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Positive drug stories: possibilities for agency and positive subjectivity for harm reduction

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Contents

Positive drug stories: possibilities for agency and positive subjectivity for harm reduction.....	1
Abstract.....	4
Introduction	4
Literature Review	6
Discourse and the dominant construction of drug use	6
Drug pleasure, drug discourse and epistemological discontinuity.....	9
Online drug forums: seeking new insights into positive subjectivity	12
Approach.....	13
Results.....	16
Conclusions	23
Acknowledgements	25
Declaration of Interest.....	25
References	26

Abstract

People who use drugs understand drugs and drug use in ways that are often different to the way knowledge of drug use is constructed within the dominant medico-legal discourse. Their experiences are, more often than not, represented in negative ways within dominant discourse, a disconnect that can create adverse consequences for people who use drugs, through the production of stigma and shame leading to poor health and social outcomes. A key difference in how drugs are understood by people who use drugs is the capacity of the former to recognise positive aspects of drug use and create more agentic subjectivities for themselves concerning their use of drugs. Using a thematic analysis of the online forum Australian Drug Discussion, hosted by Bluelight.org, we identify positive drug stories and the contexts of their emergence, as subversions or modifications of dominant understandings. We argue that positive understandings of drug use, as well as recognition of the way their expression serves to generate agency for people who use drugs within or against the confines of dominant discourse, may provide opportunities to limit further the harms flowing from stigmatisation and negativity.

Keywords: drug, discourse, pleasure, stigma.

Introduction

This paper explores some of the ways in which people who use drugs (PWUD) discuss their experiences of drug use and the relationship between those experiences and the normative ways in which drug use is more generally understood. This exploration shows how there is a disconnect between the self-expression of PWUD and the ways drug-using subjects and their drug use are talked about, or constructed, within the dominant medico-legal discourse which

serves to know, regulate and otherwise respond to drug use in contemporary society. As a result of finding this discontinuity, we can draw some conclusions which suggest that, in the interests of greater care for PWUD, we need to pay more attention to positive expressions, by PWUD, of their experiences. Such expression can constitute a different kind of understanding of drug use, which grants PWUD the possibility of greater agency in their behaviour than allowed them as subjects constructed within the medico-legal discourse. This dominant discourse has direct negative consequences for its subjects who, through stigmatisation and shame, can suffer serious mental health problems and be unable to access effectively appropriate therapeutic support if needed. We argue that explicit attention to positive drug stories, defined as stories that propose a positive value for the practices of PWUD, better reflects the lived experience of PWUD and militates against the disempowering construction of them within dominant discourse. Positive stories, which can disrupt dominant understandings and thus assist in reshaping them, serve both as a counter to the inappropriate assumption that there is only one way to know about drug use and creates a complementary source for policy development and action to support PWUD.

To achieve this goal, the paper begins by reviewing existing research to: first, establish how discourse operates, and in particular, how it serves to create a problematic knowledge of drug use with negative consequences for PWUD; second, to consider what we already know of the importance of competing knowledge formations that attempt to prioritise PWUD's agency, especially through consideration of drug pleasure; and third, how we might access alternative understandings of drug use through analysis of what PWUD say about their experiences in online forums. The paper then presents the results of a thematic analysis of what people say about drug use experiences and policies at the Bluelight.org Australian Drug Discussion (AusDD) forum. This analysis shows that there are several ways in which positive stories can emerge, shared by PWUD with each other in efforts, often consciously understood as such, to

speak a different kind of truth about drug use. These discussions are still conducted in articulation with medico-legal discourse, and we show how the wellbeing of PWUD may be improved if drug policies developed within that discourse more effectively represented the perspectives and life experiences of PWUD. The *inclusion* of PWUD, through a more diverse discursive construction, would over time tend to assist in making policies that lead to effective outcomes when PWUD interact with the health and harm reduction services whose work is guided by those policies.

