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Looking beyond harm: meaning and purpose of substance use in the lives of marginalized people who use drugs

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ABSTRACT

Substance use among marginalized populations has historically been constructed as a social problem to be managed, cured, and eliminated. Much social science research concerning drug use among marginalized populations focuses on risks and harms, with little attention to positive aspects of substance use. In this paper we explore positive roles of drugs/drug use among marginalized people who use drugs. We draw on in-depth qualitative interviews conducted with 50 people who use drugs in Vancouver's Downtown Eastside neighbourhood. Forty-three participants reported positive aspects of drug use. Participant narratives revealed four main themes regarding the role and function of drugs and drug use in their lives: (1) pain relief and management; (2) alleviating mental health issues; (3) fostering social experiences; (4) pleasurable embodied experiences. Our findings show that despite known negative consequences of substance use, in many ways drug use was beneficial for these individuals. Our study demonstrates that given the opportunity, meaningful and useful conversations that shed light on why people take drugs is possible. By understanding why marginalized individuals choose to consume the drugs they do we can begin to engage in truly helpful conversations about how to reduce drug-related harm.

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Introduction

Substance use in Western nations among marginalized people who use drugs (PWUD)[1] has historically been constructed as a social problem shaped by moral concerns and cultural norms of psychoactive substance use. As a social problem, drug use among marginalized individuals is seen as something to be managed, cured, and eliminated through treatment, intervention, policy, and policing. When problematized, the public at large as well as many researchers appear unable (or forget) to ask about the place of drugs/drug use in marginalized peoples' lives, and instead focus on associated risks and harms. Subjective accounts of substance use, especially in marginalized populations, tend to emphasize the variety of problems that result from using drugs (e.g. violence, criminal activity, and a host of social and health harms), with positive coverage limited to the success of drug treatments and interventions. Approaching substance use from this perspective leaves little room for individual agency, rational choice, and understanding of the potential benefits of substance use for the individuals involved. As O'Malley and Valverde (2004) remark in their discussion of drug consumption and pleasure, reasonable motives for problematic activities such as drug use are silenced and denied. Consequently, certain substances (e.g. heroin, crystal methamphetamine) and people that use them (e.g. homeless individuals, 'street youth') are criminalized and stigmatized. This lies in stark contrast to both medically-prescribed use of similar, or often the same, substances (Baldwin, 2000; McQuay, 1999), and cultural norms of pleasurable substance use (Parker, Aldridge, & Measham, 1998).

Nearly three decades ago, Moore (1990) laid out a number of criticisms of Australian drug researchers (see also MacLean, 2005) noting among other things a lack of attention to the social context of substance use, the tendency to pathologize drugs and the people who use them, and misrecognition of concrete benefits of drugs/drug use for PWUD. For the most part, these criticisms remain valid today and extend to the international arena of substance use research in general, and in particular when concerning substance use among marginalized PWUD. Social, psychological, and epidemiological research continues to primarily report on the harms associated with substance use. Indeed, inputting the search term "illicit drug use" in various academic databases (Google Scholar, PubMed, Web of Science, Social Sciences Abstracts) results in the identification of articles with words such as 'delinquency', 'abuse', 'consequences', 'violence', 'disorders', 'dependence', 'risk', 'problems', 'infection', and 'comorbidity' in their titles. Such research paints an incomplete picture of the lived experience of marginalized PWUD.

At the same time, as per Moore's (1990) astute observations, there have been appreciable gains in our understanding of how contexts shape substance use among a variety of populations in different settings, particularly among critical

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drug research scholars. For example, physical settings have been shown to influence non-medical use of prescription opioids among young adults (Yedinak et al., 2016), increase 'problematic' drug use among street youth (Fast, Small, Wood, & Kerr, 2009), and shape drinking practices among university students (Wilkinson & Ivsins, 2017). Similarly, social networks have been found to influence cocaine use among gay and bisexual men (Fazio, Hunt, & Moloney, 2011), and shape drug injection practices (Neaigus et al., 2006) and how crack is consumed (Ivsins, Roth, Benoit, & Fischer, 2013) among marginalized PWUD. Rhodes' (2009) risk environment framework has broadened our understanding of the roles various physical, social, economic, and policy environments play in shaping substance use and related harms at both macro and micro levels. At the same time, there has been a recent push to better understand the minutiae of social drug use contexts, and micro-level interactions, by scholars like Duff (2012, 2016), Demant (2013), and Dilkes-Frayne (2014, 2016).

