Boston, MA: Springer, pp. 11-35.

Trocki, C. A. (1999) *Opium, empire, and the global political economy*. London: Routledge.

Trostle, J. A. (1988) 'Medical compliance as an ideology', *Social Science and Medicine*, 72(12), pp. 1299-1308.

Tudor Hart, J. (1971) 'The Inverse Care Law', *The Lancet*, 1, pp. 405-412.

Tunçalp, D. and Lê, P. L. (2014) '(Re)Locating boundaries: a systematic review of online ethnography', *Journal of Organizational Ethnography*, 3(1), pp. 59-79.

Tupper, K. W. (2008) 'Drugs, discourses and education: a critical discourse analysis of a high school drug education text', *Discourse: Studies in the Cultural Politics of Education*, 29(2), pp. 223-238.

Turner, C. and Astin, F. (2021) 'Grounded theory: what makes a grounded theory study?' *European Journal of Cardiovascular Nursing*, 20, pp. 285–289.
Turner, J. H. (1988) 'The mixed legacy of the Chicago School of Sociology', *Sociological Perspectives*, 31(3), pp. 325-338.

Ulrich, C. M., Hamric, A. B. and Grady, C. (2010) 'Moral distress: a growing problem in the health professions?' *Hastings Center Report*, 40(1), pp. 20-22.

United Nations (1971) *Convention on psychotropic substances, 1971.* Available at: https://www.unodc.org/pdf/convention_1971_en.pdf (Accessed: 06 May 2023).

United Nations (1972) *United Nations Single Convention on Narcotic Drugs, 1961, as amended by the 1972 Protocol amending the Single Convention on Narcotic Drugs, 1961.* Available at: https://www.unodc.org/pdf/convention_1961_en.pdf (Accessed: 06 May 2023).

United Nations (1998a) *Resolution adopted by the General Assembly*. New York: United Nations. Available at: https://www.unodc.org/documents/commissions/CND/Political_Declaration/Political_Declaration_1998/1998-Political-Declaration_A-RES-S-20-2.pdf (Accessed: 20 September 2022).

United Nations (1998b) *A drug-free world – we can do it*. Available at: https://www.un.org/french/ga/20special/presskit/gassbro.htm (Accessed: 06 May 2023).

United Nations (1998c) *Secretary-general calls on all nations to say 'yes' to challenge of working towards drug-free world*. Available at: https://press.un.org/en/1998/19980608.ga9411.html (Accessed: 06 May 2023).

United Nations (2023) *UN experts call for end to global 'war on drugs'*. Available at: https://www.ohchr.org/en/press-releases/2023/06/un-experts-call-end-global-war-drugs (Accessed: 24 June 2023).

United Nations Office on Drugs and Crime (2016) *Outcome document of the 2016 United Nations General Assembly Special Session on the world drug problem*. Available at: https://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf (Accessed: 06 May 2023).

Urla, J. and Helepololei, J. (2014) 'The ethnography of resistance then and now: on thickness and activist engagement in the twenty-first century', *History and Anthropology*, 25(4), pp. 431-451.

Valencia, S., Stallman, A. C., Commeyras, M., Pearson, P. D., and Hartman, D. K. (1990) *Four measures of topical knowledge: a study of construct* validity. Champaign, IL: University of Illinois. Available at: https://eric.ed.gov/?id=ED320122 (Accessed: 06 May 2023).

Valentine, G. (2001) *Social geographies: space and society.* Harlow: Pearson Education Ltd.

Valverde, M. (1997) ''Slavery from within': the invention of alcoholism and the question of free will', *Social History*, 22(3), pp. 251-268.

Van Het Loo, M., van Beusekom, I. and Kahan, J. P. (2002) 'Decriminalization of drug use in Portugal', *The ANNALS of the American Academy of Political and Social Science*, 582(1), pp. 49–63.

Van Hout, M. C. and Kean, J. (2015) 'An exploratory study of image and performance enhancement drug use in a male British South Asian community', *International Journal of Drug Policy*, 26, pp. 860-867.

Van Hout, M. C. and McElrath, K. (2012) 'Service user involvement in drug treatment programmes: Barriers to implementation and potential benefits for client recovery', *Drugs: Education, Prevention and Policy*, 19(6), pp. 474-483.

Varcoe, C., Pauly, B., Webster, G. and Storch, J. (2012) 'Moral distress: Tensions as springboards for action', *HEC Forum*, 24, pp. 51-62.

Venkatesh, S. A. (2012) 'The reflexive turn: the rise of first-person ethnography', *The Sociological Quarterly*, 54, pp. 3–8.

Vitellone, N. (2017) *Social science of the syringe: a sociology of injecting drug use*. Abingdon: Routledge.

Vollstedt, M. and Rezat, S. (2019) 'An introduction to grounded theory with a special focus on axial coding and the coding paradigm', in G. Kaiser and N. Presmeg (eds) *Compendium for Early Career Researchers in Mathematics Education*. Hamburg: ICME-13 Monographs, pp. 81-100.

Von Koskull, C. (2019) 'Increasing rigor and relevance in service research through ethnography', *Journal of Services Marketing*, 34(1), pp. 74–77.

Waisbord, S. (2020) 'Why Paulo Freire is a threat for right-wing populism: lessons for communication of hope', *International Communication Gazette*, 82(5), pp. 440-455.

Waitzkin, H. (1989) 'A critical theory of medical discourse: ideology, social control, and the processing of social context in medical encounters', *Journal of Health and Social Behaviour*, 30, pp. 220-239.

Walford, G. (2009) 'For ethnography', *Ethnography and Education,* 4(3), pp. 271-282.

Walker, I. (2021) 'Women and the politics of pleasure in critical drug studies', in J. Buxton, G. Margo and L. Burger (eds) *The impact of global drug policy on women: shifting the* needle. Bingley: Emerald Publishing Ltd, pp. 33-40.

Walker, W. S. (1982) 'Lost liquor lore: The blue flame of intemperance', *Journal of Popular Culture*, 16(2), pp. 17-25.

Walmsley, I. (2013) 'Opiate substitution treatment: poisoned bodies and the history of substitution', *Contemporary Drug Problems*, 40, pp. 387-413.
Walsh, M. (1996) 'November bull-running in Stamford, Lincolnshire', *Journal of Popular Culture*, 30, pp. 233-246.

Walt, G., Porteny, T., McGregor, A. J., and Ladin, K. (2022) 'Clinician's experiences with involuntary commitment for substance use disorder: A qualitative study of moral distress', *International Journal of Drug Policy,* 99. Available at: https://doi.org/10.1016/j.drugpo.2021.103465

Walter, G. (2021) 'How drugs won the war on drugs', *VICE*, 30 September. Available at: https://www.vice.com/en/article/xgxn8z/how-drugs-won-the-war-on-drugs (Accessed: 06 May 2023).

Walton, S. (2001) *Out of it: a cultural history of intoxication*. London: Penguin Books Ltd.

Wang, N. and Underwood, J. (2016) 'Why did the relatively small Chinese community in London's East End produce such a strong cultural reaction in late Victorian Britain?' *The STORIES conference.* Oxford University, 15-16 March. Available at: https://www.academia.edu/download/45227823/chinese_invasion_novel_article_ningfen_final.pdf (Accessed: 06 May 2023).

Ward, V., Smith, S., House, A. and Hamer, S. (2012) 'Exploring knowledge exchange: a useful framework for practice and policy', *Social Science & Medicine*, 74, pp. 297-304.

Wardle, I. (2008) *The strategic isolation of the British drug field and the new recovery philosophy.* Available at: http://www.lifeline.org.uk/feature.php?IDnum=50 (Accessed: 06 May 2023).

