

How does place generate or disrupt alcohol and other drug consumption? Residential relocation in accounts of 'addiction'

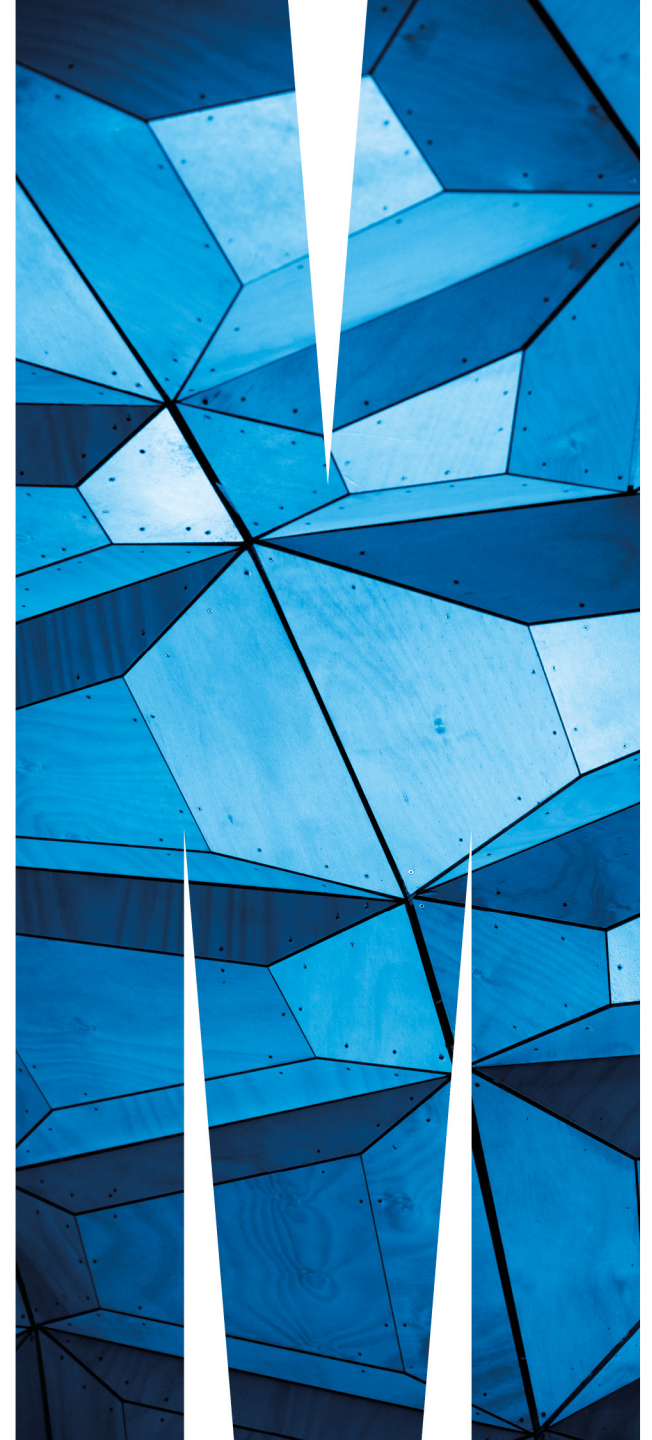
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- How do place and relocation make a difference to alcohol & other drug consumption practices?
- Place often seen as set of environmental influences (e.g. neighbourhood characteristics, access to treatment/resources) or social context (e.g. peer influences, social norms) (Cooper & Tempalski, 2014; Duff, 2011; McLafferty, 2008)
- Environment/context as *static* or *stable* set of social and structural factors (Dilkes-Frayne, 2014)
- Difficulty accounting for change over time, and the effects of moving
- Numerous conceptions of addiction or dependence see repeated consumption as caused from within body or brain of individual (Fraser, Moore & Keane, 2014)
- Relocating then means taking problems with you, but this downplays role of place in generating, maintaining and disrupting use patterns

- 60 in-depth interviews, adults 19-59 years, urban & regional VIC & NSW, who self-identified as having AOD addiction, dependence or habit.
- Iterative inductive analysis. 'Relocation' one theme identified.
- Residential relocation:
 - Moving a common occurrence, majority of participants discussed how residential relocation affected consumption.
 - Varied reasons for moving, some specifically to bring about change in consumption patterns.

Ethan

(Male, 39 years)

“I moved interstate, and that was good for a while. I remember three months of being really excited. It was a new city, I wasn’t using drugs because I didn’t have drug contacts there.”

“At some point, I started going out to clubs, maybe having some E’s [ecstasy], some pills and then I [...] found a contact, or someone who could get speed, and then once I managed to find that I just wanted to get it all the time [...] My addiction just started again [...] It went from working, being able to work, kind of going out and having fun, partying [...to] rocking up late to work, not rocking up at all and so I started losing jobs.”

Barry

(Male, 40 years)

“I try not to put myself in any position where I’m going to, you know, make myself vulnerable. That’s the key thing, is keeping myself safe, and keeping a safety net around me that will pull me up”

“I’ve got a great GP who I can call in and see whenever I want. If I’m not coping, I can ring up and make an appointment and just go in and talk [...Since] I moved up here [...] I’ve done more therapy [...] than I’ve done in the last over-20 years.”

“Because I’m on 90 milligrams of methadone [...taking heroin is] a waste of cash [...] So that’s an extra way of keeping myself safe.”

“I give my mum all my cash and, most of the time, she demands receipts from what I spend my money on, and that works really well.”

- Significance of everyday places and routines for holding patterns of consumption in place, and bringing about change.
- People, services, resources, routines, access to drugs highly place-based.
- Effects of place were not stable but changed over time.
- Attempts to sustain change enabled and constrained by place.

- Need to consider the role of place in bringing about, maintaining and disrupting AOD consumption patterns.
- Need to account for how places and their effects change, particularly in times of relocation.
- Opportunity to consider how places can be integrated into initiating and sustaining change.
- Questions for research and service provision:
 1. How can we incorporate place into efforts to support people to make and sustain change in consumption practices?
 2. How can places be generated to support people to avoid unwanted patterns of consumption?
 3. How can we maintain continuity of care and resources for a mobile populace?
 4. How can we use dynamic nature of place to disrupt patterns?

Thank you

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www.healthtalkaustralia.org

www.livesofsubstance.org

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