



European Society for Social Drug Research

**ESRD**

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**ABSTRACTS**

**Thursday 10:30 – 11:10**

**Shaping the drugs policy landscape in Europe: the nature and aims of civil society advocacy activists.**

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Abstract: Shaping the drugs policy landscape in Europe: the nature and aims of civil society advocacy activists.

Background: In recent decades a range of advocacy organisations have emerged on the drugs policy landscape seeking to shape the development of the policy process at national and international levels. In 2012, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) commissioned a mapping study of EU-based drug policy advocacy organisations (DPAOs) to explore their aims and activities, their scope, and the purpose of their engagement.

Method: Data was collected through a systematic tri-lingual (English, French and Spanish) internet search for organisations with a stated aim of influencing drugs policy, and which were based in Europe (the EU 27 plus Croatia, Norway and Turkey). In order to differentiate between their diverse range of activities and standpoints, information from these websites was used to categorise the DPAOs inter alia by their scope of operation, advocacy tools and policy constituencies; and by three key typologies - the type of advocacy they were engaged in, their organisational type, and their advocacy objectives and orientation.

Analysis and Findings: The study identified over two hundred EU-based advocacy organisations from grassroots movements, NGOs, and large-scale alliances and coalitions, which operated at local, national and European levels. From an analysis of these DPAOs, three forms of advocacy emerged – peer, professional and public policy - each with a distinct focus on legislative change and/or practice development, and with an advocacy intention positioned along a policy continuum which ranged from control reduction, harm reduction, use reduction, and control reinforcement. The study provides a nuanced picture of civil society as a sphere of influence in the drugs policy field and a useful framework from which to assess the impetus for drug policy change and the level of policy convergence across Europe.

**Stabilising ‘meth’: Constituting the reality of methamphetamine ‘abuse and addiction’ in NIDA texts**

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Over the last two decades, methamphetamine has become the object of substantial concern and fear. Numerous knowledge practices have sought to define its pharmacology and epidemiology, the health and

social problems deemed to be associated with its use, and the attributes and capacities of those who consume it. In the process, complex issues have undergone processes of simplification. While knowledge practices must necessarily simplify if they are to enact order and make useful statements about complex issues (Mol and Law, 2002), the distinctive political effects of simplification are rarely canvassed by those involved. In this paper, I analyse the knowledge practices of simplification evident in two publications on 'methamphetamine abuse and addiction' produced by the US National Institute on Drug Abuse (NIDA). Drawing on the idea of 'collateral realities' (Law, 2011), I ask the following questions of the NIDA publications: How do the simplifying practices undertaken in these documents constitute the reality of methamphetamine abuse and addiction? How is the stability of these realities achieved and maintained? What additional, collateral, realities are being done 'incidentally and along the way' (Law, 2011: 156) to aid the achievement and maintenance of stability, and obscure this stabilising work? Which collateral realities might offer entry points for destabilising such accounts? I argue that the NIDA documents work to constitute and stabilise the reality of methamphetamine abuse and addiction through the following practices:

- Treating neuroscience as undisputed fact;
- Fumbling the relationship between methamphetamine and harm; and
- Eliding the limited evidence for the treatment of methamphetamine addiction.

I conclude by considering the ways in which these processes of stabilisation have shaped the social, legal and health responses to methamphetamine, allowed increasing numbers of drug consumers to be pathologised and powerfully reshaped ideas about addiction.

**Thursday 11:40 – 12:20**

**Introducing the first coffee shop in a city: consequences for the illegal cannabis market**

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Since 1997 the number of so-called 'coffee shops' (café-like places where the sales of cannabis is tolerated) has been declining all throughout the Netherlands. However, one city has decided to go against the grain; Lelystad introduced a new coffee shop in the Summer of 2011. This provided an excellent opportunity to study the influence of this new coffee shop on the existing cannabis market. Both qualitative and quantitative methods were used to assess the dynamics in the illegal cannabis market before and after the introduction of the new coffee shop. In this presentation, the results from a survey held in the new coffee shop in the Autumn of 2011 and 2012 will be discussed. Shifts away from the illegal market and towards the coffee shop can be seen, as well as geographical shifts from other cities towards the city with the new coffee shop. In addition, pros and cons for buying at the coffee shop will be discussed. Apart from the outcome of the analyses, the conclusions that can be drawn about the influence of policy on drug markets will be discussed. The results will be put into an international perspective.

**Cannabis social clubs as an emerging grass root model of cannabis supply: a swot-analysis**

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**Outline**

Cannabis Social Clubs (CSC's) are a proposal of self-production and self-distribution of cannabis for the personal use of adults, which are organized in non-profit systems of shared responsibility with the goal of reducing the risks associated with cannabis use and its derivatives, and to prevent possible harms. CSC's are

non-profit associations whose members are adult cannabis users, most of whom use it recreationally, although others use cannabis medicinally. People who join the club have to fulfill conditions in order to avoid risks of selling or passing on to third persons or to minors. The CSC members organize a professional, collective cultivation of limited quantities of cannabis to cover the personal needs of their club members and the system is regulated by security and quality checks.

In Spain the first CSC was created in Barcelona, and was soon followed by others in Catalonia and the Basque country (most well-known associations are Pannagh and Ganjazz). The actual number of clubs and associations with collective plantations currently operating in Spain is unknown, but depending on the source, numbers range between 20 and 40. The model of a CSC was also developed in other countries, such as Switzerland and Belgium. In Belgium one group of people ('Trekt uw plant') has made several attempts to set up a CSC, but they were immediately countered by the police and the public prosecutor.

In our paper we would like to examine the phenomenon of CSC more in detail, based on document analysis, interviews with representatives of CSC's and a few field visits. We would like to describe the models in detail (their formal organization), and establish links between these grassroots models of cannabis supply and the legal regimes of these countries (and the insecurities these legal systems produce for users in the illegal market). We want to examine the extent to which these CSC's gained legal recognition and legitimacy in Spain and Belgium. Finally, we want to describe and analyze the responses to these social experiments, both from official authorities and from other actors in the illegal drug markets. On the one hand we want to illustrate processes of formal criminalization of these social experiments in both countries; on the other we want to describe informal responses from other cannabis suppliers towards CSC's.

**Thursday 13:30 – 14:50**

**Repeated addiction treatment use in Sweden: A national register-data base study**

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**ABSTRACT**

**Objectives:** This study examines alcohol and drug treatment utilization among a nationally representative sample of 13, 464 individuals interviewed and assessed for an alcohol and/or drug use disorder in the Swedish welfare system. The aim of this study is to identify and describe specific groups who are treatment repeaters of the Swedish addiction treatment system.

**Methodology:** Univariate descriptive statistics, chi-square, one-way ANOVA, and correlation methods were used to examine the characteristics associated with history of number of addiction treatment episodes. A linear regression model was developed with variables that were significant at the bivariate level.

**Results:** On average, the respondents reported 4.3 prior addiction treatment episodes. Results of the study show that those who were older, men, those who reported more years of polydrug and alcohol use to intoxication, who reported more compulsory treatment episodes for narcotics and alcohol, who had ever been charged with crime, who had ever been inpatient mental health treatment, and who reported a more mental health symptoms were significantly more likely to report having a history of engaging in more addiction treatment episodes. The strongest significant association with the number of treatment episodes was the number of compulsory treatment episodes for alcohol and/or for drugs.

Conclusion: Implications include the need to change perspectives about addiction treatment from it being an acute care model to a viewing addiction treatment as a chronic care model. Many individuals have multiple-treatment episodes and need multiple treatment. Further, with respect to effectiveness, overall, the Swedish treatment system responds to need in the meaning that the individuals who need treatment for their addiction also have access to treatment. Swedish addiction treatment policy should reflect a chronic care model rather than an acute care model.

### **Implications of quasi-compulsory treatment for penal institutions and treatment providers**

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Background: Quasi-compulsory treatment (QCT) is available in different European countries as an “alternative” to imprisonment for drug addicted offenders. Existing studies show that there are no relevant differences between QCT and voluntary treatment, neither in sample characteristics nor in treatment outcome.