Wardle, I. (2012) 'Five years of recovery: December 2005 to December 2010 - from challenge to orthodoxy', *Drugs: Education, Prevention and Policy*, 19(4), pp. 294-298.

Warner, J. (1994) 'Resolv'd to drink no more: Addiction as a preindustrial construct', *Journal of Studies on Alcohol and Drugs*, 55, pp. 685-691.

Warner, J. (1996) 'Old and in the way: widows, witches, and spontaneous combustion in the age of reason', *Contemporary Drug Problems*, 23(2), pp. 197-220.

Warner, J. (2006) 'Are you a closet Fabian? Licensing schemes then and now', *Addiction*, 101, pp. 909–910.

Warner, J. (2009) 'Temperance, alcohol and the American evangelical: A reassessment', *Addiction*, 104, pp. 1075-1084.

Warner, J., Her, M., Gmel, G. and Rehm, J. (2001) 'Can legislation prevent debauchery? Mother gin and public health in 18th-Century England, *American Journal of Public Health,* 91(3), pp. 375-384.

Warner, J. and Ivis, F. (1999) '"Damn you, you informing bitch." Vox populi and the unmaking of the Gin Act of 1736', *Journal of Social History*, 33(2), pp. 299-330.

Warner, J. and Ivis, F. (2000) 'Gin and gender in early eighteenth-century London', *Eighteenth-Century Life,* 24(2), pp. 85-105.

Wasserman, J. A., Clair, J. M. and Wilson, K. L. (2009) 'Problematics of grounded theory: innovations for developing an increasingly rigorous qualitative method', *Qualitative Research*, 9(3), pp. 355-381.

Watson, A. and Lupton, D. (2022) 'Remote fieldwork in homes during the COVID-19 pandemic: video-call ethnography and map drawing methods', *International Journal of Qualitative Methods*, 21, pp. 1-12.

Watson, J. (2012) 'The good, the bad and the vague: assessing emerging Conservative drug policy', *Critical Social Policy*, 33(2), pp. 285-304.

Webb, H. (1999) 'Temperance movements and prohibition', *International Social Science Review*, 74(1-2), pp. 61-69.

Weber, M. (1930) *The Protestant ethic and the spirit of capitalism*. Translated from the German by Talcott Parsons. Reprint. London: Routledge, 2001.

Weber, M. (1968) *On charisma and institution building*. London: The University of Chicago Press Ltd.

Webster, G. and Bayliss, F. E. (2000) 'Moral residue', in S. B. Rubin & L. Zoloth (eds) *Margin of error: The ethics of mistakes in the practice of medicine*. Hagerstown: University Publishing Group, pp. 217-230.

Weems, M. (2013) 'Fire: a year in poems', in S. H. Jones, T. E. Adams and C. Ellis (eds) *Handbook of autoethnography*. Abingdon: Routledge, pp. 313-320.

Weil, A. (1972) *The natural mind: a new way of looking at drugs and the higher consciousness.* Boston, NY: Houghton Mifflin Company.

Weitz, R. (2001) 'Women and their hair: seeking power through resistance and accommodation', *Gender and Society*, 15(5), pp. 667-686.

Wengraf, T., Chamberlayne, P. and Bornat, J. (2002) 'A biographical turn in the social sciences? A British-European view', *Cultural Studies ↔ Critical Methodologies*, 2(2), pp. 245-269.

Westergaard, J. H. (1970) 'The rediscovery of the cash nexus: some recent interpretations of trends in British class structure', in R. Miliband and J. Saville (eds) *The Socialist Register*. London: The Merlin Press, pp. 111-138.

Westerman, C. (2020) 'John Green, war and nouns', *Medium,* 19 March. Available at: https://medium.com/@chuckwest/john-green-war-and-nouns-709f0e6d7cff (Accessed: 06 May 2023).

Weston, S. (2014) 'The Origins of Conflict in Dependent Drug Treatment: Lessons for Partnership Working', *British Journal of Community Justice,* 12(1), pp. 9–26.

White, J. (2003) 'The "Slow but Sure Poyson": The representation of gin and its drinkers, 1736-1751', *Journal of British Studies*, 42(1), pp. 35-64.

White, T. (2012) 'A drug-free world', *Substance Use and Misuse,* 47, pp. 1637–1639.

White, W. L. (2004) 'Transformational change: a historical review', *Journal of Clinical Psychology*, 60(5), pp. 461-470.

White, W. L. (2007a) 'Addiction recovery: its definition and conceptual boundaries', *Journal of Substance Abuse Treatment*, 33, pp. 229–241.

White, W. L. (2007b) 'The new recovery advocacy movement in America', *Society for the Study of Addiction*, 102, pp. 696-703.

White, W. L. (2008) 'Recovery: old wine, flavor of the month or new organising paradigm?' *Substance Use and Misuse*, 43, pp. 1987-2000.

White, W. L. and Ali, S. (2010) *Lapse and relapse: is it time for new language?* Available at: https://www.chestnut.org/resources/84247f8b-1571-4251-a1d6-3dfdfbccafd2/2010-Rethinking-the-Relapse-Language.pdf (Accessed: 06 May 2023).

White, W. L. and Kurtz, E. (2010) *A message of tolerance and celebration: The portrayal of multiple pathways of recovery in the writings of Alcoholics Anonymous co-founder Bill Wilson*. Available at: https://www.williamwhitepapers.com/ (Accessed: 06 May 2023).

Whitehead, L. (2004) 'Enhancing the quality of hermeneutic research: decision trail', *Journal of Advanced Nursing*, 45(5), pp. 512–518.

Whitehead, P. B., Herbertson, R. K., Hamric, A. B., Epstein, E. B. and Fisher, J. M. (2015) 'Moral distress among healthcare professionals: report of an institution-wide survey', *Journal of Nursing Scholarship*, 47(2), pp. 117-125.

Wieloch, N. (2002) 'Collective mobilization and identity from the underground: the deployment of "oppositional capital" in the harm reduction movement', The Sociological Quarterly, 43(1), pp. 45-72.

Williams, O. (2014) *Gin glorious gin: How mother's ruin became the spirit of London.* London: Headline Publishing Group.

Wilson, B. (1939) *Alcoholics anonymous: the big book*. New York: Alcoholics Anonymous World Services.

Wilson, J. (2013) '"The Devastating Conquest of the Lived by the Conceived": The Concept of Abstract Space in the Work of Henri Lefebvre', *Space and Culture*, 16(3), pp. 364-380.

Wilson, L., Vannice, S., Hacksel, C. and Leonard, L. (2018) 'Peer worker or client? Conflicting identities among peer workers engaged in harm reduction service delivery', *Addiction Research and Theory*, 26(5), pp. 361-368.

Wilson, N. (2019) 'Agents of change', *Drink and Drug News*. Available at: https://www.drinkanddrugsnews.com/wp-content/uploads/2019/09/DDN-September-2019.pdf (Accessed: 06 May 2023).

Wilson, S. (2014) *Narrative study of how non-qualified volunteers and ex-drug users make the transition to paid employment in the substance misuse field*. PhD thesis. Manchester Metropolitan University. Available at: http://e-space.mmu.ac.uk/344062/ (Accessed: 06 May 2023).

Wilson, T. M. (2005) 'Drinking cultures: sites and practices in the production and expression of identity', in T. M. Wilson (eds) *Drinking cultures*. Oxford: Berg, pp. 1-24.

Winstock, A., Eastwood, N. and Stevens, A. (2017) 'A new drug strategy for the UK', *BMJ,* 358, article number j3643. Available at: https://doi.org/10.1136/bmj.j3643

Winstock, A., Eastwood, N. and Stevens, A. (2021) 'Another drug strategy for the UK', *BMJ,* 357, article number n3097. Available at: https://doi.org/10.1136/bmj.n3097

Withington, P. (2011) 'Intoxicants and society in early modern England', *The Historical Journal*, 54(3), pp. 631-657.