Literature Review

Discourse and the dominant construction of drug use

The concept of discourse, originating with Michel Foucault, is now widely used to help understand how knowledge, in all its forms, comes into existence through the words we use to describe the world. Knowledge, as a discursive construction, not only ‘knows the world’ but limits or authorises what it is possible to say about the world (what is false or true), creates subjectivities for the people who are ‘known’ through discourse, and crucially encodes in both knowledge and subjectivity, value judgments as to what is good or bad (Foucault 1978, 1986, 1990). Dominant discourses are those which, despite not fully reflecting everything that might be experienced or understood, nevertheless come to be the primary and hard-to-contest source of truth about a particular social phenomenon. Moreover, discourse is not merely a question of words and semantics: discourse, by saying what is known (while necessarily excluding other perspectives of what *might* be known), is the foundation in the world for actions, consequences, and the establishment of the authority for some people to control others.

While subordinate, and potentially contrary, discourses do co-exist with a dominant discourse, such ways of knowing do not permit the generation of widely accepted and understood truths. Indeed, in claiming counter-truths from a marginal position, their existence is often taken as evidence of the rightness of the knowledge created within dominant discourse. These alternative ways of knowing are commonly expressed by those who are the ‘subject’ of and subject *to* a discourse which claims to know them and their experience without being part of that experience. They are often found in less public forums and places, being marginal not only in their capacity to influence society but also in their visibility. They provide evidence for the contestability of the power relations discourse establishes, even if that contest is unequal.

In the drugs field, medical and legal approaches to what we know and do are common and thus the dominant drug discourse is a medico-legal discourse (Lancaster et al. 2017; Bright et al. 2013). In this formation, medical and legal personnel are the legitimate authorities for controlling drug consumption and their approaches and actions are, by definition, correct. While occasional tensions arise between differing applications of medical and legal approaches (evident in the complexity of the legalisation of medical cannabis, Lancaster et al. 2017); nevertheless, in general terms the policing of drug use, and the medical response to drug use, work in harmony. A key element in the way this discourse affects PWUD is the characterisation of drugs as being personally dangerous, morally evil, and constitutive of criminality (Taylor 2016; Taylor et al. 2016; Bright et al. 2008). Consequently, the subject positions that PWUD are required to occupy within this discourse, and what their actions and words are taken to mean, are largely negative. Moreover, the subjectivities are passive, with PWUD rendered helpless by their lack of self-control and in need of others’ control. PWUD are constituted as pathologized addicts (Fraser et al. 2017), deviants, diseased (Bright et al.

2008) or dangerous (Willis 2016). Being positioned as ‘at-risk’ or ‘a risk’ reinforces the legitimacy of actions done *to* PWUD.

The real consequences of such passive subjectivity have been well established. When PWUD uncritically adopt the truths presented to them within dominant drug discourse, their agency (including their ability to manage and improve their own situation) is reduced (Bright et al. 2014). PWUD can become victim to self-stigmatisation (Jones and Corrigan 2014) which, in turn, can lead to physical (Ahern et al. 2007) and mental health issues (Birtel et al. 2017; von Hippel et al. 2018), secretive behaviours that increase risks of harm (Palamar 2012), and even to increased drug use (Palamar et al. 2013) despite the fact that policies authorised by this discourse purport to reduce harm. Self-stigmatisation leads also to feelings of shame that have been associated with reduced access to the health services offered to support harm reduction (Luoma et al. 2007; Kulesza et al. 2013; Wilson et al. 2018).

The negative consequences of the medico-legal discourse, and its entrenched nature within health services (Lee and Petersen 2009), can be judged from research that found people accessing drug treatment services experienced increased self-stigmatisation compared with PWUD who did not seek treatment (Semple et al. 2005). Health-care settings where the discourse is most evident have also been associated with PWUD receiving a reduced quality of services (van Boekel et al. 2013). Where PWUD are able to and contest, in one way or another, the passive subjectivity presumed for them within dominant drug discourse, PWUD often have a lower rate of treatment engagement reflecting their better ability to self-manage physical risks and avoiding, in some cases, self-stigmatising mental harms risks (von Hippel et al. 2018). Agency also leads to more effective harm reduction (Bourgois 2018).

