

Report on the 2014 Social Studies of Addiction Concepts Research Engagement Event



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Report on the 2014 SSAC Research Engagement Event

Acknowledgements

The event was funded by Curtin University's Office of Research and Development, the National Drug Research Institute (NDRI) and the Australian Research Council. The SSAC team thanks Carla Treloar for her excellent facilitation of the event. Thanks also to the panel – Jenny Kelsall, Sione Crawford, kylie valentine, David Fanning, Margaret Hamilton and Adrian Dunlop – for their critical comments on issues and priorities in research on addiction concepts. We are especially grateful to Adrian Farrugia for his invaluable help with organising the event. Finally, thank you to Stewart Dugmore and Kiran for the photographs.

This report was prepared by Kiran Pienaar.

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Overview

The inaugural Social Studies of Addiction Concepts (SSAC) research engagement event was held on the 18th of July 2014 at the Multicultural Hub in Melbourne. The event was a great success, attracting over 50 participants from a range of professional fields including policy, law, research, health and consumer advocacy. Facilitator Professor Carla Treloar (Centre for Social Research in Health, UNSW) opened the event with a welcome, an acknowledgment of country and an overview of the event program (below).



Carla opens the event

10.30 Welcome, acknowledgment of country, introductions, overview – facilitator Carla Treloar

10.40 Reports on SSAC program projects and questions from floor

- 10.40 -11.20 Suzanne Fraser
- 11.20 -12.00 Kate Seear
- 12.00 -12.20 Kiran Pienaar
- 12.20 -12.30 Questions

12.30 Lunch

1.00 Panel discussion of research priorities, opportunities, needs – facilitated by Carla Treloar

1.50 Consultation on research opportunities and needs – group work facilitated by Carla Treloar

2.25 Online project communities – demonstration of platform by Kate Seear

2.45 Close and thanks, collection of participation sheets

3.00 Afternoon tea and book launch



Carla encouraged participants to tweet throughout the event using the hashtag #ssac1. The SSAC team was very pleased with the positive feedback and engaged comments received on the #ssac1 Twitter feed. A selection of tweets appear on page 20 of this report.

Reports on SSAC projects

The event began with reports from members of the SSAC team on the six current projects in the SSAC program of research. Program leader, Associate Professor Suzanne Fraser, introduced the program team and gave an overview of its aims and activities.



Suzanne introduces the SSAC program

SSAC program team

A/Prof Suzanne Fraser – program leader, SSAC Program, NDRI

Dr Robyn Dwyer – research fellow, SSAC Program, NDRI (incoming)

Dr Kate Seear – SSAC associate researcher and senior lecturer, Monash University Faculty of Law

Dr Kiran Pienaar – research associate, SSAC Program, NDRI

Mr Adrian Farrugia – research assistant, SSAC Program, NDRI

Ms Elizabeth Normand – PhD candidate, SSAC Program, NDRI (incoming)

Ms Eliana Sarmiento – PhD candidate, SSAC Program, NDRI (incoming)

Ms Judy Chang – MPhil candidate, SSAC Program, NDRI (incoming)

Overview of SSAC research program

Concepts of addiction vary across time and place. Focusing on the field of alcohol and other drug (AOD) use, this program of research takes addiction as its object of study, mapping and monitoring changes in addiction concepts and language in Australia and in select sites around the world. Key questions the research program explores include:

- How is the meaning of addiction re-made in debates about new drugs and new issues such as the rise of online drug markets or ‘the new recovery’?
- How do changes in terminology (such as in debates about ‘dependence’ versus ‘addiction’) affect the way AOD policy is designed and implemented?
- How is addiction depicted in film, television and other popular culture and how do these depictions relate to policy, law and service provision?
- How do individuals experience diagnoses of addiction? How do these experiences, whether positive or negative, inform other aspects of their lives?
- How do new developments in knowledge such as the rise of neuroscientific accounts of behaviour and changes to the Diagnostic and Statistical Manual of Mental Disorders impact on understandings of addiction and responses to it?
- How do medical and public health definitions of addiction relate to legal responses to drug use and vice versa?
- How do public understandings of addiction and representations in the news media contribute to policy and practice?

Drawing on a range of social scientific research methods such as in-depth interviewing, policy analysis, cultural studies, ethnographic observation and international comparative collaborative techniques, this program of research directly informs policy, and helps develop clearer models and more productive approaches for improving AOD-related health and social outcomes in Australia.