Withington, P. (2014) 'Introduction: cultures of intoxication', *Past & Present*, 222(S9), pp. 9-33.

Witkiewitz, K. and Tucker, J. A. (2020) 'Abstinence not required: expanding the definition of recovery from alcohol use disorder', *Alcoholism: Clinical and Experimental Research*, 44(1), pp. 36-40.

Wodak, A., Symonds, A. and Richmond, R. (2003) 'The role of civil disobedience in drug policy reform: how an illegal safer injection room led to a sanctioned "Medically Supervised Injection Center"', *Journal of Drug Issues*, 33(3), pp. 609-623.

Wolf, Z. R. (2012) 'Ethnography: the method', in P. L. Munhall (ed.) *Nursing research: a qualitative perspective*. 5th edn. Sudbury, MA: Jones and Bartlett Learning, pp. 285-338.

Wood, A. (2001) ''Poore men woll speke one daye': Plebian languages of deference and defiance in England, c. 1520-1640', in T. Harris (ed.) *The politics of the excluded*. Basingstoke: Palgrave, pp. 67-98.

Wood, E., Kerr, T., Small, W., Jones, J., Schechter, M. T. and Tyndall, M. W. (2003) 'The impact of a police presence on access to needle exchange programmes', *Journal of Acquired Immune Deficiency Syndrome*, 34(1), pp. 116-117.

Wood, E., Werb, D., Marshall, B. D. L., Montaner, J. S. G. and Kerr, T. (2009) 'The war on drugs: a devastating public-policy disaster', *The Lancet*, 373, pp. 989-990.

World Health Organization (1986) *Ottawa Charter for Health Promotion*. Available at: https://www.who.int/healthpromotion/conferences/previous/ottawa/en/ (Accessed: 06 May 2023).

World Health Organization (1994) *WHO lexicon of drug and alcohol terms*. Available at: https://apps.who.int/iris/bitstream/handle/10665/39461/9241544686_eng.pdf?sequence=1&isAllowed=y (Accessed 06 May 2023).

World Health Organization (2007) *Guide to starting and managing needle and syringe programmes*. Geneva: World Health Organization.

World Health Organization (2016) *Global health sector strategy on viral hepatitis 2016-2021.* Available at: https://apps.who.int/iris/rest/bitstreams/1031495/retrieve (Accessed: 06 May 2023).

World Health Organization (2020) *WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020*. Available at: https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020 (Accessed: 06 May 2023).

World Health Organization (2022) *Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030*. Available at: https://www.who.int/publications/i/item/9789240053779 (Accessed: 06 May 2023).

World Health Organization (2023) *Left behind in pain*. Available at: https://apps.who.int/iris/bitstream/handle/10665/369294/9789240075269-eng.pdf (Accessed: 06 May 2023).

Wrede, S. (2010) 'How country matters: studying health policy in a comparative perspective', in I. Bourgeault, R. Dingwall, and R. de Vries (eds) *The SAGE handbook of qualitative methods in health research.* London: SAGE Publications Ltd., pp. 88-105.

Wright, A. (2017) 'Not just a 'place for the smoking of opium': the Indian opium den and imperial anxieties in the 1890s', *Journal of Colonialism and Colonial History*, 18(2), doi: doi:10.1353/cch.2017.0021

Wright, H. (1909) 'The opium conference at Shanghai', *Proceedings of the American Society of International Law at Its Annual Meeting (1907-1917),* 3, pp. 89-95.

Xi, Y. and Ng, A. (2021) 'Space as the ideological state apparatus (ISA): the invisible fetter on social movements in China', *Media, Culture and Society*, 43(5), pp. 925-944.

Yadav, R., Taylor, D., Taylor, G. and Scott, J. (2019) 'Community pharmacists' role in preventing opioid substitution therapy-related deaths: a qualitative investigation into current UK practice', *International Journal of Clinical Pharmacy*, 41, pp. 470-477.

Yates, J. and Whitford, A. B. (2009) 'Race in the war on drugs: the social consequences of presidential rhetoric', *Journal of Empirical Legal Studies*, 6(4), pp. 874-898.

Yeo, R. and Dopson, S. (2018) 'Getting lost to be found: the insider–outsider paradoxes in relational ethnography', *Qualitative Research in Organizations and Management: An International Journal*, 13(4), pp. 333-355.

Yeomans, H. (2009) 'Revisiting a moral panic: ascetic Protestantism, attitudes to alcohol and the implementation of the Licensing Act 2003', *Sociological Research Online*, 14(2), pp. 70-80.

Yeomans, H. (2011) 'What did the British temperance movement accomplish? Attitudes to alcohol, the law and moral regulation', *Sociology*, 45(1), pp. 38-53.

Yeomans, H. (2013) ‘Theorizing alcohol in public discourse: moral panics or moral regulation?’ In Critcher, C., Hughes, J., Petley, J. and Rohloff, A. (eds) *Moral panics in the contemporary world*. London: Bloomsbury, pp. 101-124.

Yeomans, H. (2019) ‘Regulating drinking through alcohol taxation and minimum unit pricing: a historical perspective on alcohol pricing interventions’, *Regulation and Governance*, 13, pp. 3-17.

Żadkowska, M., Dowgiallo, B., Gajewska, M., Herzberg-Kurasz, M. and Kostecka, M. (2022) ‘The sociological confessional: a reflexive process in the transformation from face-to-face to online interview’, *International Journal of Qualitative Methods*, 21, pp. 1-12.

Zamawe, F. C. (2015) ‘The Implication of using NVivo software in qualitative data analysis: evidence-based reflections’, *Malawi Medical Journal*, 27(1), pp. 13-15.

Zieger, S. (2005) ‘’How far am I responsible?’ Women and morphinomania in late-nineteenth century Britain’, *Victorian Studies,* 48(1), pp. 59-81.

Zoberman, P. (2000) ‘Eloquence and ideology: between image and propaganda’, *Rhetorica: A Journal of the History of Rhetoric,* 18(3), pp. 295-320.

Zorn, R. (2009) ‘Let’s talk about pot: beyond the cannabis stalemate’, *Matters of Substance,* 19(1), pp. 21–23.

## Appendices

Appendix 1: Langland's (1377) verse indicating the social roles of church-ales, from '*The vision of William concerning Piers the Plowman'*

(Langland, 1377; translated by Skeat, 1869)

And therewith repair hospitals,
Help sick people,
Mend bad roads,
Build up bridges that had been broken down,
Help maidens to marry or make them nuns,
Find food for prisoners and poor people,
Put scholars to school or to some other craft,
Help religious orders, and
Ameliorate rents or taxes.

