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Research paper

Articulating addiction in alcohol and other drug policy: A multiverse of habits

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ABSTRACT

Concepts of addiction differ across time and place. This article is based on an international research project currently exploring this variation and change in concepts of addiction, in particular in the field of alcohol and other drug (AOD) use. Taking AOD policy in Australia and Canada as its empirical focus, and in-depth interviews with policy makers, service providers and advocates in each country as its key method ($N = 60$), the article compares the addiction concepts articulated by professionals working in each setting. Drawing on Bruno Latour's theoretical work on the body and his proposal for a better science based on the 'articulation of differences', it explores the accounts of addiction offered across the Australian and Canadian project sites, identifying a shared dynamic in all: the juggling of difference and unity in discussions of the nature of addiction, its composite parts and how best to respond to it. The article maps two simultaneous trajectories in the data – one moving towards difference in participants' insistence on the multitude and diversity of factors that make up addiction problems and solutions, and the other towards unity in their tendency to return to narrow disease models of addiction in uncomfortable, sometimes dissonant, strategic choices. As I will argue, the AOD professionals interviewed for my project operate in two modes treated as distinct in Latour's proposal: in turning to reifying disease labels of addiction they take for granted, and work within, a 'universe of essences', but in articulating the multiplicity and diversity of addiction, they grope towards a vision of a 'multiverse of habits'. The article concludes by addressing this tension directly, scrutinising its practical implications for the development of policy and delivery of services in the future, asking how new thinking, and therefore new opportunities, might be allowed to emerge.

It has been observed many times that the concept of addiction is an effect of its times, that it emerged alongside Western Enlightenment notions of rationality and autonomy. If we did not value reason and autonomy so highly, if we did not have faith in the possibility of our rationality and independence, we would not so strongly fear a state defined as the opposite of these things – as irrational and dependent (Fraser, Moore, & Keane, 2014; Sedgwick, 1993). In this sense addiction and modern society have made each other, even as each undergoes change. This article is based on a research project aimed at exploring the concept of addiction and its variations and changes, in particular in the area of alcohol and other drug (AOD) use. The arms of the project reported on here focus on AOD policy and service provision in Australia (two states: New South Wales and Victoria) and Canada (one province: British Columbia). Data collected in these sites comprises interviews with policy makers, advocates and service providers in each country, and focuses on questions about the addiction concepts at play in their work. Drawing on Bruno Latour's theoretical work on the body and his proposal for a better science based on the 'articulation of differences' (2004a), the article explores the accounts of addiction offered across the two project sites, identifying a shared dynamic in both: the juggling of difference and unity in discussions of the nature of addiction, its composite parts and how best to respond to it. In doing so, the article maps two simultaneous trajectories in the data – one moving towards difference in participants' insistence on the multitude and diversity of factors that make up addiction problems, and the other towards unity in their tendency to return to narrow disease models of addiction in uncomfortable, sometimes dissonant, strategic choices. As I will argue, the AOD professionals interviewed for my study operate on two planes treated as distinct in Latour's proposal: in turning to reifying disease labels of addiction they take for granted and work within a 'universe of essences', but in articulating the multiplicity and diversity of addiction, they grope towards a vision of a 'multiverse of habits'. The article closes by speculating on

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measures through which this paradox may be addressed such that more effective responses to drug use can be identified and implemented.

Background

In Australia as elsewhere, alcohol and other drug consumption is understood to be the origin of a range of serious health and social problems. Governments have responded to this formulation of the place of AOD use in societal ills by devising a wide range of prevention, education and treatment measures, all of which are the subject of intense scrutiny and controversy. This article will focus on perhaps the most contested of all concepts at work in Australia's state response to AOD use, namely 'addiction',[1] seeking to illuminate these concepts by examining Australian understandings alongside those found in another national setting, Canada. The research is based in a body of critical scholarship that has traced the historical development of notions of addiction in the West. According to Redfield and Brodie (2002: 2), who draw on the earlier work of Robin Room (e.g. 1983, 2003) and others, regular heavy drinking is a key starting point for tracking addiction concepts. They note that heavy drinking went un-labelled as 'addiction' for centuries prior to the emergence in the late 18th and early 19th centuries of the necessary political conditions for the generation of the label. After 'alcoholism' or alcohol addiction were identified, opium use also began to be framed in terms of addiction. This relatively short history is also reflected in the legal treatment of drugs. Not until the 20th century were any drugs criminalised in the US, Great Britain and Australia. This criminalising reflex can be seen as developing out of two key conceptual sources: (1) powerful typologies of deviance generated by the emerging post-Enlightenment disciplinary society (and the associated rise of the 'psy' disciplines such as psychoanalysis and psychology), and (2) the simultaneously emerging ethos of consumption (Fraser et al., 2014; Redfield and Brodie, 2002; Room, 2003). This confluence of pathologising categories and expanding consumption provided a rich basis for the rise of notions of pathological consumption or addiction. Indeed, the 20th century not only embraced the idea of addiction: it produced it in myriad forms (Sedgwick, 1993). This context of addiction rarely surfaces in contemporary policy and practice debates on drug use and addiction. Yet assumptions about the nature of addiction saturate this debate, often helping to produce the very stigma and disadvantage AOD policy and practice aim to address (Fraser & valentine, 2008).