Thus, whatever the *intent* of medico-legal approaches to controlling and managing drug use in contemporary society, the *operation* of medico-legal discourse is as much responsible for some of the harms that individuals suffer as it is the solution to those harms. The danger of this dominant discourse emerges most strongly in its effects on the way individual PWUD are disempowered, rendered passive and thus, paradoxically, more at-risk than if they were enabled to be agents in their own experience. Moreover, if the agency of PWUD was to be more evident and form part of dominant thinking around drugs, it may be that demand reduction strategies could be more effective, and new harm reduction initiatives might emerge, both of which would provide opportunities for PWUD to participate in their own discursive construction. The potential benefits of this approach have been explored in a range of policy studies, that promote a range of competing knowledge formations for drug use. They include: counter-public health approaches, reframing drug use by reference to safe, controlled and ethical drug pleasures (Race 2008); disciplined use approaches (Järvinen 2017), emphasising consumer control over drug use; and consumerist models (Bright et al. 2008), which valorise the capacity of drug consumers to make effective subjective decisions regarding their drug use. Rødner (2005) has also shown how individuals can establish for themselves a drug-using identity that characterises their use as non-problematic or recreational, so as to attempt to be ‘outside’ the dominant discourse discussed above. However, there is little evidence that these approaches are more than marginal interventions and thus the primacy of the medico-legal discourse remains, along with the deleterious consequences of the way many PWUD are seen and see themselves as lacking agency.

Drug pleasure, drug discourse and epistemological discontinuity

At the heart of agency diminution inherent within medico-legal discourse is the central idea that all illicit drug use is negative. As a result, a key intervention in recent years has been to

consider whether the *pleasure* that drug use may bring to PWUD might be a way to re-introduce, within policy formation and associated health interventions, a more positive form of subjectivity. Such a subjectivity would enable PWUD to be governed by that discourse and yet still maintain agency and thus minimise not only the risk of harm from drug use, but also from passivity, and loss of self-worth. However, our understanding of drug pleasure is, itself, a contested concept, with the way pleasure influences our thinking about the subjectivity of PWUD being recuperated within the existing dominant medical approach to drug-use management.

Race (2008) identified two differing theorisations of pleasure: socio-pragmatic; and therapeutic. A socio-pragmatic approach recognises the emergent and unexpected nature of the pleasures available through drug use (Bohling 2017); it also emphasises the socially constructed character of pleasure and the way PWUD themselves seek to describe and know their behaviour as pleasurable (Dwyer 2008; Duff 2008). In contrast, a therapeutic approach categorises pleasure within a pre-determined binary as either normal or abnormal, and that pleasure can be understood normatively as pharmacologically *determined*, rather than as experienced individually (Keane 2008; Bohling 2017). Race (2008) highlights that, while a socio-pragmatic approach to pleasure can create the possibilities for actions in the field of drug management and intervention that pay greater attention to care for PWUD and the relationships which are established between them, *therapeutic* pleasure is always understood as a process of discrimination. A therapeutic perspective views pleasure as deviation from acceptable norms (caused by the drugs themselves); a socio-pragmatic perspective recognises that this pleasure is part of the way PWUD negotiate practices of self-regulation and safety. In other words, pleasure *might* give rise to a recognition of the positive, agentic role of PWUD in managing their own use; but within a therapeutic approach, pleasure becomes

another means by which agency is removed from PWUD as they are held to be subject to the control exerted over them by the pleasure drugs bring.

The therapeutic approach is consistent with established medico-legal discourse and thus will determine the way in which pleasure might operate as a construct within that dominant form of knowing. For example, understanding the pleasure of drug use as ecstatic (one of four possible forms of drug pleasure identified by Bunton and Coveney, 2011), is inherently transgressive of social norms and thus is suspect within medico-legal discourse designed to maintain those norms. Carnal pleasure, another form that Bunton and Coveney identify, disorders the body, rendering it a 'grotesque' (Moore, 2008) deviation from the norms of civilised bodies. Thus, pleasure does not provide much of a way to undo the negativity of drug use, since medico-legal discourse, relying on therapeutic approaches, reappropriates pleasure within its existing form and, indeed, turns drug pleasure into an additional force for its underlying stigmatisation of PWUD (see also Lupton 1999; Dwyer 2008; MacLean 2008).