Appendix 2: Graph showing the changes in per capita consumption of British distilled spirits and strong beer (in barrels), between 1700 and 1771

(Warner *et al.,* 2001, p. 376)

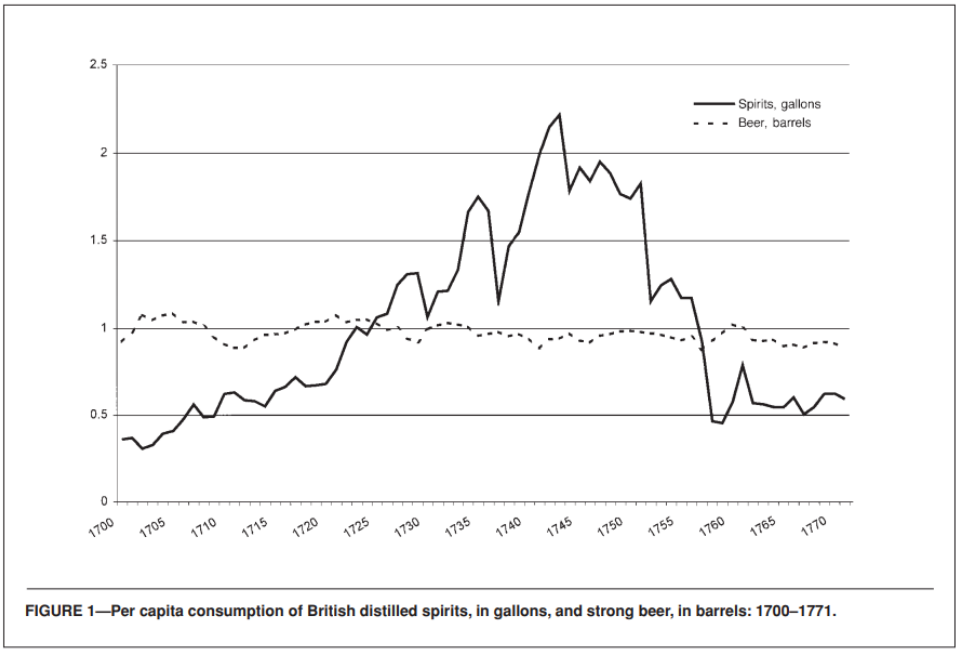


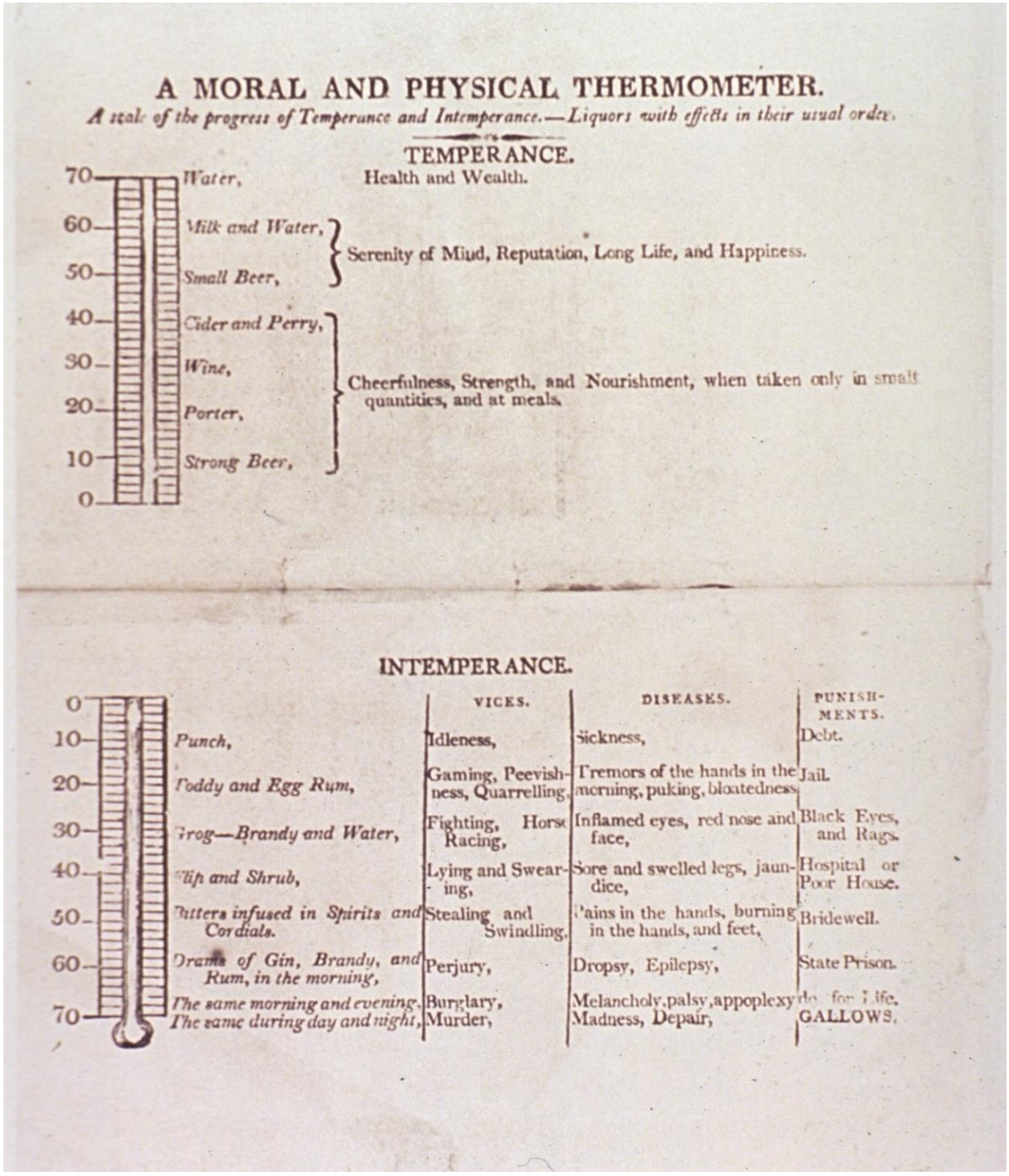

FIGURE 1—Per capita consumption of British distilled spirits, in gallons, and strong beer, in barrels: 1700–1771.

Appendix 3: Engravings depicting Gin Lane and Beer Street by Hogarth (1751)

(Royal Academy of Arts, 2019)


Appendix 4: Benjamin Rush's Moral and Physical Thermometer

(Rush, 1785)



A MORAL AND PHYSICAL THERMOMETER.

*A scale of the progress of Temperance and Intemperance.—Liquors with effects in their usual order.*

TEMPERANCE.

70 — *Water,* — Health and Wealth.

60 — *Milk and Water,* } Serenity of Mind, Reputation, Long Life, and Happiness.

50 — *Small Beer,* }

40 — *Cider and Perry,* }

30 — *Wine,* } Cheerfulness, Strength, and Nourishment, when taken only in small quantities, and at meals.

20 — *Porter,* }

10 — *Strong Beer,* }

0

INTEMPERANCE.