Suzanne then reported on three of the projects she is leading:

- **Analysing and comparing concepts of addiction for improved social and health outcomes in Australia**

Funded by: Australian Research Council

Project team Associate Professor Suzanne Fraser, Future Fellowship

- **Concepts of addiction and social inclusion in Swedish and Australian drug policy**

Funded by: SORAD, University of Stockholm, Australian Research Council Future Fellowship and NDRI

Project team

Associate Professor Suzanne Fraser, National Drug Research Institute, Curtin University
Professor David Moore, National Drug Research Institute, Curtin University
Professor Börje Olsson, SoRAD, Stockholm University
Professor Jukka Törrönen, SoRAD, Stockholm University
Dr Mimmi Eriksson Tinghög, SoRAD, Stockholm University

- **Understanding and preventing hepatitis C transmission within sexual partnerships**

Funded by: National Health and Medical Research Council

Project team

Professor Carla Treloar, Centre for Social Research in Health, UNSW, Australia
Associate Professor Suzanne Fraser, National Drug Research Institute, Curtin University
Dr Joanne Bryant, Centre for Social Research in Health, UNSW, Australia
Professor Tim Rhodes, London School of Hygiene and Tropical Medicine
Mr Jake Rance, Centre for Social Research in Health, UNSW, Australia

Next, Dr Kate Seear reported on the two projects she leads:



Kate reports on the projects she leads

- **Regulating addictions: addiction concepts in legal contexts**

Pilot phase

Project team

Dr Kate Seear, National Drug Research Institute, Curtin University
Associate Professor Suzanne Fraser, National Drug Research Institute, Curtin University

- **The rise of steroid injecting in Australia**

Pilot phase – this project is under review with the NHMRC Project Grant Scheme

Project team

Dr Kate Seear, National Drug Research Institute, Curtin University
Associate Professor Suzanne Fraser, National Drug Research Institute, Curtin University
Professor David Moore, National Drug Research Institute, Curtin University
Dr Campbell Aitken, Burnet Institute
Ms Kay Stanton, Educator, Steroid Education Program, Victoria

Dr Kiran Pienaar gave the final report for a project entitled:

- **Experiences of addiction, treatment and recovery: An online resource for members of the public, health professionals and policymakers**

Funded by: Australian Research Council

Project team

Associate Professor Suzanne Fraser, National Drug Research Institute, Curtin University

Associate Professor Renata Kokanovic, School of Social Sciences, Monash University

Professor David Moore, National Drug Research Institute, Curtin University

Professor Carla Treloar, Centre for Social Research in Health, UNSW, Australia

Associate Professor Adrian Dunlop, Hunter New England Area Health Service

Dr Kiran Pienaar, National Drug Research Institute, Curtin University



Kiran reports on the Experiences of Addiction project

Panel discussion of research priorities, opportunities and needs for the study of addiction concepts

Facilitated by Professor Carla Treloar



Panel members from L to R: Jenny Kelsall, Sione Crawford, kylie valentine, David Fanning, Margaret Hamilton and Adrian Dunlop

The next session of the day was a panel discussion of research priorities, opportunities and needs for the study of addiction concepts. Carla introduced the panel, which featured representatives from policy, research, the law and consumer groups:

- Mr Sione Crawford (Canberra Alliance for Harm Minimisation and Advocacy)
- Dr Adrian Dunlop (Hunter New England Area Health Service)
- Magistrate David Fanning (Collingwood Neighbourhood Justice Centre)
- Professor Margaret Hamilton (Melbourne School of Population and Global Health, Melbourne University)
- Ms Jenny Kelsall (Harm Reduction Victoria)
- Dr kylie valentine (Social Policy Research Centre, UNSW)

Each member of the panel commented on what they see as key issues, challenges and emerging ideas that shape the study of addiction concepts. After the panel's remarks, the floor was opened for participants to comment and raise questions. Below is a summary of the main points raised in the discussion.

Professor Margaret Hamilton (Melbourne School of Population and Global Health, Melbourne University)

Bio: Prof Hamilton has worked in the AOD sector for more than forty years doing clinical work, education and research. She was the founding Director of Turning Point in Victoria. She is the former chair of the Multiple and Complex Needs Panel in Victoria and has worked on many boards and advisory groups. She is the Executive Member of the Australian National Council on Drugs (ANCD). She has been a member of the Prime Minister's Council on Homelessness and chaired the Independent Alcohol Review Panel.

Margaret raised the following key issues shaping the study of addiction concepts:

- It is very difficult to **maintain a sense of integrated thinking** in a world dominated by individualism, market forces and siloes in theoretical and practical thinking. In this context, maintaining multiple lenses on the complex phenomena of AOD use and addiction is increasingly difficult. This is evident in the fracturing of interconnected AOD policy realms: a lack of coherence exists between the realms of law enforcement, public health and education.
- Studying AOD use and addiction through multiple lenses involves recognising that these substances produce pleasure and enjoyment, yet also have complex difficulties associated with them, sometimes for the user and sometimes for others.
- There appears to be **little acceptance of humane concern as the necessary foundation for interventions directed at people with AOD issues**. These complex issues are often reduced to questions of cost effectiveness and the measurable benefits of treatment provision.
- **The broader social world has a dramatic impact on the AOD sector**. It is difficult to resist these larger structural forces as they shape funding for programs and research.