Objectives: In a recent study from Germany the implications of QCT for drug dependent offenders were explored as to the link between penal institutions and providers of inpatient drug treatment. There were complaints of treatment networks that courts increasingly not permit drug offenders to enter treatment according to the legal option of “treatment instead of punishment”.

Methodology: To investigate trends, effects and current practice in QCT both quantitative and qualitative methods were used. Quantitative data is based on legal statistics and comparative analyses of drug users with voluntary and quasi-compulsory in treatment. Qualitative data was collected through interviews with residential rehab providers and departments of public prosecution.

Main results: Data analysis shows that there is no change in the number of drug dependent offenders with QCT. But court orders for of coercive treatment have doubled over the past 10 years. Further, due to the short duration of drug treatment drug users are more and more mandated to a probation officer after completing QCT. This procedure has increased by 500% during the past 10 years.

Patients with QCT account for 30%-50% of all drug users in residential treatment. The QCT group has a strong economic impact, as treatment providers depend on finances received for this group. On the other hand the staff of treatment institutions reported to limit the proportion of QCT patients in order to avoid a “prison structure” to be established in treatment. However, there is no difference in regular treatment completion between those with voluntary treatment and those with QCT.

Conclusions: There is a trend in decreasing demand in abstinence-oriented treatment due to the availability of substitution treatment. The existing law which implies an alternative to imprisonment is not sufficiently

applied. Because there are almost no differences in treatment outcome QCT should be initiated at an early state of imprisonment. The study reveals the need to engage in advocacy for improving decriminalization.

### **The road to anhedonia – taking the fun out of drug taking**

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**Objectives:** The presentation will further explore topics I have already discussed during earlier conferences (“diversification endangered”; “the meaning of high”). New technologies and strategies to impede the experience of the “high” will be identified and explored. Their importance for new concepts in prevention and treatment will be outlined as well as their impact on social drug use and the desire for pleasant drug experiences.

**Methodology:**

1. Observation of the ongoing discourse on the aims of maintenance treatment in Austria and Germany including a media analysis and an analysis of the involvement of the pharmaceutical industry.
2. Identification of new objectives, strategies and technologies of drug control.
3. Identification and discussion of the European variant of the policy – research nexus based on the US-typed interpretation of drug use as brain disease.

**Significant results:**

A new objective of repressive, abstinence oriented, drug policies can be observed. Growing attention is given to new strategies and technologies to modify the essential brain circuits and mechanisms which are responsible for pleasure to impede the high experience connected to drug use. The new technologies include, for instance, vaccination projects, the development of “abuse deterrent” formulations of opioids (and certainly other drugs in the long run), the broad medical use of opioid antagonists in an ever growing set of (sometimes newly created) psychiatric “disorders”.

**Conclusions:** The War on Drugs has embarked on a new strategy. The theatre of war has been dislocated from the street to the human brain and aims at the modification, if not eradication, of the biological foundations of pleasant drug use. Since the blocking of euphoric feelings and pleasant sensations cannot remain restricted to drug experiences but covers all dimensions of the pleasure principle these new technologies might lead the way into a dystopian future, into the realm of “Anhedonia”. Until now work in that new direction takes place most prominently in the USA, where it is supported by NIDA as well as by the FDA. The Austrian experience, as regards recent development, shows, that a certain confluence of ideological, political, professional and economic interests, however, prepares the way for the cultural transfer to Europe.

## **Epistemic Authority and the demarcation of science from non-science: The case of “prevention science”**

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### **Abstract**

The majority of drug prevention approaches in the E.U. are founded upon so called “prevention science”, a “paradigm” which evolved in the U.S. during the 1990’s. In fact, most knowledge on drug prevention in the E.U. today originates in the U.S. The establishment of prevention science, however, has not come about without criticism or opposition, highlighting the contested nature of drug prevention approaches.

The present paper aims at exploring how prevention science was established as the dominant paradigm in drug prevention by looking into the “boundary-work” that went into the launching of the “new” approach to prevention. Boundary-work is exercised when disputes over epistemic authority (i.e. the right to describe, define and explain different domains of the social world) arise.

An analysis of two cases in which disputes over epistemic authority emerged will be conducted. The first took place in the pages of *American Psychologist* in 1996 in connection to the publication of two reports which outlined the “agenda” for the new prevention science. In this case, the boundaries of science were contested in terms of two competing “paradigms” in prevention. The second case is found in the pages of the *Journal of Experimental Criminology* in 2005, in which the boundaries of science were contested in terms of the adherence to Karl Poppers ideas on falsification.

Some preliminary results will be presented along with a discussion on possible consequences of the discursive closure exerted by prevention science on the drug preventive and general drug political fields.

### **Thursday 14:50 – 15:30**

#### **Interviewing ‘elites’: methodological reflections on ‘studying-up’ in examining the science-policy nexus.**

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#### Abstract

How does drug research influence drug policy and vice versa? Who are the stakeholders and what is their influence on the policy making process? Although various theoretical models of knowledge utilization described throughout literature go a considerable way in conceptualizing and understanding the complex interaction between science and (drug) policy, assessing the science-policy nexus is quite a methodological challenge due to the multiplicity of actors and the dynamics of policy processes. A variety of approaches has been used to measure research utilization. While early studies on research utilization mainly conducted surveys among policy makers or bibliometric analyses of academic citations in policy documents (Landry e.a., 2001), data is now frequently gathered through qualitative methods such as interviews with stakeholders, ethnographic fieldwork, discourse analysis (Carden, 2004; Stevens, 2011; Ritter & Lancaster, 2013).

In an attempt to uncover and understand which (f)actors may have influenced the contribution of scientific knowledge in the development of Belgian drug policy between 1996-2003 (Tieberghien & Decorte, 2013), our study also takes a qualitative methodological approach: a (critical) discourse analysis of media and policy documents is completed with 50 key informant interviews (e.g. members of the parliament/government, scientists, journalists and members of interest groups). The challenge of interviewing busy, professional and powerful people is also known as ‘elite research’ or ‘studying-up’, in contrast to the more common forms where the researcher usually has more power than the population under study (‘studying-down’). Although ‘elite interviews’ are regularly conducted, there is little methodological work setting them apart of other interview techniques (Aberbach & Rockman, 2002; Bogner e.a., 2009).

This presentation will provide a methodological, reflexive account of my experiences of conducting these ‘elite interviews’. In particular, I will focus on the ways in which I dealt with the dilemmas of access, knowledge and power which emerged during the course of conducting my elite interviews as well as on possible uses of expert interviews and the value of these insights and information. Each of these issues will be described and discussed in order to provide (drug) researchers guidelines on how to conduct them in a proper way.

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### **Users' and professionals' understanding of poly drug use – do they match?**

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**Objectives:** The paper presents a qualitative approach in defining poly drug use. Poly drug use is perceived to be the dominant pattern of current drug use, and the phenomenon has recently raised questions among researchers. However, despite the fact that poly drug use has become more common, as a concept it is controversial reflecting often negative images and labeling prejudices concerning poly drug users' social status and the intentions of use. Among the research literature a consensus was not found on the definition of poly drug use but rather there exist various ways of understanding the phenomenon. Overall, the research about the definition and the intentions associated with poly drug use has still remained marginal.

**Data & methods:** The study produces new knowledge by way of an empirical comparison on how poly drug use is defined on one hand by the users and on the other hand by the professionals of welfare of intoxicant abusers. The data of the study consist of semi-structured theme interviews of users and e-mail enquiries of professionals in a few cities in Finland. The analysis, guided by thematic content analysis, has focused on questions: 1) With which kind of social contexts has the concept 'poly drug use' been associated? 2) How is 'poly drug use' constructed in users' and professionals' discourse?

**Results:** The definitions can be divided into two dimensions: internal approaches (such as self-distinction, self-reflection or escaping the setbacks of life), and external approaches (such as the unpredictable availability of different substances due to the law and drug market). The presentation will discuss the methodological and theoretical implications of the results with a special emphasis on the comparative perspective: How do the discourses of users and professionals encounter each other – do they as a whole speak the same language when searching for the meaning of poly drug use?