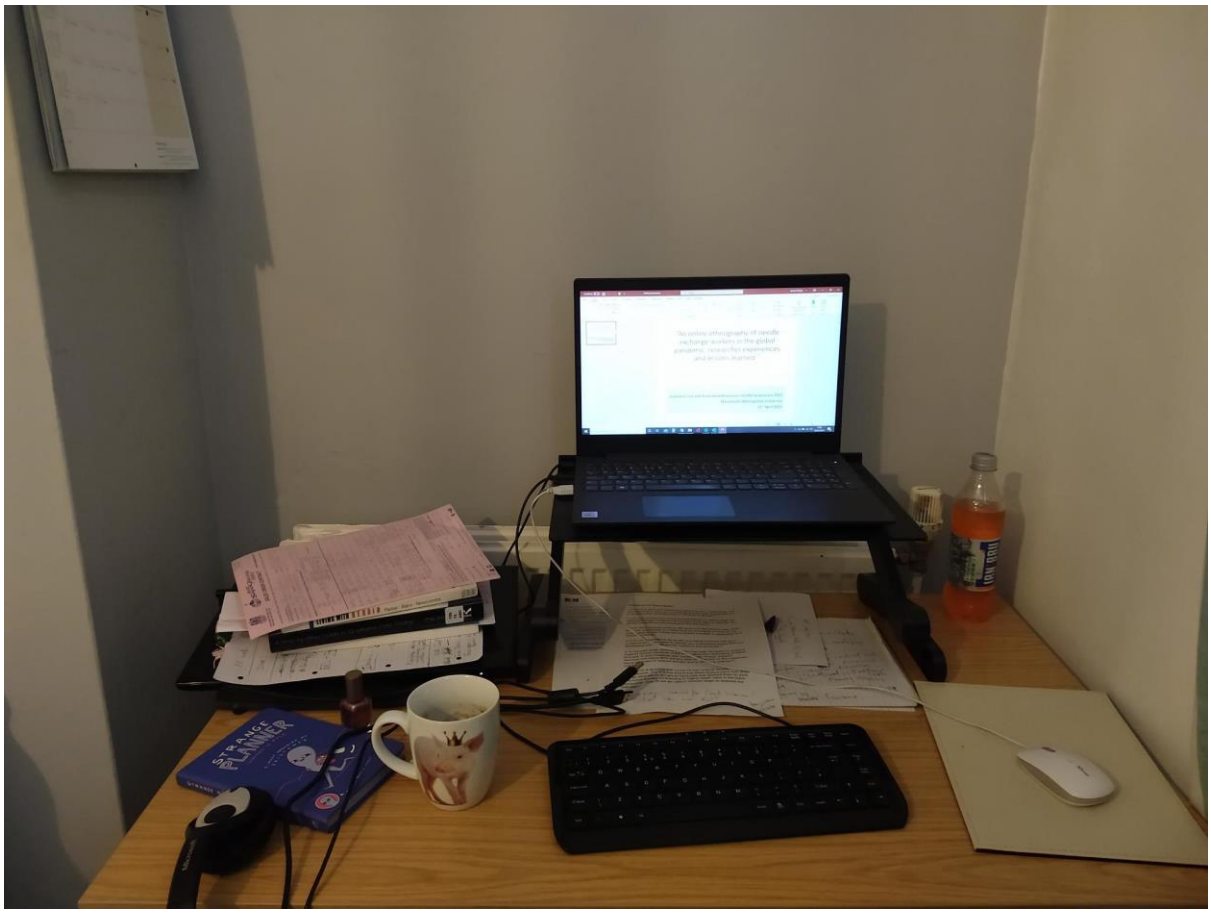
| | | VICES. | DISEASES. | PUNISHMENTS. |
|---|---|---|---|---|
| 0 | | | | |
| 10 | *Punch,* | Idleness, | Sickness, | Debt. |
| 20 | *Toddy and Egg Rum,* | Gaming, Peevishness, Quarrelling, | Tremors of the hands in the morning, puking, bloatedness, | Jail. |
| 30 | *Grog—Brandy and Water,* | Fighting, Horse Racing, | Inflamed eyes, red nose and face, | Black Eyes, and Rags. |
| 40 | *Flip and Shrub,* | Lying and Swearing, | Sore and swelled legs, jaundice, | Hospital or Poor House. |
| 50 | *Bitters infused in Spirits and Cordials.* | Stealing and Swindling, | Pains in the hands, burning in the hands, and feet, | Bridewell. |
| 60 | *Drams of Gin, Brandy, and Rum, in the morning,* | Perjury, | Dropsy, Epilepsy, | State Prison. |
| 70 | *The same morning and evening,* / *The same during day and night,* | Burglary, / Murder, | Melancholy, palsy, appoplexy / Madness, Despair, | do for Life. / GALLOWS. |

Appendix 5: The 12 steps of AA

(Alcoholics Anonymous, no date)

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

Appendix 6: ‘The new research field’



Appendix 7: Summary table of participants' roles

| | Gender identity | Service user background | Professional role experience | Current role | Country of residence |
|---|---|---|---|---|---|
| 1 | Male | No | Drug Interventions Programme Worker (DIP) | Alternative health professional role | England |
| 2 | Male | Yes | Senior recovery worker | Long-term sickness | England |
| 3 | Female | No | Prescribing worker | Alternative health professional role | England |
| 4 | Female | No | Recovery worker | Alternative health professional role | England |
| 5 | Female | No | DCR recovery worker | Alternative health professional role | England/Germany |
| 6 | Male | No | Nurse, harm reduction worker | Activist and educator | England |
| 7 | Female | No | Recovery worker | Senior recovery worker | England |
| 8 | Male | Yes | Peer worker, recovery worker | Paid recovery worker | England |
| 9 | Female | No | Harm reduction worker | Pharmacy Lead | England |
| 10 | Male | Yes | Peer worker | Strategic lead | New Zealand |
| 11 | Male | No | Complex needs worker | Complex needs worker | England |
| 12 | Male | Yes | Volunteer, paid recovery worker | Harm reduction lead | England |
| 13 | Male | Yes | Peer worker, volunteer, paid recovery worker | Peer leader | England |
| 14 | Male | No | Recovery worker | Service manager | England |
| 15 | Male | Yes | Peer worker, recovery worker | Senior recovery worker | England |
| 16 | Female | No | DCR recovery worker | Alternative health professional role | Germany |
| 17 | Female | No | Pharmacist | Pharmacy advisor within the drug use field | England |
| 18 | Male | No | Policy officer | Policy officer | England |

Appendix 8: 'Online pocket ethnography' artefacts

This table provides a description of 'pocket ethnography' artefacts that participants shared with me during the data collection.

| ARTEFACT | DESCRIPTION |
|---|---|
| **Book** | Interpreting the field (Hobbs and May (1993) – given to me by the participant as they had found it useful in their own studies. |
| **Articles shared on FB/email** | **1.** The hijacking of sobriety by the recovery movement (HERE)<br>**2.** Russell Webster's 'drugs and crime' blog: https://www.russellwebster.com/<br>**3.** An article in a professional journal written by the participant<br>**4.** 'Shooting up' report<br>**5.** An article about people who inject drugs and COVID-19<br>**6.** Recovery Champion report (2021) |
| **A PhD application** | Feedback requested and provided by me. Building trust and rapport. |
| **Memes** | Humorous content, cats, novelty leggings, cats wearing novelty leggings (a running joke with one participant that got out of hand!) |
| **Link to clothing site** | Sharing a similar interest in wacky fashion; female bonding. |
| **An organisational video** | Professional video from the organisation the participant worked in – they are being interviewed in the video – sharing an accomplishment. |
| **E-learning resources** | The organisation that the participant worked for has produced an online e-learning resource – the link was shared with me so that I could see the work that had been done (this was discussed in the interview and the participant said that they would send it to me for my further examination). |
| **Email string** | Evidencing of the police bungling a case – the participant had received it that morning and was incredulous and mirthful – he clearly wanted to share. (I sent the participant the Black report – swapping). |
| **Report** | Written by the participant in a practitioner role and designed to shed light on a broken system. The report was largely ignored according to the participant and they were upset about this as they had spent a lot of time working on it and felt that the contents were important. They expressed a wish to share it with me in case the contents could somehow be inputted into the research and share 'the truth'. |
| **Cooking recipe** | Sharing recipe with participant – part of managing exit. |

Appendix 9: Consent form for participants

# CONSENT FORM

**Title of Project:** "An online ethnography of harm reduction work in community drug treatment services."

**Name of Researcher**: *Adele Phillips*

**Contact details:**


**Address:**

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Canterbury Christ Church University
North Holmes Road
Canterbury
Kent
CT1 1QU

**Tel:** 01227 923192

**Email:** a.j.phillips70@canterbury.ac.uk


| | Please initial box |
|---|---|
| 1. I confirm that I have read and understand the participant information for the above project and have had the opportunity to ask questions. | |
| 2. (If applicable) I confirm that I agree to any audio recordings in the instance of an arranged one-to-one interview. | |
| 3. I understand that any personal information that I provide to the researchers will be kept strictly confidential and in line with the University Research Privacy Notice | |
| 4. I understand that my participation is voluntary and that I am free to withdraw my participation, without giving a reason, a) at any time during the data collection and b) up to 3 months after the data collection date. | |
| 5. I agree to take part in the above project. | |

| Name of Participant: | Date: | Signature: |
|---|---|---|
| Researcher: | Date: | Signature: |

Appendix 10: Participant Information Sheet

**PROJECT TITLE: An online ethnography of harm reduction work in community drug treatment services.**

## PARTICIPANT INFORMATION

A research study is being conducted at Canterbury Christ Church University (CCCU) by *Adele Phillips*.