Ultimately, since medical approaches consistently seek to *control* drug use, and pleasure is characterised as a threat to control, what occurs is a further fight over the meaning of pleasure and who determines it. A divide emerges between the representation of drug pleasure within medical knowledge and the perceptions of pleasure held by PWUD (Bohling 2017). Since PWUD are made subjects of medical knowledge through medico-legal discourse (within which legal process enacts compliance), their experiences are repressed or marginalised. Thus, while drug pleasure may offer one way of contesting, or reshaping medico-legal discourse, attempts to introduce pleasure into this discursive battle reveal in fact the real problem which needs to be overcome if more positive subject positions are to be established. Essentially, when considering pleasure, we see a contest between the subjective and diverse experiences of drug pleasures (Farrugia and Fraser 2017a), and the insistence within medical

thinking that pleasure is best known objectively, outside of PWUD's experience, through a focus on pharmacological reward (see Farrugia and Fraser 2017b for a critique of this insistence). There is, therefore, no epistemological coherence because the very act of objective, medical knowledge of the experience of PWUD is the cause of the loss of potential agency and thus of the creation only of negative subject positions for PWUD. Unlike discussions and representations of *legal* pleasure from drugs (such as alcohol) that are widely and publicly available (Szmigin et al. 2008), those associated with illicit drugs are private, transgressive, and often hard-to-find, exclusively limited to the communications and knowledges circulated by and for people who use and distribute illicit drugs. They represent, in part, information poverty (Lingel and boyd 2013), in which people marginalised within dominant discourse have much less information representing their worldview and are suspicious of 'outsider' information. This private realm of the representation and discussion of experience therefore poses much value in the quest to identify positive forms of subjectivity that would materially aid harm reduction efforts (Jacinto et al. 2008).

Online drug forums: seeking new insights into positive subjectivity

Web-based drug forums (also historically called online bulletin boards) are used by PWUD to share experiences, talk about their use of drugs, and engage in commentary of drug policy. These discussions collectively form a kind of alternative way of knowing about drugs that stands in contrast to the knowledge produced within dominant medico-legal discourse. They bring into view ways of knowing that are often repressed or derogated within that discourse in a manner that contests the assumptions underpinning dominant knowledge. Such forums are usually publicly accessible, though not widely popular, have coherent if sometimes tacit regulations, involve moderation and boundary management by administrators and/or forum users, and have implicit rules which structure the legitimacy of the content and interactions. Through this ongoing social process, they come to be more than just 'online talk'. While

mediated by the online environment, they nevertheless constitute *communities* (see Haythornthwaite, 2007). They are places where truths are established, contested, and remade and, more importantly, experience and identity are negotiated in common among peers, and with direct (if not always achieved) attention to safe and inclusive practices.

A key benefit of being part of such communities is that they enable participants to negotiate and understand themselves as subjects, seeing drug use as part of their identity in ways other than those prescribed by dominant medico-legal discourse. They are, in effect, places where new and different subjectivities can be formed and sustained. Such communities, for example, challenge and limit the effects of drug stigma on individuals (Månsson and Ekendahl 2013; Barratt and Maddox 2016). They can promote cultural empowerment for participants by allowing prejudice to be re-imagined (Bosch 2008). This re-imagination is bolstered by ‘intermediaries’ - peer mentors that bridge gaps between persons experiencing prejudice and the institutional authorities with whom they are dealing. These intermediaries often assist by promoting empathy and assisting in the re-framing of negative representations of members (McCosker 2017; McCosker and Hartup 2018). It is in these forums, and the communities which emerge among their participants, that we might look to find ways of knowing drug use that address the negativity inherent in dominant discourse. PWUD in such forums are agents of their own subject formation, thus overcoming the logical construction of passive and stigmatised subjectivity normatively provided by medico-legal discourse.

Approach

This study seeks to identify how, within the way PWUD discuss their drug experiences, we can find a sense of agency and non-stigmatised subjectivity, which are at odds with the negative and disempowering production of identity within dominant discourse. These

positive stories of drug experience can be found at the margins of public discussion of drugs in our society, in the online forums where PWUD form communities of practice through the sharing of experiences in ways that challenge or destabilise normative assumptions. Our source for this research was the widely used and well-known online forum, AusDD, hosted by Bluelight.org, an “international, online, harm-reduction community committed to reducing the harms associated with drug use” (Bluelight.org Mission Statement).

