

LIVES OF SUBSTANCE: EXPERIENCES OF ADDICTION, DEPENDENCE OR DRUG HABIT IN AUSTRALIA

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Aim of Abstract: This symposium presents findings from an Australian Research Council-funded project that is the first of its kind in Australia. The project collected the personal accounts of people who describe themselves as having an alcohol or other drug habit, dependence or addiction. The accounts have now been analysed to generate new knowledge on what it means to live with these experiences, and are also being prepared for presentation on an innovative publicly accessible informative web site. Entitled *Lives of Substance*, the web site will present data extracts and summaries in textual, audio and re-enacted video form, aiming to make available a more complex, nuanced and diverse picture of such experiences and the people who have them. It will be launched late 2016.

The aim of the symposium is to present and invite feedback on the new insights the project has generated. How do people manage this aspect of their lives? How do they cope with the stigma associated with 'addiction'? What kind of help do they seek, where necessary? What do ideas of well-being or recovery mean to them? What resources are important to them? The individual papers presented in the session will cover these issues and more, and the discussant's presentation and the following question time will allow broader conversation among symposium attendees about responses to the issues raised.

Presentation 1 – Telling stories, making selves: A critical analysis of ‘addiction’ biographies

Presenting Authors:

PIENAAR, K

Introduction: Personal stories of addiction are central features of abstinence-based self-help programs and also circulate widely in popular culture. Despite this, relatively little research has explored these biographical accounts and how they shape people’s identities and experiences.

Method: In this paper we build on the insights of critical scholarship on addiction to conduct a comparative analysis of how addiction is articulated in two sets of biographical accounts. We compare personal accounts drawn from existing alcohol and other drug (AOD) web sites with participant biographies we produced for a new educational web site on drug use experiences. The biographies we produced are based on 60 in-depth qualitative interviews with people aged 19-59 who self-identified as experiencing an AOD addiction, dependence or habit.

Key findings: While addiction biographies are often presumed to be straightforwardly ‘true’ stories, they produce normative ideas about addiction, with implications for people whose AOD consumption could attract the label ‘addiction’. Our analysis demonstrates how biographies can reproduce or disrupt familiar addiction narratives of decline, crisis, collapse and recovery. By drawing attention to people’s agency and autonomy, the alternative narratives produced through our research challenge understandings of addiction as a disorder of individual compulsion.

Discussion and conclusions: We consider the implications of these findings for diverse experiences of AOD use. We suggest that providing an alternative range of narratives might allow consumers to articulate regular AOD consumption in ways that are more beneficial and less pathologising.

Presentation 2 – How does place generate or disrupt alcohol and other drug consumption? Residential relocation in accounts of ‘addiction’

Presenting Authors:

DILKES-FRAYNE, E

Introduction: Consumption patterns associated with alcohol and other drug (AOD) addiction or dependence are often explained by locating addiction within the body or brain of the individual. Where ‘environmental influences’ are invoked, they tend to be framed as discrete factors such as social support or housing that may impact the ability to stop consuming AODs. The significance of place in shaping practices is often underplayed, with implications for the provision of services supporting people to change their consumption.

Method: We explore the role of place in shaping patterns of AOD consumption often associated with addiction by analysing people’s accounts of residential relocation. The accounts are drawn from 60 in-depth qualitative interviews with people aged 19-59 years who self-identified as experiencing an AOD addiction, dependence or habit.

Key Findings: Participant accounts of residential relocation demonstrated the significance of everyday places in the formation of consumption patterns. Moving to a new location encouraged various changes to consumption such as initiation into or cessation of consumption, or other changes in practices. Relocation could also facilitate or impede access to treatment services, or require new activities or routines to maintain previous consumption or non-consumption patterns. Practices did not remain stable as people moved, but were made anew within the altered environments of their everyday lives.

Discussion and Conclusions: We suggest that given the highly situated nature of consumption patterns, opportunities exist to give greater consideration to place, and to support provided in times of residential relocation, within approaches seeking to change consumption practices.

Presentation 3 – Beyond disease: Responding to accounts of ‘addiction’-related stigma and discrimination

Presenting Authors:
FRASER, S

Introduction: Alcohol and other drug (AOD) addiction or dependence is widely viewed as an affliction: traditionally a personality weakness or sign of immorality, more recently a disease state. While the latter approach has been lauded in Australia as destigmatising, it has also been questioned by those who point out that illness is itself stigmatised in Western neoliberal societies such as Australia’s.

Method: In this presentation we explore accounts of stigma and discrimination given in data collected via 60 in-depth qualitative interviews with people aged 19-59 years who self-identified as experiencing an AOD addiction, dependence or habit.

Key Findings: Participant accounts emphasise many, varied manifestations of prejudice and negative judgements. As has research on experiences of stigma among people with hepatitis C, our participants identified the health system as a key site for stigma and discrimination, but other settings such as the workplace, the family and the criminal justice system were also discussed.

Discussion and Conclusions: The implications of addiction-related stigma and discrimination are far reaching. Reluctance to disclose and seek support can follow, as can social isolation and the magnification of distress. Australia’s harm reduction approach and its emphasis on treating addiction as a health problem has been credited with many successes, but it may be time to consider responses more able to dispense with the stigma that persists wherever conduct is labelled the effect of disease.

Presentation 4 – Consumer accounts of ‘addiction’, health and well-being: Implications for policy and practice

Presenting Authors:
MOORE, D

Introduction: In scientific and popular opinion, alcohol and other drug (AOD) addiction or dependence is frequently characterised as antithetical to health and well-being. Furthermore, those diagnosed with AOD addiction or dependence are often understood as indifferent to, or as lacking the knowledge or desire required to maintain, health and well-being. In this

presentation, we provide an alternative narrative of the relationship between 'addiction', health and well-being.

Method: We explore consumer accounts of the relationship between 'addiction', health and well-being. These accounts are drawn from 60 in-depth qualitative interviews with people aged 19-59 years who self-identified as experiencing an AOD addiction, dependence or habit.

Key Findings: Health and well-being are key concerns for research participants. They discussed health and well-being in different ways, with work commitments, changes to regular routines and certain patterns of AOD consumption sometimes impacting negatively on health. They also described a range of strategies for maintaining good health and well-being. These include a balanced diet, regular routine, sufficient sleep, vitamin supplements, alternative therapies, smoking cessation, exercise, work/life balance, and limits on or breaks from AOD consumption. Although some reported that they limit AOD consumption to stay healthy, others described AOD consumption as an important part of health and well-being.

Discussion and Conclusions: Policy and practice should acknowledge that the relationship between 'addiction', health and well-being is complex, and should consider ways to include support for a range of consumer strategies for maintaining good health and well-being in responses to regular AOD consumption.

Discussion Section

The four presentations will be followed by a short presentation given by a discussant – Ms Jenny Kelsall, Executive Officer of Harm Reduction Victoria. This will draw out some of the key issues and themes of the work and invite the audience to take part in a wide-ranging discussion to help identify and give further substance to the policy and practice implications of the research. Following this presentation the chair will open the floor to audience members. The research team will take notes on the ensuing discussion to allow the integration of key points into the project's final stages, and these notes will also be circulated after the conference to participants who provide contact details at the door.

Disclosure of Interest Statement:

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