Please refer to our Research Privacy Notice for more information on how we will use and store your personal data.

## Background

*This data is being collected as part of a PhD study that is funded by Canterbury Christ Church University.*

*The study aims to consider how service users and health professionals with experience in needle and syringe programmes (NSPs) achieve harm reduction goals within an abstinence-based recovery service focus. It will consider how these spaces impact on the health and social roles of the people within them, influence treatment, and how competing priorities are managed.*

## What will you be required to do?

Participants in this study will be required to: *engage in a confidential, one-to-one, 'conversational interview' with the researcher. This will not have a series of predetermined questions and answers like other interviews that you may have been involved in. We will start by considering 'your experiences working in a needle and syringe programme setting'.*

## To participate in this research you must:

- *Be aged at least 18 years*
- *Consent to take part*
- *Have experience (current or past) working in a needle and syringe programme setting.*

## Procedures

*You will be asked to take part in a one-to-one interview with me, as the researcher. This is likely to take no longer than an hour. This could take place either face-to-face or online, using Skype. The interview (audio only) will be recorded.*

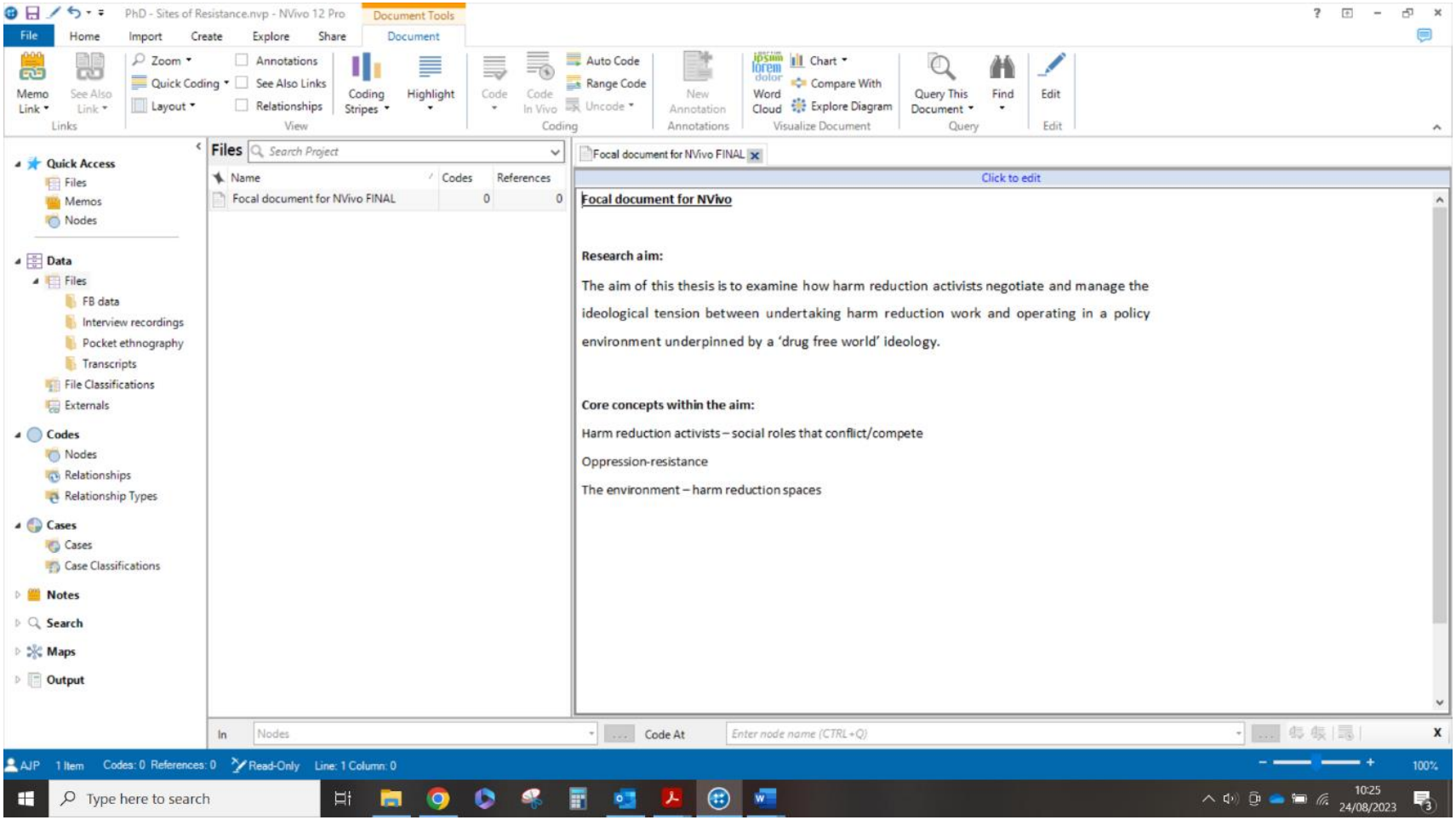
## Feedback

*Feedback concerning the study findings is available to participants by request:* adele.phillips@canterbury.ac.uk

## Appendix 11: A list of initial codes generated from the interview data

12 step
Abstinence-based recovery
Abuse and trauma
Activism
Addiction
Admin
Advice and information
Age
Appt delay
Black and minority ethnic groups (BAME)
Barriers to needle exchange access
Bloody-borne viruses (BBVs)
Black humour
Bureaucracy
Cannabis
Capitalism
Caring
Criminal justice system (CJS)
Coercion
Collective action
Commissioning
Communication
Community
Confidentiality
Conservative government
Corruption
Cost-effectiveness
COVID-19
Creative workarounds
Data
Drug consumption rooms (DCRs)
Denial
Discourse
Disrespecting service users
Drug availability
Drug myths
Drug Strategies
Drug testing
Education and training
Emotions
Employment
Evidence and research
Family
Funding
Gatekeeping
Gender
Geographical factors
Group therapy
Harm reduction
Hepatitis C
HIV
Housing
Humour
Joint working
Key people
Law
Leadership
Lived experience
Lying
Marginalisation
Media portrayals of drugs
Medical model
Mental health
Methadone script
Moral model
Motivation
Naloxone
New developments
NHS
Nitrous oxide
Nostalgia
New psychoactive substances (NPS)
National Treatment Agency (NTA)
Needle exchange cover
Needle exchange coverage
Needle exchange spaces
Needle exchange supplies
Overdose
Opioid Substitution Therapy (OST) scripts
Other services
Outreach
Overdose
Partnerships
Payment by Results (PbR)
Peer-led
Personal choice
Personal control
Person-centredness
Pharmacy needle exchange
Police
Poster people
Practitioner attitudes
Practitioner burnout
Practitioner drug use
Practitioner identity
Practitioner reputation
Practitioner resources
Practitioner role
Practitioner skills
Practitioner stress
Practitioner support
Practitioner values
Practitioner wages
Prison
Profit
Public health
Public opinion
Readiness to change
Recovery model
Relapse
Relationship building
Role models
Safe spaces
Secondhand distribution
Service quality
Service-resource cuts
Sex
Space issues
Spirituality
Steroids
Stigma
Stories of intoxication
Service user engagement
Service user voice
Successes
Service user involvement
Transport
Treatment barriers
Treatment resistance
Trust
Volunteers
War on drugs
Waste disposal