Researchers have also made advances in understanding drug consumption more broadly by exploring various benefits and functions of, or motivations for, substance use. Boys, Marsden, and Strang (2001) identified a number of functions of substance use among young PWUD, including to relax, become intoxicated, enhance activities, and alleviate depression. Other studies have reflected on motivations for substance use including 'party drug' use (White et al., 2006), 'controlled' heroin use (Warburton, Turnbull, & Hough, 2005), stimulant use among gay men (Díaz, Heckert, & Sánchez, 2005), and inhalant use (MacLean, 2005). An important feature of this line of inquiry has been a shift in focus away from a concern with the risks and harms associated with using drugs. Instead, drug consumption has been shown to have some positive benefits or functions for the people that use them. As a point of criticism however, Moore (2008) points out that 'benefits' are often coupled with 'risks' (e.g. Hartwell, Back, McRae-Clark, Shaftman, & Brady, 2012; Levy, O'Grady, Wish, & Arria, 2005; White et al., 2006), such that positive aspects of drug consumption remain contrasted with negative consequences.

In addition, much of the attention on any positive aspects of substance use has been limited to 'recreational' drug use, only allowing for meaningful conceptions of drug consumption among certain populations. A number of scholars have drawn attention to the important place of pleasure in young people's drug consumption (Duff, 2008; Niland, Lyons, Goodwin, & Hutton, 2013; Pennay & Moore, 2010). Farrugia (2015), for example, describes the 'playful sociality' of young men's ecstasy use (p. 252), while Askew (2016) refers to the 'functional fun' of adult recreational drug use. (p. 112). Yet there remains an empirical paucity of any positive effects of substance use among marginalized PWUD. Aside from a handful of studies examining positive motivations of substance use among marginalized youth (Foster & Spencer, 2013; MacLean, 2005; O'Gorman, 2016), little research has addressed the meaningful and purposeful aspects of substance use among marginalized PWUD. This paper begins to fill this gap by exploring positive roles of drugs/drug use among a sample of marginalized PWUD in Vancouver's Downtown Eastside (DTES) neighbourhood.

Methods

Research setting

The Downtown Eastside is a diverse neighbourhood, and one of the oldest in Vancouver. It is also considered one of the poorest neighbourhoods in Canada with a visible street scene, open drug market, and high rates of homelessness, unemployment, poverty, and substance use (City of Vancouver, 2013). Conservative estimates are that 1 in 18 people in the DTES are homeless (Carnegie Community Action Project, 2016). Many residents of the DTES who are housed live in single-room occupancy (SRO) hotels, most of which have shared common bathroom and kitchen facilities, and are known for unsanitary and other undesirable living conditions, ranging from safety concerns (e.g. violence, drug dealing, theft), to noise, and lack of privacy.

The DTES contains numerous public, social and health services for the homeless and people living in poverty such as drop-in centres, free meals, health clinics, outreach programs, and homeless shelters. The neighbourhood is also home to numerous services for PWUD including harm reduction supply outlets, detox facilities, both sanctioned and unsanctioned supervised consumption facilities, and overdose prevention sites. The Vancouver Area Network of Drug Users (VANDU), a peer-run drug user organization established in 1998, is also located in the DTES.

The study was carried out at the VANDU building, which serves as a drop-in centre, harm reduction supply outlet, general safe space for PWUD, and since December 2016, one of several overdose prevention sites. VANDU is made up of former and current PWUD. VANDU actively engages in advocacy to promote social justice issues and improve the lives of PWUD. Permission to involve VANDU and its members in this study, and conduct interviews at their location, was granted by the VANDU Board of Directors (made up of approximately 12 VANDU members elected to the Board) after meeting with them and explaining the study. Ethics approval was obtained by the Human Research Ethics Board at the University of Victoria, Victoria, BC.