**Thursday 16:00 – 16:40**

**HEALTH HARM INDICATORS OF ILLEGAL DRUG USE APPLIED TO COMPARE SITUATIONS AND RESPONSES IN FOUR COUNTRIES**

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Carla Rossi, Centre for Biostatistics and Bioinformatics, University of Rome “Tor Vergata”

**ABSTRACT**

New trends in drug consumption show higher and higher poly-use. Epidemiological indicators presently used are mostly based on the prevalence of users of the “main” substances and the ranking of the harm is based on a single substance analysis (also the harm drug index introduced in the World Drug Report 2005 is based on a single substance analysis). In the present contribution further indicators are proposed to better evaluate drug policies on the basis of the data from School Population Surveys easily available. The indicators are also applied to other consumers and provide very some useful help to analyse the gravity of the use.

The approach is based on the segmentation of the population with respect to the frequency of use in the last 30 days. Poly-drug use is taken into account by adding up the mid frequency of use of any substance multiplied for the corresponding score of the various substances. Scoring is based on van Amsterdam and others (2010). Principal component analysis is applied to reduce dimensionality.

Any user is characterized by the two scores: frequency of use score and poly-use score.

The application of the methodology to a specific data base allows to characterize the drug users and their health status. The application is on the population of drug users interviewed in Communities and Law Threshold Services (PDU2012 survey). The survey has been conducted in 2012 in four countries in the framework of the EU project New methodological tools for policy and programme evaluation and the application of the new method allows to make comparisons of the situations in the various countries and of the results of the services for interventions. The comparisons of cumulative distributions of school data and the PDU2012 in Italy allows to define the expected behaviours of the poly-drug score for General Population Survey to be representative. Cumulative distributions are used because they facilitate comparisons.

**The life grid: strengths, limitations and applications to the study of (former) drug users**

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The intention of this communication is to present and discuss the strengths and limitations of using life grid when studying drugs users (or former users). To this end, we illustrate with data from a research project that studied the social reintegration of ex-users of a therapeutic community.

The life grid is a method of collecting retrospective information. It consists of a grid where the columns have the different paths that interest to study and (usually) in line the calendar years and the biological age of the respondent. The trajectories/columns depend on the purpose of the study, being common to have housing, family situation and school/work; then, more specific columns related to the subject of study.

There are several types of life grids: self-filled or interviewer; with open questions or directives. Usually, the life grid is used in the context of an interview situation where the interviewee is side-by-side with the interviewer. It presents a layout more user-friendly and interactive than the classic interview with verbalized questions.

In our study, we used a partial grid applied to study the social trajectories of social reintegration in a group of drug addicts that had completed their treatment process in an international therapeutic community in Portugal, starting at the end of the treatment.

The life grid was just one of the tools used in conjunction with quantitative data such as administrative data, telephone surveys; as well as qualitative data such as of computer-assisted content analysis, visual methods, and ethnographic notes.

The fact that we have the same information from different sources enabled us to do a comparison between sources. More specifically, the life grid of life was compared with data from the telephone survey.

The order of the questions was gradual, starting with introductory icebreaker questions (housing, family, work, education), leaving the more delicate about drug consumptions to the end of the interview.

Our data could be analyzed per se (individuals alone), in comparisons of lifecycles (comparing age), at the level of epochs (comparing calendar years) or comparing the treatment effect (based on years after treatment).

**Thursday 16:40 – 17:40**

**The Construction of Heroin Use on a Swedish Online Message Board**

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Abstract:

**Objective and methodology:** It is generally considered true that heroin is a potent drug with extreme effects on people's minds and bodies. In being associated with negative characteristics such as dependence, death and deviance, heroin represents many of the dangers of illicit drugs. Related images (e.g., the ragged junkie "nodding" in a street corner, agonising withdrawal symptoms, etc.) emphasise that heroin use is an irrational activity that marks the beginning of the end. The aim of this presentation is to discuss how such constructions of heroin are challenged but also reproduced on a Swedish online message board where drugs are discussed (Flashback Forum). This kind of material may shed light on the social processes where knowledge about objects, human experiences and behaviour is negotiated and established. The empirical data consists of a discussion thread entitled "I will start with heroin" which started 2011-12-04 and includes 520 posts. The data was coded thematically and analysed from the perspective of social constructionism and narrative theory. This analytical focus raises questions about how "truths" are arrived at, and how cultural narratives contribute to make objects, actions and identities meaningful. **Results and conclusion:** Three themes with three corresponding narratives were identified in the data. These themes - An alternative symbolic universe ('the happy user story'); Legitimation through resistance ('the miserable addict story'); Negotiation and preservation of symbolic order ('the self-medication story') - illustrate how forum members in the thread make sense of heroin and define the boundaries as regards rational drug use. The results show that the thread starter (TS) constructs heroin use as any other activity that may be considered either worthwhile or worthless. This claim challenges the symbolic order, and is met by forum members who construct heroin as extremely dangerous and try to convert TS or discard him as a phony. TS then presents his behaviour as a form of self-medication centered on minimization of pain rather than maximization of pleasure. This indicates compliance with the idea that opiate users ought to stabilize themselves by means of maintenance treatment. It is concluded that governing images of drug use are traceable in spontaneous drug discussions on the internet. While alternative, oppositional, constructions are articulated online, and while illicit drug use is generally normalized, it appears as if heroin still epitomizes the perils of excess and irrationality.

## **From the deviant other to the SICK deviant other as a result of changed drug discourses.**

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### Abstract

Over the past ten years, changes have occurred within the Swedish drug use treatment, among other things, one can see a greater acceptance for substitution treatment (Berglund & Franck 2011). This paper focuses on how this policy changes affected the living conditions and opportunities for social inclusion for the eight women who were part of my dissertation study (Lander 2003). Between 1997 and 1999, I followed a total of eight women who used drugs daily and who were socially excluded (Lander 2003, p. 3). The study was the first ethnography in Sweden with drug using women and the analysis focused on living conditions linked to social position and the extent of opportunities available, and social control in relation to drug use. I use a feminist theoretical approach based on a social constructionist and critical tradition (Burr 1995, Lander 2003). This followed up study's overall objective is focusing on their living conditions and the extent of opportunities available today.

I have conduct two qualitative thematically structured interviews per woman (total of 16 interviews), focusing first, on retrospective narratives of the women's living conditions and social contacts from completed field work to the present. And second, on an enhanced focus on living conditions today and the women's relationship to the society. The results show that the women's lives have been surrounded by a number of major changes at several points that can be linked to changes in the hegemonic drug discourse and by that change in treatment interventions. As an example, three of the amphetamine using women today has substitution treatment as a result of ADHD diagnoses and the three heroin users have Subutex or Methadone maintenance treatment. In the paper I will (theoretically) discuss the issue of substitution treatment as both an opportunity for improved living conditions and as a social control that have a risk too permanent these people's socially excluded position. As a social policy, I see both advantages and problems with this treatment. There is an imminent risk to pathologies and that

diagnoses becomes an answer to social inequality and that this creates an individualized "truth" and explanation of these people's lives and living conditions. At the same time there are a variety of humanistic aspects of this form of treatment that actually improves their living conditions since they, as an effect of this treatment, also gain access to housing and economic supply in form of social benefits.

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### **Qualitative English-Hungarian comparative study on metaphors of injecting mephedrone use**

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**Objectives:** Analyzing conceptual metaphors, defining the target and the source domain helps us to understand the certain physical and mental experiences that we have not experienced personally or it is used unconsciously by the language user. By the comparison between languages we are able to identify more information about internal mental processes and perspectives, which would otherwise remain undetectable in the deeper structures of the texts. The study aims at identifying and systematically comparing the target themes of metaphorical expressions related to mephedrone use in the English and Hungarian language texts

**Methodology:** In the English and the Hungarian language interviews systematic conceptual metaphor analysis was performed: metaphors and their target and source domains associated with the effects and usage of mephedrone were defined and systematic correspondences (mappings) between the metaphorical lingual expressions were stated. Metaphoric implications of mappings and different aspects of notions used in metaphors were examined and compared with conceptual metaphors used in the English and the Hungarian language. The analysis was performed by two independent raters by Atlas.ti.