Dr kylie valentine (Social Policy Research Centre, University of New South Wales)

Bio: Dr valentine is a Senior Research Fellow at the Social Policy Research Centre, UNSW. Most of her research is on policies that affect disadvantaged children, families and communities, with a particular interest on how sociological ideas and concepts affect policy design in this area.

Kylie commended the projects in the SSAC program for analysing the intersection of AOD policy with other policy areas, e.g. disability, mental health, families and child protection, education and poverty. In relation to poverty, she emphasised the importance of attending to peoples' economic and material resources as these are imbricated in the phenomenon of addiction. She went on to raise the following key issues shaping the study of addiction concepts:

- **Research needs to address not only policy design, but also policy implementation**. The area of policy implementation is endlessly productive and exciting but also frustrating. This is partly because policy is informed by a huge diversity of views and values so it does not represent a single dominant voice. Policies can look very different depending on where and how and by whom they are implemented. Policy has enormous potential to reshape ideas of addiction, especially through the political contests and changes that emerge through it.

- **Pernicious and contradictory ideas about human behaviour and agency operate in Australian policy.** This is evident in the policy areas of Newstart¹ and the Northern Territory Intervention². In the former, individuals are assumed to have entire control over their fate. If unemployed, this must be through their own choice. In the latter, individual choice and agency is so under-recognised that the state is given control over the income of individuals. These policies oscillate between two extreme notions of human agency in which people are seen as having absolute control or no control over their lives, opportunities and environment. Questions of human agency, individual volition and control are particularly important in the study of AOD addiction concepts.

Ms Jenny Kelsall (Harm Reduction Victoria)

Bio: Jenny has worked in the harm reduction sector for twenty years. Jenny's work has been foundational and she was part of the team led by Nick Cross who documented the hepatitis C epidemic amongst drug users for the first time in Australia. She has worked on many peer-based education and research projects in Australia and Asia and is currently the Executive Officer at Harm Reduction Victoria, one of Victoria's leading drug user organisations.

Jenny applauded the SSAC program of research and thanked the team for inviting consumers to give their perspectives. Consumer organisations are important because they give a voice to individual consumers whose views might not otherwise be heard. The points she made about social science research on addiction were:

- **AOD policy and concepts of addiction clearly shape public understandings of AOD issues.** The models and theories of addiction that have popular currency have not served consumers well: prohibitionist policy has produced far more harm to individuals and communities than drugs themselves. The current debate raging around the so-called ice epidemic is a case in point. The attitudes circulating on this issue are fuelling hysteria on the 'ice epidemic' but research is, in the main, not reporting a major increase in ice usage. This is a powerful illustration of how attitudes can dramatically shape public understanding and public policy.
- Happily, we are seeing **a paradigm shift and a move away from prohibitionist drug policies.** The 'war on drugs' is imploding as many more critical voices speak out on its failure to address AOD issues. Drug use is increasingly being conceived of as a health and medical issue, rather than a legal one. Hand-in-hand with this shift has been a resurrection of disease models of addiction. Together, the prohibitionist approach and the disease model frame consumers in binary terms: as criminals or patients. As such, they offer consumers very narrow, simplistic options for understanding themselves. Like the disease model, the recovery movement presumes that people who use drugs are sick people, in need of treatment. But many drug users do not conceive themselves in these normative, medicalised terms.

¹ The Newstart allowance is an unemployment benefit for unemployed people between the ages of 22 and 64. In order to qualify for and continue receiving the benefit, unemployed individuals have to fulfil certain mutually agreed requirements which may include demonstrating that they are actively seeking work, undertaking vocational education and training, gaining paid work experience, participating in a labour market program and, if appropriate, undertaking voluntary work.

² The Northern Territory Intervention (formerly known as the Northern Territory National Emergency Response) was a suite of policy changes to welfare provision, law enforcement, land tenure and work rights. The NTI was directed at Aboriginal people living in the Northern Territory but was passed without consulting them. It introduced a compulsory income management scheme which included such measures as quarantining 50% of welfare payments and 100% of lump sum payments for basic living costs to all recipients in the designated communities.

A/Prof Adrian Dunlop (Hunter New England Area Health Service)

Bio: Adrian is Conjoint Associate Professor at University of Newcastle. His primary role is Area Director and Senior Staff Specialist, Drug and Alcohol Clinical Services at the Hunter New England Health Service. He is also the Chief Addiction Medical Specialist of the Mental Health Drug and Alcohol Program at the NSW Ministry of Health. He has also served on the executive committee of the Australasian Professional Society on Alcohol and other Drugs (APSAD). Adrian is also involved in one of the projects in the SSAC program.