Participant recruitment

VANDU Board members were hired to recruit and pre-screen some of the potential participants, and helped to schedule interview appointments, and maintain interview schedules. About one half of the Board members expressed interest in working on the study, and took turns recruiting participants over the course of data collection. In agreement with the VANDU Board, and in line with previous research conducted at VANDU, recruiters were paid $10 CAD per hour and worked 2–3 h per interview shift. Study participants were recruited inside the VANDU building, on the street, and in other nearby locations frequented by PWUD. Potential participants were required to be: (1) at least 19 years old and, (2) currently using drugs (not prescribed, or not as prescribed)

by any method. Given the liberal definition of "drug use" employed in our eligibility requirement, data collection captured the use of a wide variety of substances, and varied methods of consumption (i.e. oral, intranasal, injection, smoking). At the time of the interview, potential participants were screened again to ensure eligibility. Only one person was found ineligible at the second screening, for being under 19 years old.

Data collection

Interviews were conducted in various rooms in the VANDU building by the first author between June and December 2014. Prior to the interview the study was described in detail, and verbal consent was provided by answering 'yes' to a statement of consent read by the interviewer after a digital voice recorder was turned on. Participants were offered a paper copy of the consent form for their records. None of the potential participants refused to consent or participate in the study. Participants were provided with a $25 CAD honorarium for participating in the study after the interview.

Interviews ($n = 50$) consisted of a short quantitative survey and a longer semi-structured qualitative interview, conducted face-to-face with the same participant during the same interview session. The survey instrument covered the following topics: demographics; drug use history and current drug use; injection drug use; non-injection drug use; sexual risk behaviour; health, crime, and violence; stigma and discrimination; and social and health service utilization. A qualitative interview guide was used to foster discussions around drug use (history of use, current use, and method of use), social networks, social and health issues, violence and safety, and experiences of stigma and discrimination. While the focus of this paper is on meaningful conceptions of drug use among participants, it is important to note that the participants also spoke about negative aspects of substance use. For example, participants were asked why they use drugs, which led into a discussion about positive aspects of drug use with the questions: What is good about drugs/your drug use? What do you like about your use of (heroin, crack, cocaine, etc.)? How have drugs been positive in your life? Following this, participants were given the chance to discuss negative aspects of drug use with the following questions (or some iteration thereof): What is bad about drugs/your drug use? What don't you like about (heroin, crack, cocaine, etc.)? How have drugs negatively impacted you/your life? The interview guide was revised over the course of the study as important topics to pursue emerged during data collection. Interviews lasted between 60 and 90 min.

Data analysis

Interviews were transcribed verbatim and reviewed for accuracy by the first author. Qualitative data management and analysis was facilitated with NVivo 10 (2012), and quantitative data was analyzed using SPSS 24 (Chicago, IL). For the purpose of this paper, which focuses on qualitative discussions of positive aspects of using drugs we present only simple descriptive statistics here (e.g. demographics and drug use characteristics).

A preliminary coding framework was developed to categorize the data into a set of broad categories or 'general orders' (Clarke, 2003, 2005), such as 'individual/collective human elements', 'non-human elements', 'drugs and drug use', 'issues and debates', 'spatial elements', 'sociocultural elements', and 'temporal elements'. Analyses focused on reasons/motivations for drug use, such that all discussions of why people used drugs were initially broadly coded into the category 'reasons for drug use'. As specific themes around reasons/motivations for drug use emerged, new codes were added to the framework, and further refined to capture specific themes related to positive roles of substance use. Over the course of re-reading and re-coding transcripts and coded portions of data, a number of main themes were established which captured the positive roles of substance use in the lives of the participants. This analysis was presented to the VANDU Board of Directors (which contained some study participants) for feedback and to ensure the validity of thematic interpretations. The VANDU Board also provided feedback on various drafts of the paper.