(1) The Hungarian language sample: in-depth interviews were conducted with seventeen mephedrone intravenous injection users (approx. 17000 words). Participants were recruited from a low threshold harm reduction service in Budapest (Kék Pont Needle Exchange Program) between December 2010 and February 2011 with the criterion of at least one injecting mephedrone use in the past 30 days. (2) The English language sample: in-depth interviews were conducted with eleven attendees of a low threshold harm reduction service in Dublin between January and May 2010 (approx. 9500 words).

**Significant results:** Based on the results, between the Hungarian and English language data considerable similarities were found: the previously described spatial orientation of the intravenous injection use changes in both languages (not only: IN-OUT, but also UP-DOWN) and the effect – unlike with heroin users – is an "in-

body" experience (with UP-DOWN orientation) and it can be described with a MACHINE metaphor (e. g. switch on-off).

**Friday 09:30 – 10:50**

**INTERNET RESEARCH ON DRUGS**

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**Objective and methodology**

Among internet users all over the world the issue of drugs has become a great topic of interest. On the internet there is a plethora of different webpages, discussion forums, web shops, and information about drugs. Although this allows for plentiful and diverse drug research, online research methods have been relatively untapped. Therefore, for this presentation I will focus on the significance of online material as a new addition to the qualitative drug researcher's toolkit. Since earlier methodological contributions within this field have mainly concentrated on online ethnography, survey methods and interviews, this presentation will focus on discourse analysis. The research context is my PhD project on online cannabis discourses.

Due to the specific characteristics of computer-mediated material certain advantages and problems might arise while doing online studies. For this presentation I will therefore highlight some of these issues, primarily in relation to online anonymity and public accessibility. Related to this, I will also discuss some key ethical issues involved in online drug research.

**Results and conclusion**

Doing qualitative drug research in an online environment has several advantages, generally due to online anonymity and easy access. As people online often use nicknames and hidden identities they are free to share their experiences and thoughts about drugs without being scared of stigmatization or legal consequences. These premises seem to create a virtual zone of tolerance where deviant opinions can make themselves heard. Methodologically this makes online research specifically advantageous for sensitive research issues, e.g. drug use, since it can avoid problems that might emerge while using traditional research methods such as interviews. Another key advantage is that this allows for the researcher to access people who otherwise might have a hostile attitude towards research.

In addition, internet research allows for the capture of "genuine" discussions and actions that are not influenced or contaminated by the interest of the researcher. The respondents themselves present issues they consider important and define the boundaries of the discussions. This means that internet research can be specifically useful in methods that favor naturalistic materials, such as discourse analysis.

However, internet research might also present problems due to the vast amount of online material, legal issues, trolling and unclear ethical recommendations. Also, online interaction might not be that different from environments we find AFK (“away from keyboard”) as people might chose to frame themselves to appear as “good” as possible.

## **CULTURE CHANGE: ART, ADDICTION AND THE RECOVERY AGENDA**

**Alastair Roy**; PhD, BA (Hons), CQYW; Senior Lecturer

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In both the UK and internationally, references to recovery have grown rapidly within the addictions field over recent years. In England and Wales recovery is the new policy orthodoxy in the field of substance misuse and for the first time it is an explicit goal of treatment. However, recovery is contested both as a concept and as a policy objective and the UK evidence base is currently limited.

This paper will begin by scrutinising the evidence base for recovery oriented treatment provision, considering the theoretical principles that appear to inform it and some of the philosophical tensions apparent in its application in policy and practice.

It will then move on to offer some interpretations from a Wellcome Trust funded project called ADDICT. The project has been developed by Portraits of Recovery, a socially engaged visual arts charity based in Manchester. ADDICT is an interdisciplinary research project exploring the processes of recovery delivered as a collaboration between artists, social scientists, treatment agencies and people in recovery. The project uses socially engaged arts both as a form of engagement as well as a mode of inquiry into recovery. The arts practice is accompanied by a series of interdisciplinary discussions. These are used as different devices for understanding what emerges through the practice as well as exploring the subject recovery.

The paper will finish by offering some methodological reflections, considering the dialogical spaces that open up in arts projects in comparison with social science research projects and examining the implications of this for producing new knowledge about addiction and recovery. This will involve discussing some of the tensions and issues at play in this project and some of the ideas that seem to be emerging from it.

## **The importance of social categories in practitioners' perceptions of substance use – a mixed methods study in Swedish addiction care**

**Eva Samuelsson**

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To be able to improve treatment services for people with addiction problems, knowledge of professional's perceptions of substance use is important. The objective of this study is to investigate the importance of social categories in Swedish addiction care practitioners' perceptions of various forms of substance use.

Methodologically, the study combines multi-level analysis of data from a factorial survey design with qualitative group interviews. The 480 respondents from the municipal social services and the regional health care were first presented with fictive situations describing substance users with various social and health related consequences and asked to assess the severity of the use and the perceived proper way of handling it. In the analysis, the importance of different social characteristics of the user (age, ethnicity, sex, family situation and occupation) for the assessments made as well as the practitioner's education, age, occupation and sex were investigated. In a follow-up group interview study, a sample of the respondents will be presented with the results from the survey and asked to reflect on the practical implications. Results show that social categories such as sex, social status and age of the user as well as the sex, age, education and occupation of the practitioner proved to be important for the assessments made. Cannabis was not, contrary to what was expected, perceived as less severe by younger respondents in comparison with older respondents. Staff in work units oriented towards dealing with narcotic problems made less difference between alcohol and narcotics in their severity assessments. The results from this study however support the fact that use of legal (alcohol) and illegal (narcotics) drugs are still judged with different standards and thereby to some extent conceptualized as different phenomena by Swedish addiction practitioners. Results are discussed and related to a European context, for example Finland where similar studies have been conducted.

## **Examining the Critical Success Factors in Recovery Journeys: the value of a psycho-social approach**

**Katie Willocks**, PhD, MA, BA, Researcher.

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This paper presents findings from a three year Knowledge Transfer Partnership (KTP) between the University of Central Lancashire (UCLAN) and Crime Reduction Initiatives, a social care charity providing specialist services

supporting individuals, families and communities experiencing problems as a result of substance misuse. The overall aim of the project is develop new knowledge about the processes and benefits of modifying the system of substance use delivery from one focussed on maintenance to one based on recovery.

Recovery is a complex process which often endures for many years after stabilisation and/or abstinence has been achieved and some suggest it is a lifelong process which can never be completed. At present, the evidence base on recovery in the UK is limited and most completed research has been conducted in the United States (Best, et al, 2010).

This paper is based on findings from one element of the KTP research which explores service user experiences of the initial stages of recovery oriented treatment. The presentation will begin by addressing the current evidence base surrounding the recovery agenda before moving on the present some of the interview data. Through the use of case examples of those in early recovery, the paper will identify some of the critical success factors key to recovery journeys which support societal integration.

The paper considers the distinctive value of a psycho-social approach to this subject. As Clarke and Hoggett (2009) observe, rather than just another methodology, there is something distinctive about a psycho-social approach to social research which is more an 'attitude' or 'position' to the subjects of study (p 2). Essentially, the psychosocial approach endeavours to explore the relationship between human subject's identity and wider, social, cultural, political and historical contexts. The paper also aims to yield new insight into some of the unconscious motivations, emotions and defences in relation to recovery from drug and alcohol addiction.

Hoggett, P. and Clarke, S. (2009) *Researching Beneath the Surface: Psycho-Social Research Methods in Practice*, London: Karnac.

## **Friday 11:20 – 12:40**

### **Growing medicine: Small-scale cannabis cultivation for medical purposes in six different countries**

**Pekka Hakkarainen**<sup>1</sup>, Vibeke Asmussen Frank<sup>2</sup>, Monica Barratt<sup>3</sup>, Helle Vibeke Dahl<sup>2</sup>, Tom Decorte<sup>4</sup>, Simon Lenton<sup>3</sup>, Jussi Perälä<sup>5</sup>, Gary Potter<sup>6</sup> & Bernd Wersé<sup>7</sup>

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The production and consumption of cannabis for the treatment of medical conditions and ailments is of increasing importance internationally. In many EU countries, and especially in several states in the US, the medical use of cannabis has acquired an acknowledged and regulated status as a treatment for a variety of illnesses. By creating a category of licit (medicinal) cannabis use with varying levels of regulatory controls, such developments also blur the boundaries between illegal and legal and challenge the ideology of prohibition in drug policy. Indeed, this can clearly be seen in studies of small-scale cannabis growing.