Adrian began by reflecting on **working with AOD clients over the last few decades:**

- **Relationship between clients' understandings of their AOD issues and concepts of addiction:** Rarely, if ever, do people who seek AOD treatment say, 'I've got an addiction' or 'I'm an addict'. Instead, clients cite the problems they're experiencing as reasons for seeking treatment. They use phrases like 'having a habit' or 'being a drinker'. It is worth considering how these self-understandings shape concepts of addiction.
- **Experiences of stigma:** Clients commonly report experiencing multiple episodes of stigma in seeking treatment and accessing the social and welfare system. The continuing stigma of AOD addiction stands in marked contrast to mental health issues, which have been radically destigmatised and have received increased government funding in recent years.
- From a clinician's point of view, an issue shaping concepts of addiction is the **debate that has arisen through the change in terminology in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)**. Adrian finds the language of the International Classification of Diseases (ICD) far more useful in understanding AOD issues than the DSM language.³ It is important to have a category other than dependence to understand peoples' AOD issues. Adrian suggested that the category of dependence has become very blurred in the DSM-5.
- Assumptions and stereotypes about drug use and addiction impact on policy and service provision.

Magistrate David Fanning (Collingwood Neighbourhood Justice Centre)

Bio: Magistrate Fanning is the only magistrate of a community neighbourhood justice centre in Melbourne. David has worked as a social worker, practised as a barrister for fifteen years and was appointed as a magistrate in 2006. He has also worked as a commissioner for children in Tasmania. The Collingwood Neighbourhood Justice Centre, being the one and only in the country, has been successful in reducing crime in the area, reducing recidivism and generating a high level of compliance with community audits.

- David began by giving some background to the neighbourhood justice centre. It was established as a result of the initiative of the then Attorney General in Victoria. As a community court, the centre features some unique aspects in terms of the delivery of justice: 1) It is a small court with one presiding magistrate 2) It serves a specific geographical area, the municipality of City of Yarra with 82,000 people. The City of Yarra was chosen because it is an area of high social disadvantage and has a reasonably sophisticated service network. The establishment of the centre was controversial because some stakeholders thought it would pursue a 'soft on crime' approach and would undermine criminal justice efforts directed at apprehension and detention. Despite this controversy,

³ Produced by the Australian Psychiatric Association (APA), the DSM offers a set of standard criteria for the classification of mental health disorders. The ICD10 is the World Health Organisation's standard diagnostic tool for classifying diseases. The ICD10 model of substance dependence is commonly used by governments for official coding, whilst the DSM model is more often used by health professionals and researchers. The ICD10 diagnoses AOD issues in terms of the criterion of 'harmful use' to cover the physical or psychological harm associated with some AOD use. The DSM-5 categorises AOD issues under the term Substance Use Disorder (SUD) and also involves a normative assessment of the presumed harmful consequences of excessive AOD consumption.

the community was generally in support of its establishment in the City of Yarra. The centre offers a 'one stop shop' for people who have a range of issues, including services for people experiencing AOD issues. The centre has close connections with the service system in City of Yarra. Clients do not need to have a criminal matter before court to access the centre's services. About 10-15% of services are provided to people who, in a sense, 'come off the street'.

- David commented on two key challenges that he and colleagues have observed in addressing AOD issues through the justice system:
 1. **Confusion about navigating the range of services, particularly as services change:** Magistrates deal with 50-100 cases per day and are conscientious about wanting to do the right thing but their high case load makes it difficult to deal with complex social issues. Magistrates are looking for options but these need to be framed in a way that is clear, logical and comprehensible.
 2. **Follow-through and commitment from service providers is needed** to ensure the continuing care and treatment of individuals appearing before court. In making their decisions magistrates need to be confident that the supports are in place for offenders.

Mr Sione Crawford (Canberra Alliance for Harm Minimisation and Advocacy)

Bio: Sione is the manager of the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA). Before that, he worked for nine years at the New South Wales Drug User and AIDS Association (NUAA).

Sione echoed Jenny's comments that the SSAC program of research is really heartening and will go a long way to dealing with some of the issues raised in the panel discussion. He also raised the following issues:

- **Remaking the concept of addiction:** Sione expressed doubts about whether the negative freighting of addiction can be undone. From a consumer's perspective, he noted that every time the term 'addict' is used, it's a 'bit of a dagger through the heart'. Not once has he heard a consumer say 'I'm an addict', without implicitly invoking an experience of disempowerment and helplessness. It is very tricky to reconstitute the meaning of addiction and disrupt its associations with disempowerment, stigma and helplessness.
- **Unintended harms of research:** Consumers have been hurt by AOD research in the past. It is important to talk to them about proposed research, where possible, as they are the ones who have to live with its unintended consequences (however well-meaning the research might have been).
- **Need to capture diverse experiences of AOD use and addiction:** Recruitment for research is often conducted in the most marginalised communities. As a result, most research does not include people who are using safely, have a job and whose drug use is part of rich, functional lives. Conundrum: how do we reach these participants and avoid reproducing only 'disaster stories'?
- Sione then raised some **specific questions for the SSAC research program** to consider:
 - How can the research be translated to the general public to better inform them about AOD use and addiction?
 - What do people really think about drug users? Can more research be done to better understand public opinion and perceptions?
 - How does the law contribute to the stigmatisation of drug users? How does it contribute to more dangerous use?

