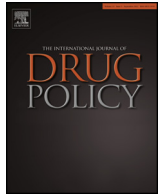




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### Commentary

## Assemblages, territories, contexts

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#### ABSTRACT

Human geographers have been at the forefront of efforts across the social sciences to develop “assemblage thinking”, applying and extending this model in a series of highly original empirical studies. This commentary assesses some of the conceptual, methodological and procedural implications of this research for contemporary drug studies. I will argue that the most useful way of approaching assemblage thinking in the analysis of drug problems is to focus on the ways assemblages draw together social, affective and material forces and entities. I will briefly review these three nodes before indicating how their analysis may inspire novel empirical assessments of drug assemblages. I will conclude by exploring how the assemblage may replace the ‘subject’ and ‘social context’ as a discrete unit of analysis in drug studies.

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As an object of social science inquiry, the consumption of alcohol and other drugs (AOD) is almost always situated as a *problem* with specific personal, social, economic and political consequences. This is as true of epidemiological research that seeks to clarify the incidence and prevalence of AOD use and its sequela in a given population, as it is of social research that seeks to understand this consumption by way of its cultural and political aspects (Fraser, Moore, & Keane, 2014). What these approaches share, beyond the articulation of particular kinds of health and social problems, is an epistemological commitment to the ontological separation of individuals from the social contexts, and the differentiation of drug objects from cultural practices of consumption. Each approach acknowledges the role of social factors in shaping how alcohol and other drugs are used, as well as the problems associated with this consumption, and so each approach is left with the challenge of explaining how these factors *actually mediate* consumption in particular instances (Fitzgerald, 2015). Bruno Latour (2005:219) calls this the problem of “action at a distance”. How, in other words, do social factors held to be distal or remote from events of AOD use – examples may include cultural norms that govern consumption practices, public policy arrangements, legislation and its enforcement, drug market dynamics or economic fluctuations – actually transform the ways substances are consumed in a given setting? It is

not enough, Latour adds, to identify associations between these phenomena at a population level. This only yields a probabilistic logic in which factors are more or less likely to mediate AOD use. What is needed is a method for tracing how diverse actors, both distal and proximate, actually intervene in events of AOD use and somehow make a difference (Duff, 2013).

One way to do this is to dispense with the notion of distal and proximate actors altogether, to rescind the ontological separation of behaviours from their social contexts, and to revoke the idea of discrete actors and forces mediating each other’s behaviour. As Gomart and Hennion (1999) would have it, the aim is not to look at ‘who acts’ but ‘what occurs’. This paper examines the extent to which emerging notions of “assemblage thinking” (Marcus & Saka, 2006) may assist with this goal, and the ways this thinking may then be applied to studies of alcohol and other drugs. To this end, I will briefly review recent applications of assemblage thinking in human geography (Anderson & McFarlane, 2011) for insights into how this approach may inform novel investigations of AOD use. However, I will start by clarifying what I think the major benefits of adopting this approach may be for studies of AOD use.

#### The assemblage as a novel unit of analysis

It should prove useful to introduce assemblage thinking by way of its contrasts with more conventional methods of social science inquiry, and their adoption in contemporary drug studies (see Duff, 2014). Consider the following account of a young person’s AOD use, and its temporal and spatial trajectories:

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Simon began drinking at 14 following the divorce of his parents. He goes to live with his Dad who is often absent from home. He sees his Mother and sister rarely. Most of his friends drink heavily too, although Simon often drinks alone. Simon begins having problems at school, turning up less frequently, preferring to hang out with friends in parks. He starts smoking cannabis and is soon offered ice [methamphetamine]. At 17 Simon is hospitalised following a violent incident at a party. He presents for drug treatment.

This account is drawn from an ethnographic study of methamphetamine use conducted in Melbourne, Australia (see Duff & Moore, 2015). Ordinarily, this report might be read as a reasonably coherent statement of 'Simon's' drug problem (or problems given the appearance of several individual substances in this account), and some of the factors that might be said to have mediated this problem, perhaps even caused it. Reflecting the purview of its method of articulation, several factors are jumbled together in this account of Simon's AOD use; the divorce of his parents, a change in his domestic arrangements and the subsequent estrangement of Simon from his mother and sister, possibly his father too; a change in Simon's peer networks as he disengages from school; the prevalence of heavy, episodic alcohol use in his peer group; the initiation of methamphetamine use and a violent incident at a party; Simon's enrolment in drug treatment. Conventional social science analysis of these data would likely concentrate on Simon's consumption of alcohol and his rapid transition to cannabis and methamphetamine use, such that Simon becomes both the *locus and subject* of a discrete drug problem. Simon has a drug problem and so he presents for drug treatment. While several factors in Simon's social context apparently contribute to this problem – such as the breakdown of his parent's relationship, changes in Simon's domestic arrangements, or the effect of widespread AOD use in his peer group – the focus must remain with Simon given that he is the one receiving treatment for his problems. Always, conventional analysis is drawn back to the subject, given both its methodological familiarity and its apparent liability to correction.