Previous studies in Belgium (2006), Denmark (2008) and Finland (2009) have respectively found that 2 %, 24 % and 59 % of cannabis growers accessed gave ‘medical use’ as a reason for growing (Hakkarainen et al., 2011). However, these surveys do not provide additional detail about the underlying medical conditions or reasons for this medical growing. Although qualitative interviews have shown that medical use of cannabis is a strong moral justification for small-scale growing (Hakkarainen & Perälä, 2011) as well as how, why and for what illnesses cannabis is used and grown (Dahl & Frank, 2011), it is still a very under-researched topic, especially from a comparative perspective.

The present paper is based on web surveys conducted in several countries, designed to be able to compare data on cannabis growers (see Barratt et al., 2012). These surveys include detailed questions about growing cannabis for medical purposes, as for example: For which types of illnesses, injuries or conditions do you use cannabis as medicine? Who has diagnosed these illnesses, injuries or conditions? Has the use of cannabis been suggested, recommended, prescribed or refused by a doctor? As a starting point this paper reports first results on these questions, in a comparative analysis of samples of growers from six different countries: Finland, Denmark, Belgium, Australia, Germany and the UK. Results show both commonalities and differences between countries. In general, many medical growers seem to be suffering medically established maladies that are treated and cured through illicit activity.

## **Global patterns of domestic cannabis cultivation: a cross-national analysis of sample characteristics and patterns of growing**

**Gary R. Potter**<sup>2</sup>, Monica J. Barratt<sup>1</sup>, Tom Decorte<sup>3</sup>, Aili Malm<sup>4</sup> and Simon Lenton<sup>1</sup> (on behalf of the Global Cannabis Cultivation Research Consortium)

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<sup>4</sup>Department of Criminal Justice, California State University, Long Beach, US.

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While there has been research on cannabis grower typologies (Weisheit, 1991; Nguyen and Bouchard, 2010; Potter and Dann, 2005) and national studies of specific aspects of domestic cannabis cultivation (Bouchard, 2007; Bouchard et al., 2009; Decorte, 2010; Hakkarainen, et al., 2011a; Hakkarainen et al., 2011b; Plecas et al., 2005; Potter, 2010; Weisheit, 1992; Douglas and Sullivan, 2013; Hammersvik et al., 2012), there has to date been an absence of international comparative research in this area. The study currently being conducted by the Global Cannabis Cultivation Research Consortium (GCCRC) aims to develop this aspect by collecting comparable data in a number of countries in order to compare who grows cannabis, reasons for growing, methods of growing, and experiences with the criminal justice system – and how these factors differ across a number of European, North American and Oceanian countries.

While all cannabis growers of at least 18 years of age are eligible to participate, we expect to access mainly small-scale cultivators through employing internet research methods to access hidden populations and facilitate anonymous data collection. Our expectation is based on previous research using a similar methodology, where mainly small-scale cannabis cultivators responded (Decorte, 2010; Hakkarainen, et al., 2011a); however, we might see a more varied range of respondents with the inclusion of other countries like Canada and USA where large -scale indoor and outdoor cannabis cultivation is present (Decorte et al., 2011).

In this paper we will present an initial comparative analysis of cannabis growers recruited in a sub-set of the countries participating in this project, namely the US, Canada, Belgium and Australia (and other countries if data merging has progressed sufficiently). We will compare their demographic characteristics, general features of participants' experiences with growing cannabis, their methods and the scale of growing operations, the reasons for growing, the participant's personal use of cannabis and other drugs and their participation in cannabis and other drug markets, and their contacts with the criminal justice system. Significant similarities and differences between the national samples recruited will be discussed.

### **New synthetic drugs in Hungary:**

**Zsolt Demetrovics**, PhD\* – Máté Kapitány-Fövény, MA – Róbert Csák – József Rácz

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**Objectives:** In the past few years, new synthetic drugs became more and more popular in Hungary, similarly to other European countries. The goal of this presentation is to introduce the main characteristics of the use of these substances and to analyze the changes that emerged as a result of the appearance of these drugs.

**Methodology:** The authors present the characteristics of new synthetic drug use in Hungary based on several data sources including seizure statistics, treatment data and quantitative data collection with mephedrone users. **Results:** Data shows that new synthetic drugs appeared in Hungary only with a minimal delay compared to Western European countries. Based on quantitative data collection with mephedrone users and treatment data from needle exchange programs it appears that the use of these substances is not a primary choice, but they are rather used as a replacement of other substances in case of either reduced availability or diminished quality of the originally used substance or because of more attractive prices. In this regard both in the case of mephedrone and MDPV two interesting trends emerge. Both drugs seem to appear on the market of the recreational scene as potential substitute for psychostimulants and entactogens in addition to being popular among intravenous opiate users as a possible substitute for heroin. **Conclusions:** Despite the fact that only limited experience and research is available regarding the use and characteristics of new synthetic drugs it appears that even though they do not serve as primary choice of drugs they can serve as potential and popular substitution drugs for several substances and thus can have a significant effect on the drug market.

### **Controlling the use and distribution of new psychoactive substances at the European level**

Dr **Caroline Chatwin** Ph.D. Senior lecturer in criminology at the University of Kent

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**Objectives:** This paper aims to critically evaluate policy making at the European level with regards to the control of newly developed psychoactive substances, highlighting areas where European intervention can bring added value, and areas where it cannot.

**Methodology:** European Union level documents (for example the drug strategy and action plan) and press releases pertaining to the control of newly developed psychoactive substances are examined and critiqued with reference to the small body of academic research in this area. European level involvement in drug policy is based on the principle of bringing 'added value' to national policy: this paper therefore seeks to determine the extent to which current European policy in this area could be said to bring 'added value' to policy making at the national level.

**Findings:** The potential for exchange of information and shared research opportunities orchestrated at the European level represents a clear area of 'added value' in the attempt to respond to the challenge presented by the increasing impact of newly developed psychoactive substances. An increased emphasis on control and law enforcement, however, is not universally considered to be of 'added value' and may incur several unintended consequences: of particular relevance here, that attempts to conceptualise novel responses to this modern facet of the illicit drug problem may be stifled.

**Conclusion:** As with the development of drug policy in general, there are areas where European intervention into policy making directed towards newly developed psychoactive substances can bring 'added value'. These are mainly related to research and information exchange. European proposals to 'scale up' their response to newly developed psychoactive substances may not, therefore, be playing to their strengths.

**Friday 14:00 – 14:40**

**Order in drug markets? Partial organization and market practice under illegal conditions.**

**Daniel Castillo**

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Most studies of market organization in economic sociology mainly deals with its legal forms, as they also recognize the significant role states play in promoting and organizing legal markets. Very few efforts have been made to further the understanding of illegal markets. Contrary to these studies, the intention of this paper is to analyze organization in the largely overlooked illegal markets, where states are absent as market promoting forces. More specifically, the study analyzes organization in markets for illicit drugs. How are operations on drug markets organized and how are market practices formed given that the conditions of exchange are defined as illegal by the state? The main theoretical framework is derived from organizational sociology with the purpose of analyzing partial organization outside formal organizations. Thus, applying organizational theory to drug markets, the paper will show how and to what degree different aspects of the market are organized. Empirically, the study is, in a first phase of a larger project, based on a qualitative analysis of material from major drug trade offences in Sweden. Although the study uses empirical material from Sweden, many of the cases have European and International connections. The main contribution of the paper is to provide new knowledge of how market organization emerges beyond the promoting forces of states as well as to contribute with empirical results vital to the development of long-term strategies to combat drug use and improve public health.