The data from the AusDD forum was obtained first for doctoral research by this paper’s first author (Engel 2020), consisting of 262,395 forum posts, published between 23 October 1999 and 13 October 2016. De-identification of the data made it impossible to determine the number of participants. The dataset was provided by the Bluelight.org administrative team with agreement regarding its intended use. While potential harms could stem from participants’ discussion of criminal or private activities, the immense number of participants made it impractical to obtain consent from each participant. However, participant anonymity was preserved by removing content from the dataset that could identify a participant’s profile, and by altering quotations to ensure that, when placed in Google and Bluelight.org search engines, the relevant Bluelight.org content did not appear in the search results (Enghoff and Aldridge 2019). The authenticity of the data was maintained by including as much of the original content, spelling, punctuation and grammar as possible. As Barratt and Lenton (2010) have argued, participant engagement is an ethical priority when researching forum content, thus empowering participants to respond to the research within which they are involved, and not just subjects of passive harvesting of data. For this reason, after gaining project approval from the Bluelight.org administration team and with the assistance of MB (Director of Research at Bluelight.org), a website, Facebook page and AusDD forum thread associated with the research project were created. The project was approved by the University of Canberra Human Research Ethics Committee (16-146).

The data was analysed using thematic analysis (TA) to examine participants' posts as is common in such research (for example Kjellgren and Soussan 2014; Soussan and Kjellgren 2015). We used Braun and Clarke's (2006) methodology to ensure a contextualised version of TA that allows us to report on how realities are produced by both participants and broader social forces, and how they impact upon one another. We also drew upon ethnography and participant observation methodologies which are less common, but which can generate greater recognition of the benefits of drug use (Móro and Rác 2013).

Credibility of the analysis was assured through range of mechanisms. The first author immersed himself in the research process, engaging in ongoing detailed discussions with co-participants and co-researchers that led to an iterative emergence of the resulting themes through a "collective deconstruction of data" (Dzidic 2010, p. 65). The research included detailed quotations to explicate themes (Charmaz 2004, p. 986). Since three of the four authors were already part of the AusDD community prior to research, there was an opportunity to debate our different understandings of participants' experiences gained through prolonged engagement and persistent observation of this community, and thus enhance the dependability and authenticity of the findings. This debate also permitted a form of peer-debriefing that concurrently took shape as member checking. Confirmability of analysis was enhanced through LE creating an audit trail in which he reflected on the analysis process using iterative-generative reflective practice (Bishop et al. 2002).

A key limitation of this research should be noted. The research focuses on a single Australian forum, which is unlikely to be representative of the views of PWUD in other countries; and does not represent alternative views and voices of PWUD who did not use the AusDD forum.

Results

The TA performed on the extensive, multi-year corpus of online discussions within AusDD demonstrates that PWUD understand and share their experiences in many positive ways, producing the possibility of less negative subject positions than are allowed within dominant discourse. At the same time, we found evidence also of the way these positive stories are written and read by participants within the overall frame of dominant medico-legal discourse. Indeed, the forum itself has operational procedures necessarily conforming to many aspects of dominant medico-legal discourse (such as the prohibition on forum users' glorification of drug use) so as to maintain its existence. Thus, while offering a space for alternative forms of knowing, AusDD is also an experience where PWUD must articulate their personal stories and commentaries on the wider field of drug use and policy *with* the dominant understandings.

The first important story emerging from the forum analysis which shows how PWUD seek to experience and exercise their agency within drug use, concerns benefit maximisation which, as Tupper (2008) has noted, is a means of reframing the negative norms of harm reduction in a manner that does not slip into a simplistic affirmation of drug pleasure, whose problematic consequences we have noted above. Benefit maximisation, while being equally a process of self-regulation (Race 2008), positions PWUD as making a positive step, rather than avoiding a negative one. This different valence is evident in the following story, told by one forum participant:

If I smoke I normally do so habitually for ages and won't realize how messed up I am until I put the gear down. It isn't good and it is one of the reasons I prefer to IV most of the time... I'll have between 50-150mg IV and be as I want to be without thinking about another one till at least 8 hours later. Plus the high is more satisfying, I am

always keen for more when smoking. My goal is not to smoke anymore. Also I get sick every time I smoke but never from IV

The benefits of intravenous methamphetamine use included a reduction in the quantity of methamphetamine consumed, avoidance of compulsive redosing, and nausea/vomiting. Yet these outcomes are understood by the participant as maximising the benefit of more enjoyable drug effects, quite a different way of knowing the experience than dominant drug discourse which characterises intravenous use as the most harmful route of drug administration.