Summary of key issues

Carla summarised some of the key issues raised by the panel discussion before opening the floor for comments and questions:

- How can policy reflexively address notions of poverty and agency?
- Research needs to pursue methods that ensure diverse stories of AOD addiction are presented.
- Forces shaping the phenomenon of addiction:
 - Popular media
 - Political interference in service provision
 - Discourse and language
 - Intersections across various types of drugs
 - Comparisons with mental health
 - Stigma
 - Assumptions about peoples' lives
 - Confusion about what addiction is in other relevant sectors
 - Legal practitioners' lack of time legal practitioners to address complex AOD issues
 - Damage research can do to those experiencing AOD addiction

Comments and questions

- *Margaret Hamilton:* Sione's comments about the complexities of researching AOD addiction prompts one to ask: Why do we do research? **Margaret argued that we do research to help us imagine and shape the future.** Much of our research is about the 'here and now' and the past. Consequently, it is difficult to get researchers to apply their thinking to ask: 'what future do we want?' This question offers a useful opening for a conversation with AOD user groups about why there is value in them participating in research.
- Policy analysis features prominently across the methodology of many of the SSAC research projects. Policy is about what is funded and not funded, as much as about the content of policy itself. It is **important consider not just the policy documents themselves but what is funded.** Often a disconnect exists between what is outlined in policy documents and what gets funded. kylie responded by reiterating her call for a two-pronged approach to policy analysis:
 - 1. What is in policy? (Analysis of policy content)
 - 2. What does policy actually do? (Analysis of policy implementation and outcomes)Another question to consider is: where does addiction fit within these multiple spheres? She agreed that an enormous gap can exist between policy rhetoric and what actually happens in its implementation. This gap is partly to do with resource constraints and partly to do with the fact that people have different ideas about what constitutes the most important issue facing policy and who should decide on how to address this issue.
- *Kate Seear:* **How does one translate research into practice?** We need to produce critical research that can also be taken up by busy people and inform their practice in useful ways, but how does one do this? David Fanning responded by emphasising that research needs to be readily intelligible and accessible (busy people don't want to wade through a 20 page research article).
- *Margaret Hamilton:* A growing **science of implementation and integration** exists, e.g. the work of Gabriele Bammer⁴ in the AOD area. This body of research brings multiple disciplinary views to the issue of how to translate research into policies and practices. This research recognises that research findings are only one, often minor, part of what informs public policy. What research is best

⁴ <https://researchers.anu.edu.au/researchers/bammer-g>

at is stopping the worst things happening. It is easier to use research to stop something, than it is to use research to initiate sustained social change.

- *Jenny Kelsall* expressed a **concern that policy is not research or evidence-based**. In AOD use, the debate is so emotive and the response from policymakers is often knee-jerk, rather than informed and evidence-based. For example, currently methadone takeaway doses are being unfairly blamed for overdose deaths. The attribution of these deaths to methadone takeaway doses is overlaid with the stigma of pharmacotherapy and the discrimination of drug users. Often a big divide exists between policy and practice.

Carla thanked the panel for an engaging discussion and for highlighting some of the many complex challenges facing the social study of addiction concepts. The SSAC team also extends their thanks to the panel for their critical take on the key issues and priorities for research on addiction concepts.



Participants discuss research opportunities and needs for the study of addiction concepts

Notes on the group-work consultations on research opportunities and needs



Participants discuss research opportunities and needs for the study of addiction concepts

After the panel discussion, participants engaged in group discussions to identify research opportunities and needs for the study of addiction concepts. The groups then reported back on key points that emerged from their discussions:

Research needs and opportunities

Participants identified a need for:

- Research that asks drug users: what are *your* experiences? So much existing research is about *public opinions* of people who use drugs.
- Engagement with 'non-addicted' individuals as well as with those who describe themselves as experiencing addiction. In other words, it is important to incorporate people who do not identify as 'problematic' drug users and whose drug use is part of their rich, functional lives.
- Examination of drug use that is not addictive. How does this compare with supposed addictive use?
- Move beyond fetishising drug use as the core issue for marginalised people who present in services. Often drug use is only one of many issues.
- Better research and advocacy for people in prison who use drugs.
- More research on parenting and drug use, and on interventions targeted at men who use drugs
- Broad, textured descriptions of drug use
- Researchers to read the existing research as much as, or more than, other professions
- Examination of current legal frameworks in ACT and NSW that include provisions for drug-using mothers to have their children removed. In the context of a broader national agenda that seeks to facilitate adoption, these provisions are particularly concerning and raise issues of the gender-based stigmatisation of drug-using mothers.
- Better engagement with consumers, user advocacy groups, and community legal centres

Research translation

How do research findings influence policy? What should researchers do to 'promote' their findings to policymakers?