**Five barriers against violence: Peaceful conflict resolution among large-scale cannabis growers**

**Eirik Hammersvik**

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The conventional-wisdom project the relationship between violence and drug dealers as inextricably linked. Two years of ethnographic fieldwork among large marijuana-growers in Norway in a stabile atomistic market, draws a different picture. Violence was among the cannabis growers seen as a last desperate and poor

solution. The data consist of interviews and conversations with 52 indoor growers. 32 of them were associated with one of the 23 grow-sites that have been observed. This paper identifies five arguments for why large free-lance marijuana growers embedded in large distribution network refrained from using violence. 1) The cost of violence related to the increased attention for police and enemies inhibits business as usual. 2) Friendship and long lasting relations between cannabis operators makes it difficult to use violence. 3) The attitude toward profit as a possibility rather than a guaranty makes growers calculate wastage and prepare for financial loses. 4) Strategies for avoiding debt and high profits provided a large scope of action for choosing sanctions other than violence. 5) The cannabis culture is a non-violent culture that values friendship and peace. In conclusion this study discusses if governments and policy makers can utilize the market dynamics that follows the new trend of domestic cannabis cultivation in Northern Europe to reduce violence.

**Friday 14:40 – 15:40**

## **Social supply networks in drug markets**

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### Background

Social networks are generally acknowledged to play a crucial role in obtaining information or resources. Network analysis is used increasingly to study the concept of relatedness in drug markets (Papachristos, 2011). However, the way social networks constrain or stimulate an individual's behaviour remains subject to debate. This paper addresses one of the key issues in this debate, namely the operationalization of the concept 'networks'. Most network studies define networks as 'pipelines' for cultural formations, such as identities (Mische, 2003). Network analysis is seen as the measurement of structural roles, which exist apart from their enactment in conversation and interaction processes. 'Having a social network' is considered to be an individual attribute, which is often described in terms of 'social capital'.

Granovetter's article on the strength of weak ties argued that people looking for jobs were better placed if they had a wide range of 'weak' contacts than a small number of 'strong' contacts, since this would maximise the possibility of getting relevant information on job vacancies (Granovetter, 1973). Some drug market researchers assume that if patterns of friendship ties structure the flow of information, social support and social norms, these ties also influence substance use. Survey research for example reveals that dense networks constrain opportunities for substance use (Ennett, Bailey, & Federman, 1999).

### Relational context

Some researchers however argue that networks are not merely 'conduits' for cultural formations, but they are themselves also culturally constituted (Mische & White, 1998). Networks are considered to be embedded in 'domains' (e.g. family domain, friendship domain) that are characterised by a specific set of stories which actors constantly switch between. Actors are always embedded in multiple network domains and thus orientated to multiple stories, have multiple identities and multiple types of interactions. This idea of 'multiplexity' in networks includes a definition of networks that exist of different types of ties, which are sometimes combined.

Based on a thorough review of both drug market and social network literature, this paper argues that user-supplier relationships in a social supply network should be considered as multiplex. These relationships combine both commercial and social elements, and are driven by financial and/or non-profit motivators. This is a central argument in a renewed attention for mixed 2 methodology (Crossley, 2010). The qualitative component is there argued to entail a narrative description of the 'inside' of a network, while a quantitative model visualizes and represents the 'outside' of the network.

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## **Drifting into and out of dealing – Careers, self-concepts and labels of social suppliers and small-scale drug dealers**

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**Objectives:** To a large extent, retail sales of illicit drugs take place in private surroundings, often between fellow drug users. The paper examines patterns of profit-oriented sales and non-profit-oriented “social supply” transactions within careers of recreational users of cannabis and other drugs (mainly ecstasy, amphetamine and cocaine), and how the sale of illicit drugs affects self-conceptions of drug users.

**Methods:** Data is derived from an ongoing research project on small-scale drug dealing and social supply in the Frankfurt area: more than 200 persons were interviewed using an interview consisting of a qualitative, biographically oriented focused interview and a standardised questionnaire. Dealing experiences range from one-time social supply of small portions up to professional dealing with larger amounts of drugs.

**Results:** Social supply appears to be an ubiquitous practice among fellow recreational drug users: almost every interviewed person who ever sold portions of drugs sold drugs to friends without profit at least once, and a large proportion restricted their dealing activity to social supply. The escalation of profit-oriented dealing often took place quite fast (fitting in the model of “drifting into dealing” by Murphy et al 1990), but such careers could also slow down or be cut off in a short period of time. For many users, being perceived as a “drug dealer” by others marks an important turning point in their biography. As a neutralisation strategy, only few social suppliers and small-scale dealers see themselves as “drug dealers”.

Conclusions: The practice of social supply seems to be part of the common sense within recreational drug user's networks: a large part of the market seems to be served by non-profit transactions. However, there are blurred boundaries between profit- and non-profit oriented drug trade; when looking at the whole of their drug-using biography, most of the users experience both practices. The patterns of supply can change over time, depending on different set and setting factors. Being called a "drug dealer" seems to be a no-go criteria, at least for those who have not (fully) decided to make their living from this activity.

Murphy, S., Waldorf, D., & Reinerman, C. (1990). Drifting into dealing: Becoming a cocaine seller. *Qualitative Sociology*, 13, 321-34.

## **Exploring Contemporary Prison Drug Markets**

**Charlotte N. E. Tompkins**, BA (Hons), MSc, PhD. Research Fellow, Leeds PCT

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### **Abstract**

**Objectives:** To explore the nature of drug markets within male prison environments from the perspective of English drug users, drawing on accounts of how such markets are organised, maintained and managed. The presentation will also consider how national prison drug policies influence the nature of prison drug markets and will reflect on European studies and situations.

**Methodology:** Qualitative social research interviews were conducted with former male prisoners. A theoretical harm reduction perspective was adopted.

**Significant results:** Illicit drugs were commonly available within male prisons. They had a pervasive influence on the environments, acting as very powerful commodities. Sophisticated drug markets existed in prisons whereby prisoners operated in a business like way on behalf of community drug dealers. These were often the centre of prison drug markets as prisoners were supplied by illegal deliveries from community suppliers. These competitive, constructed enterprises relied on prisoners to maintain the market, 'working' for cash or drugs in roles such as selling or delivering drugs, collecting payments or enforcing violence towards prisoners in drug debt. Market competition was created by the concurrent existence of less formalised, more spontaneous prison drug markets. These involved individual prisoners opportunistically selling or trading illicit drugs, directly benefitting from the profit.

Drugs on the prison market were generally expensive and deal sizes were often small and of poor quality. Dealers sometimes cunningly gave 'free' drugs, encouraging market demand. To purchase drugs and maintain the market, prisoners combined money together or traded items like telephone credits, tobacco, toiletries or performed 'favours' for other prisoners in exchange for drugs. Drug prices and supply routes shifted with changing market demand. For example, dealers obtained buprenorphine by diverting prison prescriptions, its market price fluctuated according to availability (cheaper in prisons which prescribed it) and tablet size and strength (larger or stronger tablets were more expensive).

Users described how prison drug markets quickly responded to prison and Government policy changes, such as using heroin instead of cannabis when mandatory drug urine testing was introduced and illicitly using buprenorphine to obtain a high instead of heroin when prescribed OST medications were introduced.

Conclusions: The findings outline drug markets in contemporary prison environments since increasing international policy emphases on improving the treatment of drug users in prison. Whilst the nature of prison drug markets changed according to the drugs of choice for prisoners and sometimes Governmental policies, the mechanisms behind them and supporting them remained largely unchanged.

### **Friday 16:20 – 17:20**

#### **Assessing drug policy and law enforcement in Italy and Belgium by using the estimated size of dealer population.**

**Flavia Mascioli**, Department of Mathematics, University La Sapienza, Rome

Carla Rossi, Centre for Biostatistics and Bioinformatics, University Tor Vergata, Rome

In Europe, interest around drug supply issues is growing in recent years. Law enforcement is a key drug policy area that receives a large amount of public funding which has been monitored by the EMCDDA (<http://www.emcdda.europa.eu/topics/drug-related-public-expenditure>). However, there is a huge gap in existing knowledge on the efficacy of law enforcement interventions and on the unintended consequences. Sound supply indicators are needed to provide evidence for understanding drug markets and assessing policies, planning interventions and identifying best practices. In order to evaluate the impact of law enforcement policies, the estimated size of dealer population is suggested as a sub-drug supply indicator that, in our opinion, is not affected by biases of indirect indicators such as number of dealers arrested, amount of seizures etc.. Adding some data, collected by surveys, it is possible to estimate the size of the market from supply side, using the estimated dealer population (Rossi, 2013).