So what of the various social factors described in this report of Simon's drug problems? These factors are normally granted some mediating role, with the predilections of theoretical preference determining which receive the greatest salience. Perhaps the divorce of Simon's parents demands the greatest attention in this regard, or the normalisation of recreational drug use in Australian youth cultures, or problems with public schooling in Victoria. The point is that conventional analyses of AOD use make a series of attributions of agency in problematising particular kinds of behaviour (Fraser et al., 2014). First, (human) subjects are ascribed particular kinds of effective agency (capacities for action, intentionality, purpose, volition, and so on), and then broader social and/or political factors are accorded their measure of mediating force. The latter may include social factors or cultural norms within peer groups, trends in parenting and changing attitudes towards AOD use, shifts in drug markets with subsequent changes in the availability of specific substances, or changes in the ways schools respond to the incidence of drug problems in the student body. These factors ostensibly mediate the incidence of problems – they make a difference somehow – and so each may be said to have some measure of agency. Yet no matter how much these contextual or structural factors are said to mediate patterns of AOD use, attention is inevitably drawn back to the subject of this use as the primary ground of the articulation of drug problems. *Individuals have drug problems after all.* This tendency may be observed in virtually all prevailing analyses of drug use, popular and more technical, from self-help and 12 step narratives, to popular discourses of addiction, contemporary neuroscientific

accounts of psycho-pathology and sociological renderings of the social contexts of consumption (Fitzgerald, 2015; Fraser et al., 2014; Keane, 2002). All reify the subject of consumption, even as they endorse the role of select social factors in this use.

For all the effort to highlight the manifold risk environments (Rhodes, 2002) that subtend drug problems, little progress has been made in articulating how these environments may be transformed to act differently, to reduce risk and to reduce the incidence of drug problems. This lack of progress, incidentally, is less the fault of scholars interested in developing such lines of inquiry, and more a reflection of the scale of the challenge. So engrained is the habit of treating individual human subjects as the agents of their own biographies, as the authors of their own choices, it appears that no amount of attending to the dynamics of power, social structure or context is ever enough to overcome it. As a result, when it comes time to account for what might be done about problems like AOD use, it is almost always the individual agent that receives the greatest attention (Fraser et al., 2014; Weinberg, 2013). The agency individual's exhibit is familiar, and the social sciences have recourse to varied technical apparatuses for identifying this agency and tracing its effects (Latour, 2005). The agency of nonhuman, or "more-than-human" forces such as contexts or power, is much more difficult to articulate and investigate empirically (DeLanda, 2006). While the social sciences abound with reports of the force of social factors, agreement about how these forces act, and how they may be made to act differently is rarely obtained (Duff, 2014). Social scientists talk about the force of context, but scarcely know how to change it.

I want to argue in this paper that one of the major reasons for this difficulty is the intransigence of the ontological and epistemological foundations on which it rests. For as long as individuals are abstracted from their practices and relations – for as long as the individual subject of AOD use is held to be ontologically separate from and prior to the contexts of this use – it will always be easier to defer to conventional understandings of the force of human agency, and to therefore make individuals mainly responsible for the events that befall them. As a result, analysis of the social dimensions of phenomena such as AOD use will always struggle to match the sophistication, popular awareness and political utility of accounts that privilege the agency and responsibility of the individual subjects of this consumption. A quick scan of popular understandings of addiction, and their foundations in both 'natural' and 'social' scientific problematisations of drug use, ought to be enough to carry this claim (Fraser et al., 2014; Keane, 2002). This is precisely the ontological, political and empirical challenge that the assemblage addresses; how to account for *all the factors*, human and nonhuman, individual and social, that mediate or transform a given phenomenon? (DeLanda, 2006) Assemblage thinking starts by dismissing the ontological differentiation of subjects and objects, individuals and contexts, and focuses instead on how action or agency is generated in encounters. From this perspective, there is simply no such thing as an individual body or subject, and no such thing as a reified social context, for these phenomena are always, already a function of many different things acting together (DeLanda, 2006). It is for this reason that Deleuze and Parnet (1987:51) conclude that "the minimum real unit is not the word, the idea, the concept, or the signifier, but the assemblage".

Responding to these provocations is the main objective of all "embodied and affective geographies" (Jayne, Valentine, & Holloway, 2010) of alcohol and other drugs. The goal across these emerging geographies is to account for what actually happens in a given event of AOD consumption, who or what acts in and through these events, and the complex or "emergent" causalities that might explain the incidence and prevalence of either safer or harmful events of consumption (see Dilkes-Frayne, 2014; Race, 2014).

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