Appendix 12: Focal document used in NVivo 12 Pro



Appendix 13: Oral methadone

(Release, 2022)


Appendix 14: The contents of a typical needle exchange pack

(Project 6, no date)

Appendix 15: A 1ml syringe

(Exchange Supplies, no date[a])

Appendix 16: A typology of deviant behaviour
(Becker, 1963, p. 20)

| | **OBEDIENT BEHAVIOUR** | **RULE-BREAKING BEHAVIOUR** |
|---|---|---|
| **PERCEIVED AS DEVIANT** | Falsely accused | Pure deviant |
| **NOT PERCEIVED AS DEVIANT** | Conforming | Secret deviant |

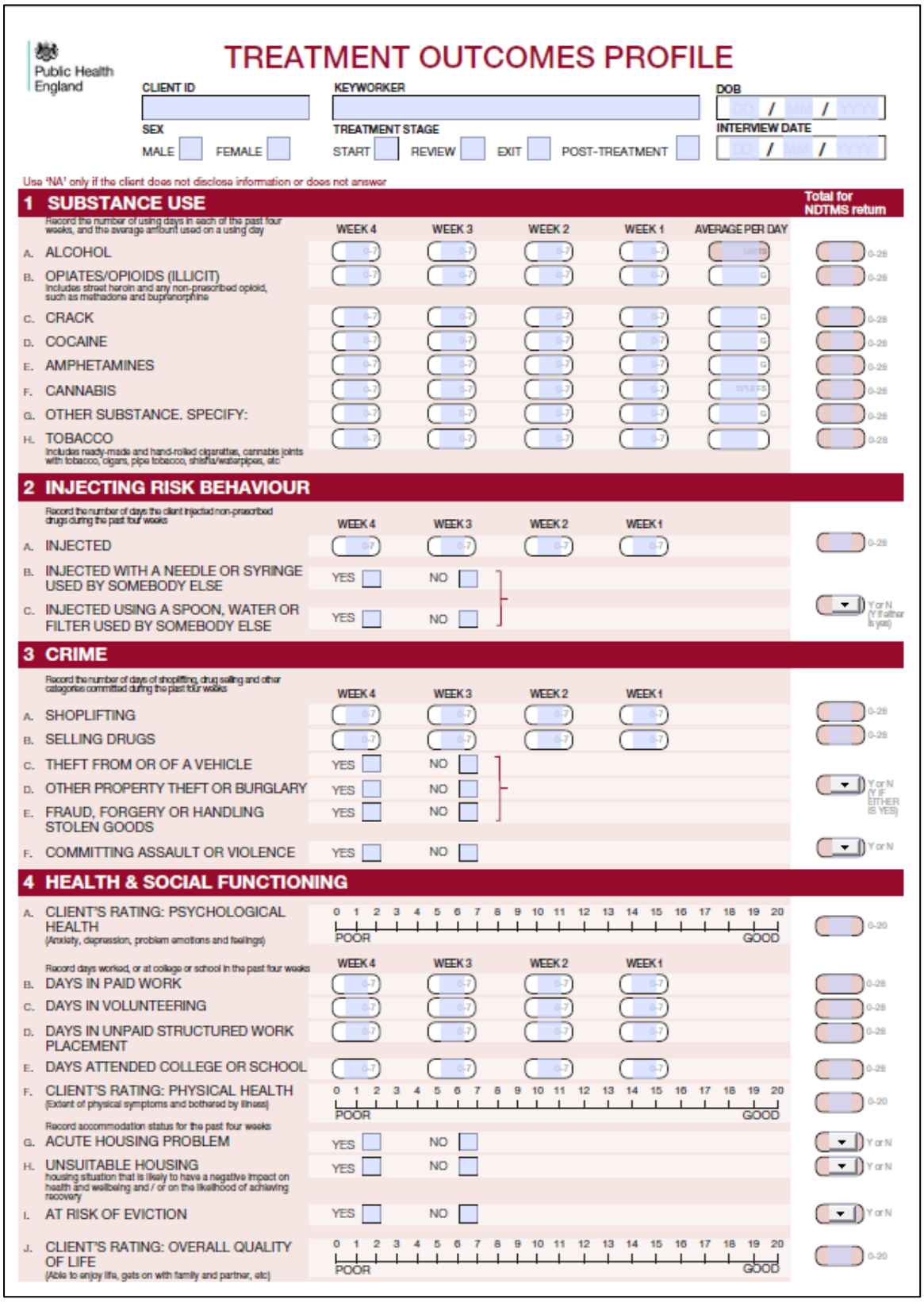
Appendix 17: 'Parked on methadone' - A political speech in UK Parliament by Scottish Conservative Party leader Annabel Goldie in 2008

(They Work For You, 2008)

'What was clear then was that there was an absence of any universal national strategy for dealing with drug abuse in Scotland and an over-reliance on harm reduction—something that I think is now not disputed. I remember saying in another debate that harm reduction had become the predominant response to drug abuse. It meant that many methadone patients were *parked on methadone*—they were in a cul-de-sac. We were not looking with sufficient urgency at a range of options, including rehabilitation, to try to get people off addictive substances; rather, we were concentrating effort on a state-funded continuance of addiction.'

Appendix 18: Treatment Outcomes Profile (TOP) Form

(Public Health England, 2018)



Public Health England

# TREATMENT OUTCOMES PROFILE

CLIENT ID | KEYWORKER | DOB (DD / MM / YYYY)

SEX: MALE ☐ FEMALE ☐

TREATMENT STAGE: START ☐ REVIEW ☐ EXIT ☐ POST-TREATMENT ☐

INTERVIEW DATE (DD / MM / YYYY)

Use 'NA' only if the client does not disclose information or does not answer

## 1 SUBSTANCE USE

Total for NDTMS return

Record the number of using days in each of the past four weeks, and the average amount used on a using day

| | WEEK 4 | WEEK 3 | WEEK 2 | WEEK 1 | AVERAGE PER DAY | Total for NDTMS return |
|---|---|---|---|---|---|---|
| A. ALCOHOL | 0-7 | 0-7 | 0-7 | 0-7 | UNITS | 0-28 |
| B. OPIATES/OPIOIDS (ILLICIT) Includes street heroin and any non-prescribed opioid, such as methadone and buprenorphine | 0-7 | 0-7 | 0-7 | 0-7 | G | 0-28 |
| C. CRACK | 0-7 | 0-7 | 0-7 | 0-7 | G | 0-28 |
| D. COCAINE | 0-7 | 0-7 | 0-7 | 0-7 | G | 0-28 |
| E. AMPHETAMINES | 0-7 | 0-7 | 0-7 | 0-7 | G | 0-28 |
| F. CANNABIS | 0-7 | 0-7 | 0-7 | 0-7 | SPLIFFS | 0-28 |
| G. OTHER SUBSTANCE. SPECIFY: | 0-7 | 0-7 | 0-7 | 0-7 | G | 0-28 |
| H. TOBACCO Includes ready-made and hand-rolled cigarettes, cannabis joints with tobacco, cigars, pipe tobacco, shisha/waterpipes, etc | 0-7 | 0-7 | 0-7 | 0-7 | | 0-28 |