The size of dealer populations at risk of being registered by the police under current legislation in Italy and Belgium are not known. In this paper capture-recapture procedures in the presence of a single data source are applied for estimating this population with a view to understanding policy and comparing interventions in the two countries.

Two different capture-recapture models (truncated Poisson and Negative Binomial) have been considered incorporating possible unobserved heterogeneity of registration probability. Their validity for this study is discussed. The complete comparisons are elsewhere (Di Censi et al., 2012) Observed heterogeneity is included in the form of covariates. Data sets used in the statistical analyses are based in Italy on police records from 2005 to 2009. Similar data have been furnished by the Belgian police force and the estimates have been compared depending on the kind of registration and covariates available.

#### **The acquisition of drugs among different types of users: street markets, private dealers and the role of the internet**

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Objectives: Drawing on the results of three different studies conducted by the Centre for Drug Research, the paper discusses the typical ways marginalized street drug users, socially integrated party drug users and users

of new psychoactive substances (NPS) get hold of drugs. What role do open street markets, private dealers and the internet play? How do drug markets differ regarding the type of substances being traded?

Methodology: Empirical data is drawn from three different studies: 1) a quantitative study on street drug users in Frankfurt/Germany, conducted in 2012, using a standardized questionnaire interview; sample size: 148 respondents, 2) a qualitative-quantitative study on the distribution of illicit drugs among socially integrated users, data was collected in 2011/2012 using a semi-structured interview followed by a standardized questionnaire interview; sample size: 214 experienced, current users of illicit drugs, 79% with experience in distributing drugs, 3) an online survey of (German-speaking) people who had ever used NPS, conducted in 2011 using an online questionnaire, sample size: 860 respondents.

Results: Among street drug users crack and heroin were the most commonly used illicit drugs followed by cannabis and benzodiazepines. For the vast majority the open-air street market was their primary source for purchasing drugs, less than a fifth mostly bought from private dealers. Heroin and crack were predominantly purchased from varying dealers, whereas cannabis was mostly bought from steady dealers. Among socially integrated drug users a fairly large proportion of party drugs (speed, cocaine, MDMA) were obtained for free (mostly shared by friends; social supply). Friends were by far the most popular source for buying cannabis and party drugs, followed by private dealers. Open-air markets on the other hand only played a very minor role. Finally, users of NPS largely purchased these substances from online shops (both domestic and foreign websites), but there was also a relevant proportion of users who had received these drugs from friends/acquaintances (social supply).

Conclusions: The results show significant differences between markets and the substances being traded (e.g. open-air markets for heroin and crack; private markets for cannabis and party drugs). For the supply of NPS the internet plays a crucial role. One important motive for using NPS is the (temporary) unavailability or poor quality of illicit drugs (esp. cannabis). In that manner NPS function as a (temporary) substitute for illicit drugs. Thus, a repressive drug policy approach may encourage the use of NPS.

### **Drug Markets and financial crisis: Recent trends in availability, patterns of use and market prices in Greece between 2009-2012**

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Background: During the last four years, Greece is experiencing the worst financial crisis in its modern history. Major cutbacks on income, social provisions and care and a rapid rise of unemployment rates are the main characteristics. This characteristic is now spread-along with the economic crisis- in other European countries such as Spain, Portugal but also the UK, marking a policy change to the direction of the confinement of social services and the welfare state in general.

According to numerous studies, economic crisis is also linked to the increased use of addictive substances through the reduction of prices of the widely-used illegal substances. Research literature has also

demonstrated a relationship between the economic crisis and the changes in patterns of use to more dangerous ones.

**Objective:** The main objective of this study is to identify the current status of the illegal drug markets in Greece. This includes an estimation of the availability of illegal drugs, of the presence of new substances, of the changes in the patterns of use and of the data about market price flow. Also, data on employment and economic status of drug addicts will be presented in order to link them with changes in drug use. Another objective has to do with the establishment and documentation of a theoretical model which correlates economic and social deterioration to the development of self-destructive life patterns such as the problematic (heavy and mostly injected) drug use.

**Methodology** A variety of sources will be used, including data from KETHEA (clients' annual sociodemographic profile) as well as data from the Greek Focal Point taken from TDI (Treatment Demand Indicator) and EuropASI (Addiction Severity Index) questionnaires. Moreover, data with regard to new substances will be taken from EMCDDA's Early Warning System. The data concerning the income and living conditions derive from the Greek Statistical Authority. Finally, a structured questionnaire will be used in order to track the money spent on drugs and the fluctuations in the amounts of money spent during the last four years, in order to monitor market prices of illegal drugs. This questionnaire will be addressed to drug addicts during a personal interview.

**Significant Results** Preliminary results have shown a significant decrease in drug prices which followed the income decrease in Greece. This decrease is significant for certain substances (i.e. cocaine). New, highly addictive substances have been introduced to drug users (i.e. crystal meth and its variations), followed by shifts to more dangerous patterns of drug use (more IDU).

**Saturday 10:0 – 11:00**

**Perceptions, practices and ethics of (non)-prescription cognitive enhancement drugs. A case study among academic youth in Amsterdam (Master's Thesis)**

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The use of (non)-prescription cognitive enhancement drugs (CED's) by students to enhance their academic performance is a novel area of research especially in Europe. The phenomenon has been recognised and studied in the United States for the last decade or so but only few empirical studies exist in Europe (Ragan et al. 2013).

**Objective:** The focus of this study was to see what kind of social practices, perceptions and ethical issues are involved in the non-prescription use of cognitive enhancement drugs (CED's) amongst academic youth in Amsterdam. The main focus was on students who have tried pharmaceutical cognitive enhancers to have an effect on their studying and on students with a diagnosis who distribute their prescription medication for their peers. **Methodology:** The data was collected by using semi-structured interviews of "users" and "providers" among university students (N=12) in Amsterdam. In addition a small web-based survey (N=105) provides additional information on the prevalence and purposes of the use of these substances. Significant results (it should be noted that these are preliminary findings as the submission deadline of this Master's Thesis is the 28th of June 2013): The students who tried prescription medication for study purposes without a diagnosis attained them from close friends or relatives with a diagnosis. Most of them found the effects to be mild or adverse and did not continue their use. The students with a diagnosis distributed their medication mostly to their close friends implying a certain type of situational sociality to be involved. Most of the students interviewed did not consider using cognitive enhancement drugs to be a form of academic cheating but felt that the drugs should not be freely available for everyone. 56 % (N=59) of the survey respondents knew someone had tried study drugs, while 21 % (22) reported trying them for themselves, Ritalin being the most common type of prescription drug used. Most common purpose for using study drugs was to improve concentration. **Conclusion:** This study shows that the use of cognitive enhancement drugs or study drugs is a phenomenon among academic youth in Amsterdam and although the findings of this research are not generalizable, they open up the understudied field of cognitive enhancement drug use in the Netherlands and adds information to the still scarce but increasing body of literature around the subject in Europe.

**References:**

Ragan, Ian C; Bard, Imre; Singh, Ilina (2013) What should we do about student use of cognitive enhancers? An analysis of current evidence. *Neuropharmacology* 64, 588-59.

## **Length of stay in different drug using states: lifestyles of problem and recreational drug users**

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**Background:** The hidden nature of the use of opioids, amphetamines, cocaine, and cannabis (the most commonly used and studied illicit drugs) precludes the accurate estimation of how many people use these drugs, how many people are problem users, and what harms their use causes. Among the many aspects of drug use, the permanence times in specific drug using states, (e.g. the time a typical consumer use only cannabis, or the time between the first cannabis use and the first use of heavy drugs, or the time to the first attempt of drug dealing) related to the lifestyles of the various sub populations of users are of interest per se and as essential components of estimates relating prevalence, (i.e. the total number of persons that use drugs) and incidence (i.e. the number of new drug users in a certain period of time).