Participants also identified benefits of cleaning or purifying their drugs. One stated:

I created a method I named the Syphon cold water extract. A glass full of pills and water is placed above the collector glass. A wet napkin is rolled length ways, and one end is placed in the pill glass and the other end in the collector glass. This causes a syphon which then drips into the second glass.

This participant discusses codeine extraction from medications containing codeine and acetaminophen or ibuprofen. Consuming codeine without extraction leads to a risk of overdose on acetaminophen or ibuprofen. An additional benefit of this approach is that the content of pharmaceutical codeine combination medications is verifiable, unlike the content of black-market opioids. Once again, their experience is told through a story where the benefit achieved is the focus, rather than how harm is reduced.

A third example again shows how norms of harm reduction can be reframed as positive understandings of having expertise in drug administration:

I have been using the sterifilt for about 2 years now. I have gone through about 2500 of the things and they are terrific. When I inject my "legal substances" I can easily see all the gunk that I used to inject before I got them. There is a big clump of crap at

the sucking end and thank god I learned of them I can only imagine all the junk I would have injected over the last two years without them.

This quote demonstrates open and honest discussion of injecting drugs. In doing so, the participant acknowledges the advantages of a stigmatised type of drug use. By positively reflecting on the advantages of their injection experiences, the participant is able to describe a strategy for reducing injection-related harms and yet in a manner which retains the evident benefit for them of using the drug.

Even where participants were framing their discussion more explicitly as a contribution to harm reduction (and thus, to some extent, conforming to the expectations placed upon them by dominant discourse for self-regulation to avoid negative outcomes), they would re-assert agency by a claim to greater knowledge than permitted within that discourse. Similar to the findings of Lancaster et al. (2015) regarding the unique agency of PWUD in preventing blood-borne viruses in intravenous drug use, the forum consistently demonstrated how participants spoke to their positive agency as enacted in more authority than medical and legal experts of harm reduction. As one participant concluded:

even a quick glance at any government drug education material will show up many glaring errors, misconceptions and blatant lies. most bluelighters could write a better harm reduction pamphlet with proper advice and useful warnings in a single afternoon.

Moreover, while normatively PWUD are characterised as selfish and individuated (in their pursuit of pleasures regardless of *social* norms and consequences), AusDD discussions consistently showed that it is possible to describe and know drug use in a more positive fashion, which asserts the responsibility PWUD take for one another. Counterposed with the negative stigmatisation of *individual* PWUD at music festivals (Toole 2019), one forum participant stated:

I've been to heaps of doofs and the people there do have your back. I don't just mean my own mates, but random groups and individuals, they look out for you. And it's not just when it comes to drugs, it's people's attitude in general towards fostering a supportive environment.

And, indeed, the forum itself demonstrates a similar social concern, through the activities of peer mentors within AusDD. Such mentors may play a key role in connecting peers with health services (McCosker 2017; McCosker and Hartup 2018) but, more than that, they challenge discursive stereotypes that position PWUD as only concerned with themselves by establishing contexts within which PWUD may conceive of themselves as a social formation. The complexity of this possibility, with its attendant negotiation of the risk of being *reduced* to that which discourse demands in the act of attempting to find a positive place within discourse for PWUD, was not lost on one participant:

I don't see it as bluelights job or goal to look good in the eyes of cops, politicians, media, teachers, or any of that shit. We aren't here to change opinions, we are here to give information. I would ask, where is the REAL HR in curbing open and honest drug discussion in the name of the already impossible goal of making this site look respectable to the anti drug community?

Our thematic analysis also demonstrated that positive stories emerged within the forum that might counter the harms of stigmatisation of PWUD, through embracing the positive choice made to engage in drug use and critiquing the normatively negative assumptions about such usage. Confirming Bosch (2008) and Månsson and Ekendahl (2013), we found that the benefit for PWUD comes in part from the subversion of the dominant meaning of key terms in drug discourse, attaching positive value to otherwise-prejudicial words, as in the three following examples:

Do not think of it simply as sharing a drug. Look at it like sharing a sacrament, a piece of the divine, with a person you love and care about.