- Consider how findings translate into policy.
- Address the challenge of presenting complex, critical ideas in short form. Need to capture nuance but also communicate a straightforward, clear message to inform policy.
- Findings must be expressed clearly and be accessible to non-academic readers.
- Findings need to be presented in an engaging, succinct format. This is important to bear in mind as policymakers have to condense and synthesise so much varied research into policy.
- Consider barriers between research and practice.
- Important to tailor presentation of research findings to audience and consider format that will be most suited to audience, e.g. research briefs for translating complex research findings into easily digestible format.
- There is value in different research outputs: consider non-traditional outputs for reaching a wider audience, e.g. mainstream media publications such as 'The Conversation'.

Concepts of addiction

- Consider different concepts of addiction used across Higher Education courses in different disciplines, e.g. Psychology, Nursing, Social Work, Legal Studies.
- Consider concepts of addiction mobilised in school health curricula.
- Consider the way that concepts of addiction shape other aspects of AOD policy (i.e. those not directly concerned with AOD addiction), e.g. ideas about recreational drug use, distinctions between drug use for 'medical' and 'non-medical' purposes.
- Historical shifts in understandings of addiction: Focus on addiction as a social problem, requiring a social policy response, e.g. Ledermann's (1956) hypothesis that a population's mean level of alcohol consumption will influence the proportion of that population experiencing alcohol-related problems. According to Ledermann, heavy drinking cannot be reduced by interventions directed at heavy drinkers alone; interventions must be directed at the general population and should include such measures as reduced availability of alcohol, higher taxes on alcohol and large-scale propaganda. Consider the shift back towards a focus on the individual as the locus of addiction. How does this focus enable attributions of blame and culpability?
- Why does addiction matter? Does it have a reason to exist? What are the reasons for outlawing it?
- Need for a non-medical framework to understand addiction and drug use, e.g. focus on practices and patterns of consumption, rather than on 'drug abuse' and 'problems'.
- Poverty is the fundamental factor shaping any social struggle, including addiction
- The word 'addict' is pathologising and the stigma associated with the term deserves consideration in the program so as to avoid reinforcing this stigma and/or discouraging some potential participants from sharing their experiences. Whilst the term 'addict' is heavily freighted with associations of deviance and pathology, the term 'addiction' is not necessarily as problematic.
- Need to recognise that addiction operates as a powerful explanatory tool for individuals, service providers and policy.
- What does it say about academic researchers that the premier journal in the AOD field is *Addiction*? How can we change AOD concepts if the field is described by researchers themselves in this way?

Methodological and ethical issues

- **Recruitment:** The population that researchers recruit from will shape data, e.g. in-patient facilities, other treatment centres, people who have been through talk-therapies. Need to reflect on how one might reach diverse set of participants through targeted recruitment strategies.
- **Power dynamics:** Keep in mind that drug users participating in research want to please the researcher. They may give answers that they think researcher is seeking. Need to consider strategies for getting beyond first familiar 'script' in interviews and accessing more spontaneous, naturalistic data, .e.g. avoid leading questions and create space where participants feel they can speak freely. Useful resource on 'addiction scripts' is E. Summerson Carr's (2010) ethnography of American talk therapy for drug users, *Scripting Addiction*. Carr offers an analysis of the politics of drug treatment, examining how those in treatment adopt particular scripts to demonstrate they are recovering. In the context of talk therapy for AOD problems, clients use language strategically to gain access to particular resources and privileges.
- What will the research actually be used for? Take care to avoid unintended consequences of research on groups who are the target of research. Sometimes research affects drug users negatively and researchers do not always consider the possibility that harmful effects might emerge from the research itself.
- Consider implications of reimbursing research participants: People from low socioeconomic status (SES) backgrounds who use drugs are over-researched and over-represented in research samples as the monetary reimbursement they receive is an incentive to participate. Often these participants are not clear on what the research is about, making the notion of 'informed consent' problematic. Therefore, there is a need to critically examine the view that addiction is especially severe in disadvantaged communities. The apparent scale of the problem is, at least in part, an effect of the payment model that encourages the most materially disadvantaged users to volunteer to participate in research. This is an example of how research reshapes the phenomenon of addiction.
- Involve consumers in analysis and presentation of research findings
- Avoid repeating the views of 'over-researched' participants (some of whom may have participated in 10+ research projects)
- Deep attachment to interviews in qualitative research but it is a limited way of accessing data. How else might qualitative AOD research capture richly textured data?