**Methods:** Several administrative databases and surveys in Italy and in other EU countries concerning different sub population of drug users have been analysed in order to estimate the permanence time in specific drug using states and the stages of a typical drug-using career.

**Results:** In most cases, cannabis is the first illegal substance used by drug users. The age of onset corresponds to the very beginning of adolescence and various sources indicate that this onset could happen earlier for men than for women. For problematic drug users, the switch from cannabis to heavy drugs happens within a rather narrow period of time, within 5 or 6 years from the first use of cannabis, and, at the same time, they experience the first episode of drug dealing. The latency period (from drug use onset to first treatment) estimated from different data sources is quite similar and suggests that men have longer latency periods than women.

**Conclusions:** Some key information about drug using careers and durations of various stages of drug use has been obtained. However, drug use and abuse remains a complex and hidden phenomenon that represents an important social, criminal and public health problem.

## **Exploring methodological challenges in applying intersectionality to drug studies in America and Europe.**

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Intersectionality has become a “buzzword” in many different scientific fields. The concept was introduced by the African American lawyer Kimberle Crenshaw in 1989 to study the complexities of identity and oppression. The intersectionality paradigm argues that no one category of social identity is necessary more important than any other. Hence the paradigm highlighting the importance of including the perspectives of multiply marginalized people. Although praised as a theoretical concept of complexity, several methodological problems are addressed in the intersectionality literature. The main discussions revolve around the following topics: the disconnection between intersectionality scholars and the conceptualization of research questions and designs, the lack of clarity on how, when and where the framework should apply, how to differentiate between different intersections of oppression and how to apply intersectionality in areas dominated by quantitative research.

The aim of the paper is to clarify how drug researchers in America and Europe whom have explicitly worked with the concept of intersectionality have employed it and addressed methodological challenges. The study is built on a sample of drug research done in America and Europe located by using the search engine “web of science”.

In clarifying the use of the intersectionality concept the following questions are addressed:

1. Which research paradigm has the study been conducted within? What type of data is used?
2. Who is being studied? Who is being compared to whom? Why?
3. What issues of domination and exploitation is being addressed by the research? What types of policy connections are made?
4. How do researchers make sure that they are not seeing what they want to see?

Preliminary findings: The public health perspective, concentrating on health issues for multiple marginalized drug users are dominant in both the European and American studies. Subgroups of females are studied more often than subgroups of males. In the American studies the African American female drug users are given specific attention, connected to historical discrimination. Although the intersectionality perspective sprang out of studies of discrimination through criminal law, there is less attention paid to discrimination in the practices of drug laws, especially in the European studies. The connection between drug use and criminal law is made explicit in some American studies. Reflections around the research design are seldom integrated in the quantitative studies, whereas the qualitative studies, especially the American studies, write within the feministic stand point theory which makes their normative interest explicit.

## **Saturday 11:30 – 12:30**

### **Comakicks. The rise of anaesthetics in the Amsterdam nightlife**

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Following alcohol, classical stimulants continue to dominate the Amsterdam nightlife, however anaesthetics have experienced a remarkable rise since the 1990s. Especially in networks of trendsetters and early adaptors within the dance segment, GHB, ketamine and nitrous oxide are now included in the regular drug repertoire. This is concluded by Antenne, Amsterdam monitor of alcohol and drug trends among young people.

The multi-methodical research approach of Antenne uses quantitative indicators with data from the drugs market (price, purity etc.) and a periodic survey (1995, 1998, 2003, 2008 and 2013) in the nightlife on substance use among clubbers. In the qualitative panel study some 25 panel members, from various sub-segments in the mainstream, upperground and underground nightlife, are questioned twice a year on current developments on the user and drug market. Sometimes participant observation and focus groups are used to describe a new phenomenon. All this data will be used in the interpretation and understanding of the growing use of anaesthetics in the nightlife scene.

#### Results

The use of the anaesthetic drugs GHB, ketamine and nitrous oxide has boomed in the nightlife scene of Amsterdam since the 1990s. Anaesthetics were introduced in the underground and in private settings, and subsequently moved into niches of the regular nightlife. Compared to ecstasy, cocaine and amphetamines, the use of anaesthetics for many users plays a secondary role in terms of status.

On the other hand, their specific effects do add an extra dimension to the desired high. Depending on the subscene the use in private and party settings is accompanied by different expectations and rituals. The trendsetting nightlife environment is a mix of creative, sensualistic, psychonautic or more alternative oriented lifestyles. GHB for instance has erotic and mildly euphoric properties, but is also used as a suppressor of stimulants or as a sleeping agent. In the psychonautic and alternative environments ketamine is preferred because of the short and mild psychedelic effect. Laughing gas is used to pursue a cosmic and dreamy kick.

There is a local market for anaesthetics, by which there is an adequate supply of laughing gas and GHB that is often distributed through friends, (social) dealers and the internet. The growing popularity also has a down side with regard to the rising number of health incidents. Especially GHB is regarded as a 'problem child'. Resulting from this is a more stringent control on possession and use in the party environment. At the same time, there is a discussion arising in user groups, and in social media about the reckless comakids' recidivous use in their own circle. The self-regulating ability within user circles leads to applying informal control and sanctions including exclusion from user networks or private locations.

## **Temporal orientation: A risk factor for psychoactive substances use?**

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Introduction.

Temporal orientation is an essential data of the human psyche that modulates how we related to the times of life. Starting with the observation that temporal orientation is difficult for youngsters, a team of psychologists developed a preliminary version of the instrument. Objectives. This survey explores the links between psychoactive substance use (alcohol and cannabis) and temporal orientation of French teenagers and young adults. Methods. The sample is based of 507 young aged of 15 to 29 years living in Nantes (France). Instruments are the Test of Temporal Orientation and substance use measures. Results. The results show significant relationships between the substance use and several temporal orientations. The temporal orientation centered on the "Immediateness" and the "Short term" can predict alcohol and cannabis use. Conclusion. This survey advances that temporal orientation is a psychological construct that must be considered as a risk factor in the addiction field.

## **Hungarian female drug users**

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## Objectives

1. Thematically discuss the characteristics of female drug use by comparing data from two mutually exclusive Czech and Hungarian studies.
2. Utilise the concept of intersectionality in order to allow a discussion between the interplay of oppression and agency in female drug user's lives.
3. Suggest the theoretical implications of understanding agency as exercising forms of resistance against structural categories of oppression existent in female drug user's lives.

## Methodology

Data is compared from two qualitative studies from Hungary and Czech Republic of female drug users, combining interview and narrative methodology techniques. Data from the interviews of five female drug users from each country are compared. Participants primarily used amphetamines and methamphetamines.

## Significant results

For female women drug users, agency is manifested as an action that results in recognition and self-efficacy. The data suggests that harm reduction organisations and services assist with developing formal and informal forms of resistance from the structural barriers existent in female drug user's lives. Participants also spoke of a lack of agency in their lives, which they conceptualised in a variety of ways including emotionally, physically, institutionally and interpersonally restricted. The data reveals the main issues that female drug users encounter in their everyday lives, including but not limited to different forms of violence, unstable housing, food and financial insecurity, stigma and romantic partner codependency. However, the results from the data also highlight the strategies and capacities that female drug users use to cope with these complicated and often interconnected issues. The data analysis between the two research studies allows an intersectional understanding of female drug user's lives where gender, class, education, ethnicity, and age all impacted their access and ability to facilitating agency related actions in their lives.

## Conclusions

1. Comparative data analysis from two Central European countries with similar political history but dramatically different drug policies provides a rich insight into the structural issues and acts of resistance for women drug users.
2. Harm reduction programmes are central to assisting with self-efficacy in female drug user's lives, although this conception of agency often falls within a paradigm of social norms.
3. The unique ways female drug users engage with forms of agency in their lives lends to a strength-based approach for health and social services and national drug policy strategies informed by intersectionality