## 2 INJECTING RISK BEHAVIOUR

Record the number of days the client injected non-prescribed drugs during the past four weeks

| | WEEK 4 | WEEK 3 | WEEK 2 | WEEK 1 | |
|---|---|---|---|---|---|
| A. INJECTED | 0-7 | 0-7 | 0-7 | 0-7 | 0-28 |
| B. INJECTED WITH A NEEDLE OR SYRINGE USED BY SOMEBODY ELSE | YES ☐ | NO ☐ | | | Y or N (Y if either is yes) |
| C. INJECTED USING A SPOON, WATER OR FILTER USED BY SOMEBODY ELSE | YES ☐ | NO ☐ | | | |

## 3 CRIME

Record the number of days of shoplifting, drug selling and other categories committed during the past four weeks

| | WEEK 4 | WEEK 3 | WEEK 2 | WEEK 1 | |
|---|---|---|---|---|---|
| A. SHOPLIFTING | 0-7 | 0-7 | 0-7 | 0-7 | 0-28 |
| B. SELLING DRUGS | 0-7 | 0-7 | 0-7 | 0-7 | 0-28 |
| C. THEFT FROM OR OF A VEHICLE | YES ☐ | NO ☐ | | | Y or N (Y IF EITHER IS YES) |
| D. OTHER PROPERTY THEFT OR BURGLARY | YES ☐ | NO ☐ | | | |
| E. FRAUD, FORGERY OR HANDLING STOLEN GOODS | YES ☐ | NO ☐ | | | |
| F. COMMITTING ASSAULT OR VIOLENCE | YES ☐ | NO ☐ | | | Y or N |

## 4 HEALTH & SOCIAL FUNCTIONING

A. CLIENT'S RATING: PSYCHOLOGICAL HEALTH (Anxiety, depression, problem emotions and feelings)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

POOR — GOOD

0-20

Record days worked, or at college or school in the past four weeks

| | WEEK 4 | WEEK 3 | WEEK 2 | WEEK 1 | |
|---|---|---|---|---|---|
| B. DAYS IN PAID WORK | 0-7 | 0-7 | 0-7 | 0-7 | 0-28 |
| C. DAYS IN VOLUNTEERING | 0-7 | 0-7 | 0-7 | 0-7 | 0-28 |
| D. DAYS IN UNPAID STRUCTURED WORK PLACEMENT | 0-7 | 0-7 | 0-7 | 0-7 | 0-28 |
| E. DAYS ATTENDED COLLEGE OR SCHOOL | 0-7 | 0-7 | 0-7 | 0-7 | 0-28 |

F. CLIENT'S RATING: PHYSICAL HEALTH (Extent of physical symptoms and bothered by illness)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

POOR — GOOD

0-20

Record accommodation status for the past four weeks

| | | | |
|---|---|---|---|
| G. ACUTE HOUSING PROBLEM | YES ☐ | NO ☐ | Y or N |
| H. UNSUITABLE HOUSING housing situation that is likely to have a negative impact on health and wellbeing and / or on the likelihood of achieving recovery | YES ☐ | NO ☐ | Y or N |
| I. AT RISK OF EVICTION | YES ☐ | NO ☐ | Y or N |

J. CLIENT'S RATING: OVERALL QUALITY OF LIFE (Able to enjoy life, gets on with family and partner, etc)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

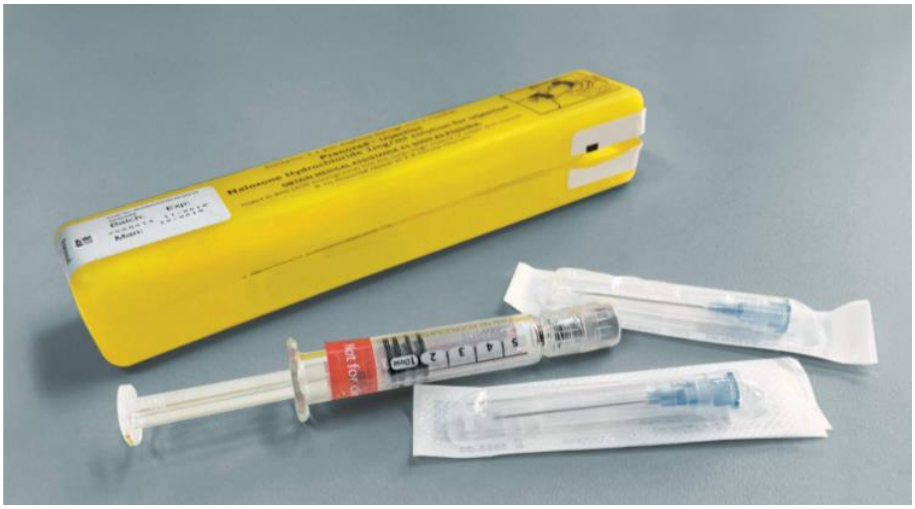
POOR — GOOD

0-20

Appendix 19: An example of a naloxone kit

These kits are provided as an emergency medication that when injected, can reverse the effects of opioid drugs such as heroin, potentially saving the life of PWUD from overdose.

(Change Grow Live, 2022)



Appendix 20: A picture of a foil pack (left) and a foil roll (right)

These foil products are typically offered by community NSPs either as a pack (left), or a roll (right).

(Exchange Supplies, no date[b])

Appendices references

Alcoholics Anonymous (no date) *The 12 steps of AA*. Available at: https://www.alcoholics-anonymous.org.uk/About-AA/The-12-Steps-of-AA (Accessed: 06 May 2023).

Becker, H. S. (1963) *Outsiders*: *studies in the sociology of deviance.* New York: The Free Press.

Change Grow Live (2022) *What is naloxone?* Available at: https://www.changegrowlive.org/advice-info/alcohol-drugs/naloxone-overdose-reversal-drug (Accessed: 06 May 2023).

Exchange Supplies (no date[a]) *1ml Reduced Dead Space Syringe Barrel.* Available at: https://www.exchangesupplies.org/shopdisp_1ml_reduced_dead_space_syringe.php (Accessed: 06 May 2023).

Exchange Supplies (no date[b]) *Foil.* Available at: https://www.exchangesupplies.org/shoplist_foil.php (Accessed: 04 May 2023).

Mondino, J. B. (1999) *Fallen Angel*. Available at: https://66.media.tumblr.com/tumblr_ljey10UUkd1qigaqfo1_r1_540.jpg (Accessed: 06 May 2023).

Project 6 (no date) *In the needle exchange.* Available at: https://project6.org.uk/needle-exchange-2/ (Accessed: 06 May 2023).

Public Health England (2018) *Treatment Outcomes Profile*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784927/TOP_form_community_print_version.pdf (Accessed: 06 May 2023).

Release (2022) *Methadone*. Available at: https://www.release.org.uk/drugs/methadone (Accessed: 06 May 2023).

Royal Academy of Arts (2019) Available at: https://www.royalacademy.org.uk/art-artists/work-of-art/beer-street-1 (Accessed: 06 May 2023).

Rush, B. (1785) *An inquiry into the effect of ardent spirits upon the human body and mind, with an account of the means of preventing and of the remedies for curing them.* Washington DC: Armed Forces Medical Library.

Skeat, W. W. S. (1869) *The vision of William concerning Piers the Plowman, together with Vita de Dowell, Dobet, et Dobest, secundum Wit et Resoun*. London: Pub. For the Early English text society, by N. Trubner & co., 1867-1877. Available at: https://hdl.handle.net/2027/pst.000021836916 (Accessed: 06 May 2023).

They Work For You (2008) *Drugs Strategy – in the Scottish Parliament at 2.35pm on 4th June 2008.* Available at: https://www.theyworkforyou.com/sp/?id=2008-06-04.9274.0#g9280.0 (Accessed: 06 May 2023).

Warner, J. *et al.* (2001) 'Can legislation prevent debauchery? Mother gin and public health in 18th-Century England, *American Journal of Public Health,* 91 (3), pp. 375-384.