Okay let's reclaim the word - maybe we could make a line of T-shirts: "Junkies Rock!!!", "Junkie Pride" etcetera.

The drug addiction topic goes straight into the very heart of society. I think people who become addicted to drugs are more spiritually aware than your average person, even though they may not acknowledge it.

Attempts to subvert the discourse also include exhortations to *model* more publicly one's identity as a PWUD. Numerous participants asserted that consuming cannabis publicly while acting in a prosocial manner was an advocacy strategy, with one claiming that:

we should be more honest about it, to say 'yes I'm smoking a joint, and no i don't care that it's illegal because I'm not harming anyone or doing anything wrong ... maybe if more of us politely and respectfully did this (in appropriate contexts) we'd help rectify some of the misunderstandings people have about cannabis.

Another argued that PWUD might pursue or achieve political change through pride in one's identity:

They don't give out rights for free in Australia, you need to demand rights with direct action, look at homosexuality, the anti racism laws, the womens movement etcetera.... these groups needed to put their arses on the line and stand up for their beliefs, but for some reason the cannabis community just turns the other cheek and takes it.

The key themes which we have just outlined, demonstrating the alternative knowledge formations within the forum, can be summarised as follows. First, participants might see *benefit maximisation* as a form of agency that is enacted through skill and self-control, but without necessarily being founded in the negative agency of harm reduction. Second, even

within harm reduction approaches, participants could read from discussions the possibility of the higher authority of PWUD *over* medical experts in enacting harm reduction, because of their intimate knowledge of drug use (rather than that use making them dependent on others' expertise). Third, the forum's inherent and explicit attention to taking responsibility for the safety of others and thus creating sociality among PWUD, destabilises a discourse whose primary focus is on the individual and their dependence. Fourth, participants expressed possibilities for self-empowerment by *reclaiming* otherwise negative descriptions of drug use and PWUD and revalorising them in a way which challenges the assumptions contained within their normal use.

Yet, as we noted above, such stories do not provide a full account of the complexities of speaking positively about drug use when medico-legal discourse normalises the negativity of this phenomenon. The following three examples demonstrate how participants attempted to negotiate this epistemological complexity.

It was common to see how, in the forum, participants discussed drug pleasure as a recognition of the positive subjectivities which their drug use enabled. Yet pleasure might prove a dangerous and difficult way to assert positivity. Participants did indeed touch on, consider and express their pleasure in using drugs, in many ways that conform to our understandings of both the ecstatic and carnal, and also the disciplined and ascetic (Bunton and Coveney, 2011). However, the overall result betrays the tension this strategy involves, given that as we argued above, pleasure's challenge to medico-legal discourse can often simply reinforce that discourse through the recuperation of pleasure into its dominant logic. Drug glorification was seen by many participants as especially difficult, carrying the risk that it reinforces medico-legal dominance:

Don't misinterpret me I am as guilty as anyone when it comes to discussing the pleasures of codeine. It is my opioid of choice. And put simply there is pleasure in

talking about how fucked you were, how fucked up you are about to get, or how fucked up you are in this moment.... or whatever.... but I think there is an INCREDIBLY important argument to be made for reducing the glorification of codeine discussion on bluelight... the less we talk about this publicly the easier to keep things quiet, avoid the media and maintaining the status quo to allow us to keep enjoying our relaxing hobby of choice

To sway the media, we need well presented people with respected social status backing HARM REDUCTION, not PRO-DRUG or pleasure ideologies.

In a different example of the way marginal knowledge formations must take account of the context set by dominant discourse for their reception and propagation, we highlight a debate on cannabis. In this debate, we observed participants attempting to understand and work within dominant discursive approaches, fearing that acts of subversion might produce even more negative consequences, and seeking instead refuge within medical approaches:

US medical cannabis is a 'sham' that allows function under the current framework in place. if a state governor announced 'we're legalising weed, to be sold and consumed everywhere - party time, kids!' the feds would probably send in the army or something. it had to work within some 'legality' framework that doesn't completely contradict the status quo. in terms of pragmatism, the guise of 'medical prescriptions' for people with (broad ranging and possibly vague) 'medical conditions' was the path of least resistance in terms of framework for its classification. The term 'medical' has given a sense of legitimacy.