In keeping with the observation that addiction is socially and historically specific, this article explores two different national contexts: Australia and Canada. Both countries were early adopters of harm reduction (Ritter & Cameron, 2006), and both are regularly ranked highly in overall standard of living (Harchaoui, Jean, & Tarkhani, 2003; Tiffen & Gittens, 2004) while sustaining significant pockets of marginalisation and disadvantage in relation to drug use (Penington, 2010; Ritter, Lancaster, Grech, & Reuter, 2011). The similarities between the two nations suggest they have a lot to learn from each other, yet AOD-related research collaboration and exchange of information and best practice activity is extremely limited.

The differences between the two countries – for example Canada's bilingualism, its much higher estimated rate of HIV among people who inject drugs (Ritter et al., 2011: 26), its shared border with the US, and each nation's different engagements with their indigenous populations and the AOD issues found in indigenous communities (Gray & Saggers, 2009) – also offer important opportunities for learning and exchange. For example, Sydney and Vancouver both host supervised injecting facilities which emerged out of extended, at times bitter, processes of political contestation (Gandey, 2003; Rance & Fraser, 2011; Strathdee et al., 1997; Yamey, 2000; van Beek, Dakin, Kimber, & Glimour, 2004), but manage and respond to public scrutiny differently. These differences reflect different contexts in which addiction is understood, and suggest different responses to ideas of addiction (Tempier et al., 2009). To date no literature has been produced that could illuminate these differences, or the similarities the two countries share, and the opportunities they offer to the AOD field (Kimber, Dolan, van Beek, Hedrich, & Zurhold, 2003).

In keeping with these broad dynamics, Australia's and Canada's national drug policy documents also show similarities and differences. This article cannot undertake a comprehensive comparative analysis of these documents (some analysis of the Australian policy can be found in Moore, Fraser, Törrönen, & Eriksson Tinghög, 2015), or of the various policies in place at state and province level in each country, but a few key observations are worth making about the two national strategies as they offer insights into the concepts, practices and structures relating to drug use and addiction at work in each country. It is notable that the current Australian *National Drug Strategy* (2010–2015) takes a relatively broad approach to its subject in that it includes tobacco and alcohol in its remit. Doing so is significant because it signals a certain liberal inflection in that it presents the consumption of drugs currently stigmatised as scandalous or shameful (i.e. illicit drugs such as heroin or methamphetamine) as profitably discussed alongside the consumption of drugs currently treated as normal (i.e. alcohol). Also, the Australian document adopts the language of dependence rather than addiction, signalling, at least in Australian discourse, a medical approach and the implicit goal of reducing stigma around drug use. The Canadian document differs from the Australian in immediately obvious ways: entitled *The National Anti-Drug Strategy* (2007), it articulates an overtly normative position on drug use from the outset and, indeed, it aims only to cover illicit drug use. Its language is that of addiction *and* dependence, however, and overall the document, ratified after what Wodak (2008) has identified as a conservative turn in Canadian drug policy, strikes neither a consistently liberal approach nor a consistently conservative one. In both documents, however, irrespective of terminology, and bearing in mind that both also canvass a range of other important AOD-related issues (binge drinking, child welfare, drink driving and so on), addiction presents as a stable, unified object, able to cause other problems (such as to 'motivate' crime, in Canada) and demand responses (notably 'recovery', in Australia).

Literature review

While little comparative AOD research has been conducted on Australia and Canada, a significant body of work explores AOD policymaking in each country separately. The literature closest in focus to my work here is qualitative in approach, and covers

[1] Heavy regular drug use is often problematised and given a label. The most widespread label in the Anglophone world is 'addiction'. This is a popular term as well as a specialist one – it has both technical and everyday currency. In Australia and in some other countries, health specialists and medical practitioners often prefer the term 'dependence', arguing that its medical cast is less stigmatising than addiction. In the US, addiction is more widely used and is the term of choice for the influential National Institute on Drug Abuse. The study on which this paper is based uses the broader term addiction as it is concerned not only with the medical or public health concepts but with the broader circulation of ideas and values associated with it. In this article my focus is mainly on questions about the phenomenon to which both terms refer. Does it exist? What is it? How should we respond to it? While some participants explain they prefer one term or another, it is always clear in the interviews that we are discussing the same phenomenon, and that, aside from one or two references to the narrower concept of 'physical dependence', the difference between the two labels relates to the politics of their reception rather than to the object to which they refer. In this article I use 'addiction' due to its broader salience.