Participants discuss research opportunities and needs for the study of addiction concepts

Instructions for participating in SSAC online project communities

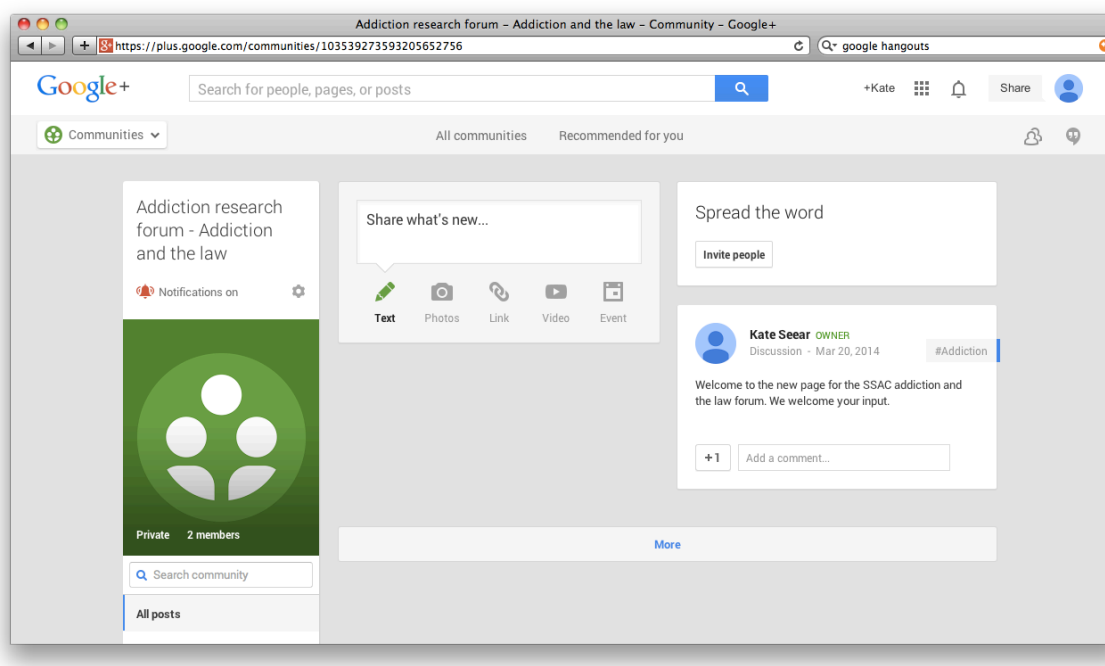
After the group consultations, Kate introduced the SSAC online project communities of interest, through which participants can contribute to SSAC research projects. She invited participants to indicate on the forms in their information packs which project communities they would like to join. Kate then demonstrated the online platform, Google Communities, and explained how to participate:

Step 1: Once you have completed and returned a nomination form (distributed at the research engagement event), you will be contacted by a member of the SSAC team to indicate whether we have been able to accommodate your preference.

Step 2: In order to participate in one of the project communities, you need a Gmail account (or another email account where Gmail is your alias). To set up a new Gmail account, go to the Google Accounts homepage and click on the link to 'Create your Google account': <https://accounts.google.com/>). Once you have done so, let us know your new Gmail address by emailing us at: ssac@curtin.edu.au. If you have already given us details of your Gmail address, there is no need to contact us again.

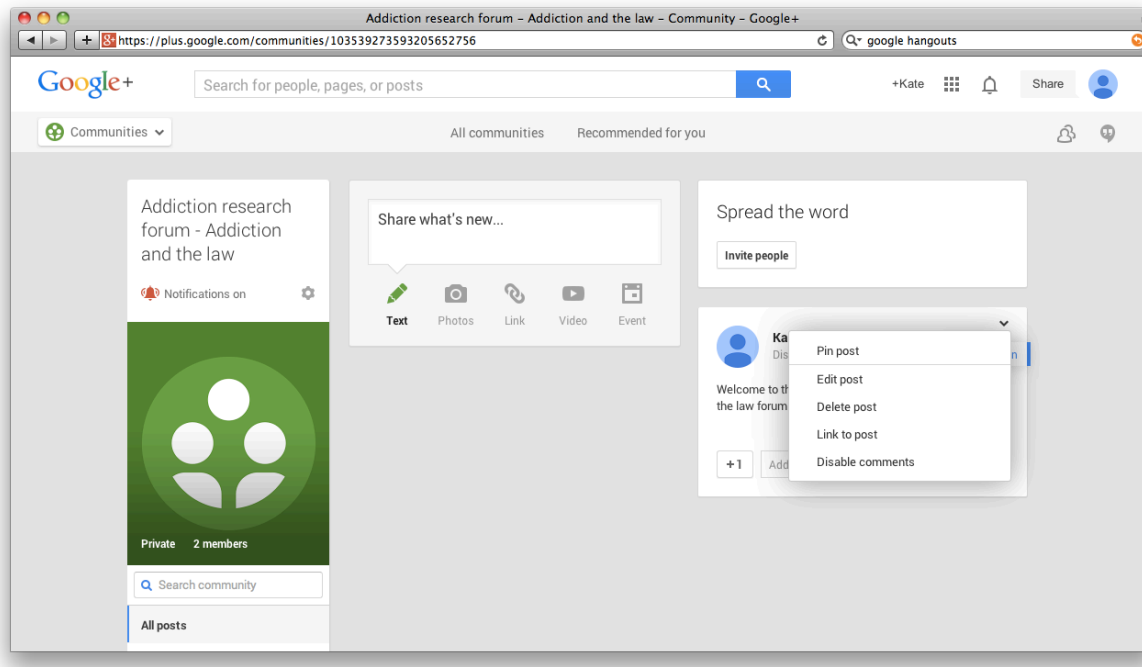
Step 3: Next, you will receive an email invitation from us to participate in the online project community. The communities are run via the 'Google Hangouts' platform. Follow the instructions in that initial email, clicking on the link to activate your account and participation in the online forum. You must activate the link to participate (as these are private online communities accessible by invitation only).

