



Consumer accounts of 'addiction', health and well-being: Implications for policy and practice

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INTRODUCTION



Science, policy and popular discourses:

- Alcohol and other drug (AOD) addiction = antithetical to health and well-being
- Indifferent to health and well-being, or lack knowledge or desire required to maintain them.

Binary opposition struggles to attend to rich and varied health perspectives/experiences articulated by those living with ‘addiction’, ‘dependence’ or ‘habit’.

These offer fertile ground for rethinking strengths and capacities of consumers, as well as untapped resources for responding to harm.



APPROACH AND METHOD

‘Addiction’ and ‘health’:

- Multiple, contingent and relational phenomena

Comprise a range of forces and elements:

- Substances, knowledges, technologies, bodies, practices, affects

Examine forces and elements implicated in complex relations between addiction and health.

60 in-depth interviews:

- Active screening to recruit those who meet criteria for ‘addiction’ diagnosis



INTERVIEW THEME 1: Opposing addiction and health/well-being

Accounts of drug use and addiction include:

- Legal problems
- Relationship struggles
- Feelings of inauthenticity
- Misallocation of money and other resources
- State intervention in child custody



Renee talking about her ice consumption:

Addiction, [it] doesn't matter what sort of addiction,
an addiction is really unhealthy.

(female, 35, works in hospitality)



Angelo talking about his drinking as a ‘problem’ and ‘bad habit’:

I think for my overall health and well-being, it’s better to not have any alcohol at all [...] I want to be able to say, ‘Hey, I don’t drink’ and not feel bad about that, and not have a secret drinking problem or something like that.

(male, 35, works in construction)



Lala positioned her cannabis ‘dependence’ as unhealthy:

I think for me the [cannabis] smoking is probably my biggest health issue or my biggest thing in my life that [...] makes me think, ‘what are you doing?’ Like, ‘what’s this about? Why all this energy towards this? What about the other things in your life? What a waste of money, what a waste of time, what a waste of consciousness, like, what the fuck’, you know?

(female, 35, works in health)



INTERVIEW THEME 2: AOD use co-exists with health and well-being

Accounts of drug use and addiction include:

- Following dietary, sleeping and exercise regimes
- Balancing work routines and AOD use
- Identifying personal role models and setting goals
- Maintaining social relationships
- Pursuing a range of personal interests



Harry talks about taking breaks from regular methamphetamine use in order to ‘recover’:

After a while speed will wear you down, particularly if you're doing the sort of work I do, which is shift work, which can constitute like 70, 80 hour weeks and stuff like that. It's very convenient, a very useful drug in that regard [...] But at the same time, it will bugger you over a period of time.

(male, 52, works in arts sector)



Artemis talks about managing health alongside his drug ‘lifestyle’:

I actually think, again, this is going to sound fairly wanky, but I’m in quite good physical health. I go to the gym five days a week, as every gay man in [this city] is expected to do. I have endurance, I run, I cycle, I play tennis regularly, I swim [...] I know the best thing I can do for my brain is to keep my body as healthy as possible.

(male, 28, works in education)



Lucy talks about strategies to enhance health and well-being alongside her cannabis ‘habit’:

I write, I play netball, I walk all the time, walk my dog. I’m pretty active. Yeah, I like to go bush walking. [...] I used to be really lazy but I definitely eat better now, because I mean, I’m getting older. You[‘ve] got to be more conscious of these things [...] I sometimes do meditation at the local Buddhist centre, because I know that’s good for me, because I do tend to get a bit frazzled [laughs]. Sometimes, when everything is going on, it’s nice to relax.

(female, 34, studying)



INTERVIEW THEME 3: AOD use as active force in achieving health

AOD drug consumption:

- Not a source of ill-health, disease, pathology, disorder or compulsion
- Force active in the pursuit and achievement of physical and mental health and well-being



Zadie describes how AOD consumption features in strategies supporting health and well-being:

I like to look after myself, my physical health and my mental health. And I know what works for me [...] I know when I need to spoil myself and go buy some great new clothes, and I know when I need to just take myself bush and turn the phone off for four days, and I know when I need to just take a break from reality and go tripping [laughs] or have a nice, relaxed, fluffy week on heroin. I actually see that, for me, as a part of my self-care for my physical and mental health, you know, because the tension of life and everything can just build up otherwise.

(female, 33, works in health)



Callum on how daily cannabis smoking alleviates painful back injury and helps him to be a productive citizen:

When I get to bed at night, due to the fact that I have crushed T12 vertebrae, I find that if I don't smoke, I just have problems getting comfortable in bed. But if I do smoke, there's no problems. I'm a basic, normal, functioning human being [...] So I threw out the medication [the doctors prescribed], and just continued to smoke weed through my whole recovery, and I believe it's helped me be a more functional human being.

(male, 36, studying)



REAL ADDICTS?

Participants: carefully screened for those who met ‘addiction’ criteria

Diagnostic and screening tools:

- Most regular, heavy drug consumption falls within purview
- Flawed:
 - validation processes
 - claims to independence and objectivity
 - logics and assumptions

‘Erase the complexities and subjective interpretations of individual experiences’ (Dwyer & Fraser, 2016, p. 1)



CONCLUSION (1/2)

Science, policy and popular discourses:

- Evacuate from category of 'addiction' those who care for health while also using drugs heavily and regularly.
- Excise 'addiction' from definitions of 'health' and 'well-being'

Addiction not singular; nor is health.

Understand addiction as necessarily antithetical to health and well-being excludes much that is actually *part of it*.



CONCLUSION (2/2)

Need more nuanced, effective responses that:

- Do not treat drug consumption as necessarily inimical to health
- Support people to maintain health and well-being
- Recognise consumption in *relational* achievement of health and well-being
- Consider how health and well-being can become a greater part, or effect, of consumption practices

Rethink strengths and capacities of those who self-identity as living with addiction, and consider untapped resources for responding to the harm



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