And, in a final example of the complexity of both challenging but operating within medico-legal discourse, there was stigmatising behaviour within the forum itself, designed in part to justify the positive positions of some, by negating others. One participant wrote:

I might be a habitual MDMA user but I hate heroin users because they honestly don't

give a fuck about anyone...While the parliament wastes taxes on helping junkies they are still out attacking and stealing from people plus injecting places wont change anything cause they still need to get their drugs.'

While AusDD might well provide many ways of expressing and understanding drug use in a more positive fashion, nevertheless participants cannot engage in the community thereby formed without feeling the need to conform to and explore the personal benefits available to them by re-instantiating normative understandings even as their words at other times sought to undo them.

Conclusions

Over many years, both in the AusDD forum that was the focus for this research and in other similar venues, PWUD have asserted positive aspects of their drug use in numerous individual acts of contestation of the negative subjectivity inherent to dominant understandings of their behaviour. Whether claiming the ecstatic, spiritual benefits of drugs, arguing for political activism in favour of drug-law reform, or sharing techniques for improved pleasurable outcomes in drug consumption, each act of telling a positive story, and the way these stories are consumed and shared by other PWUD add up to a collective attempt to frame drug use in ways different to the norm. While we cannot know the outcomes for each individual, we can see in their representations of experiences evidence for the reclamation of a more agentic position for themselves as PWUD and thus can infer that such individuals are attempting to address the stigma which they might feel.

Equally, at an individual level, these stories can, when read by those whom discourse understands as the authorities who determine and enact policies and practices to regulate the lives of PWUD, provide important insights which help destabilise the negative assumptions about PWUD on which authoritative discourse depends. In this case, it is not just the stories

themselves which matter but the evidence for how, in negotiating the complex subjectivity of drug use, people exhibit the kinds of agency and insight into their own condition that might encourage more formal inclusion of PWUD within policy making. PWUD have been increasingly included within the *practices* of drug-use regulation, by being enabled to distribute health and harm reduction information (Lafferty, et al. 2017). However, there is as yet little sense that they are seen as policy participants (Askew and Bone 2019; also Stevens 2018) which, itself, continues to constitute a stigmatisation of PWUD to whom drug policy is applied, rather than being co-produced as is now common in other fields of social policy.

The challenge, however, is to consider whether positive stories might constitute a sufficiently robust contestation of dominant medico-legal discourse. Might they, when taken as a single collective enterprise, transform that discourse in valuable ways for *all* of its subjects and not just some individuals who happen to experience this contestation in a forum like AusDD? In other words, how might individually positive stories of drug use lead to positive and agentic subjectivities that are embedded within discourse and made available through policy and practice? If this were to occur, we would anticipate that the problems of self-stigmatisation, mental illness, increased drug use, and reduced service access and quality which are consequences of the negative part enacted for PWUD within dominant discourse, would be reduced. Equally, while not understating the risks inherent to drug use, a dominant discourse that more demonstrably placed positive value on the contributions of PWUD would provide opportunities, within the operation of that discourse, for increased social capital and wellbeing for PWUD.

However, as is evident within the forum, the discursive work is not easy. Perhaps then the conclusion most relevant to future research and policy development is as follows. The participants in AusDD have often found ways to speak of their drug experiences and

identities in a manner that, despite the strictures of medico-legal discourse, nevertheless provides possibilities for positive, agentic subjectivity. In doing so, they must attend to that discourse, transgressing it, subverting it, and re-articulating it in different forms as they speak from a position of apparent passivity and negativity while simultaneously challenging this position. They show great awareness of the *contingency* of discourse (that its truth is constructed not inevitable); but also continue to have to negotiate with its authority over them. For those people who, within medico-legal discourse, are positioned as the authorities, perhaps the question now must be: how might they learn from the discursive struggles of PWUD and, reflecting on them, become more aware themselves of the contingent and partial nature of the truths on which their authority rests? And from this question emerges an important further research question: in what ways, and with what positive effects have medical and legal authorities actively included PWUD within policy formation and what impact has this had upon *their own* subjectivities as experts on drug use and management?

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