Step 4: Once you accepted the invitation, you will be taken to the home page for the online community. The home page will look something like this:



Step 5: To post content, simply click on the 'Share what's new...' box and enter your comments. You can upload photos or add links by selecting those buttons.

Step 6: If you want to delete something you have posted, click on the top right hand corner of the post, and select the 'Delete post' option, as follows:










Step 7: To make the process as simple as possible, we will contact you when there is a development in one of our projects and we are looking for your feedback.

If you have any questions about the online project communities, please contact us at: ssac@curtin.edu.au.

Thanks again for your participation!

SSAC Team

Twitter snapshot of the event

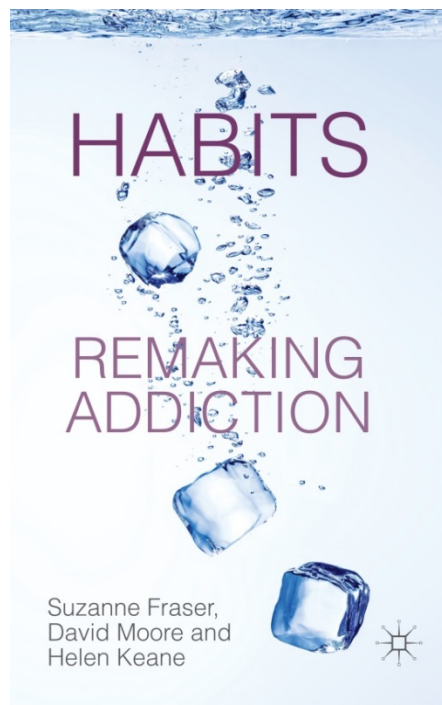
-  “Where is the concept of #addiction heading? How do addiction concepts affect health and well being? #ssac1” (NeuroEthics UQ)
-  “At great workshop on addiction concepts- lots of great ideas and food for thought” (Peta Malins, RMIT)
-  “Important that research on addiction captures a wide range of experiences - including stories of living with & managing addiction” (Addiction Concepts, NDRI)
-  “Adrian Dunlop from HNE #stigma common among people attending treatment for drug use they don't attend saying "I've got an addiction" (Peter Higgs, NDRI)
-  “Margaret Hamilton: the purpose of research is to help us imagine and create the future” (NeuroEthics UQ)
-  “Interesting questions from the floor to the panel around the definition of the word addiction and the word itself. (Julie Rae, ADF)
-  “panel key issues: siloing & incoherence, AOD policy always intersects with poverty, need to get beyond crim/patient binary” (Addiction Concepts, NDRI)



Participants discuss research opportunities and needs for the study of addiction concepts

Launch of *Habits: Remaking Addiction*

The SSAC research engagement event was followed by the launch of a new book by Associate Professor Suzanne Fraser, Professor David Moore and Dr Helen Keane: [*Habits: Remaking Addiction*](#).



Helen Keane, Suzanne Fraser and David Moore, the authors of *Habits: Remaking Addiction*

The book was launched by Professor Robin Room, Director, Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre & School of Population and Global Health, University of Melbourne. Helen

Keane read an extract from the book and David Moore offered thanks and acknowledgments on behalf of the authors. Proceedings were run by Dr kylie valentine, Deputy Director of the Social Policy Research Centre at the University of NSW.



MC Dr kylie valentine opens the book launch



Prof Robin Room launches *Habits: Remaking Addiction*



Helen reads an extract from the book



David offers thanks and acknowledgments on behalf of the authors

What's next?

The SSAC team plans to hold another event of this kind further down the track once our research projects have progressed. You will hear from us soon if you expressed interest in joining one of our online research project communities. A member of the team will contact you to indicate whether we have been able to accommodate your preference to join a particular project community. We will also explain the next steps for participating in the community. In the meantime, you can stay up to date on what's happening in the SSAC program by following us on Twitter ([@AddictConcepts](#)) and checking out our website: addictionconcepts.com. If you have any questions about the report, the groups or anything else to do with the event or the program, please feel free to contact us at ssac@curtin.edu.au.

Thank you very much for attending the 2014 SSAC research engagement event. We look forward to keeping in touch with you through the online project communities and we hope to see you at future SSAC events.