Sample characteristics

Table 1 presents demographic characteristics and substance use patterns of the study sample, split by current method of drug use. While much public health research focuses on specific substances and methods of consumption (e.g. heroin use by injection), our study uniquely reports on a spectrum of both drugs and consumption methods, as seen in Table 1.

Results

During the interviews participants were encouraged to discuss both positive and negative aspects of their drug use to avoid any kind of bias. Almost all (43) participants reported positive aspects of drug use, while 39 participants discussed negative aspects of drug use. Figure 1 provides a visual representation of the thematic construction of our results on the positive aspects of drug use, as reported by participants. Participant narratives revealed four main themes regarding the role and function of drugs and drug use in their lives: (1) pain relief and management; (2) alleviating mental health issues; (3) fostering social experiences; (4) pleasurable embodied experiences. Pseudonyms are used throughout.

'As soon as I wake up every bone in my body hurts' – Pain relief and management

Regularly experiencing physical pain was common among numerous participants, and for many, living with and managing pain was a part of daily life. Participants described various causes of pain such as injuries, operations, violence, the effects of living on the street, and chronic conditions such as arthritis and osteoporosis. Chloe described her daily struggle with pain:

Table 1. Sample demographics and substance use.

	Current PWSD ($n = 26$) *N* (%)	Current PWID ($n = 24$) *N* (%)	Total ($n = 50$) *N* (%)
Age			Mean: 44.6 Range: 19–71
19–25	2 (8)	3 (12)	5 (10)
26–35	1 (4)	4 (17)	5 (10)
36 and above	23 (88)	17 (71)	40 (80)
Gender			
Male	17 (65)	12 (50)	29 (58)
Female	9 (35)	12 (50)	21 (42)
Ethnicity			
Indigenous	13 (50)	13 (54)	26 (52)
Caucasian	11 (42)	9 (38)	20 (40)
Other	2 (8)	2 (8)	4 (8)
Housing status			
Stable	3 (11)	4 (17)	7 (14)
Unstable*	23 (89)	20 (83)	43 (86)
Drugs used past 30 days			
Alcohol	15 (58)	13 (54)	28 (56)
Marijuana	19 (73)	18 (75)	37 (74)
Cocaine	3 (11)	13 (54)	16 (32)
Crack	24 (92)	20 (83)	44 (88)
Heroin	4 (15)	19 (79)	23 (46)
Prescription opioids	5 (19)	10 (42)	15 (30)
Crystal meth	8 (31)	12 (50)	20 (40)
Drugs injected past 12 months			
Cocaine	NA	15 (63)	
Crack	NA	5 (21)	
Heroin	NA	20 (83)	
Prescription opioids	NA	12 (50)	
Crystal meth	NA	16 (67)	

*Includes SROs, shelters, couch surfing, homeless.

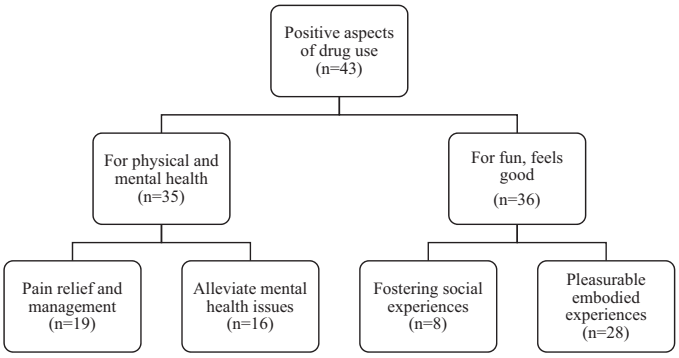

Figure 1. Process of thematic construction.

> I have really bad neuropathy, I have osteo, which is very, like stairs are really bad. In the morning my boyfriend has to sometimes sit me up in bed. You know that kind of thing. I need rails when I'm in the shower, in the bathroom, those kinds of things. Cups, in the morning I can't hold very well. You know it's getting to that point. (NIDU/F/43)[2]

Chloe later went on to describe how she manages her pain with crack cocaine:

> But for me personally, it's a pain med. It's a thing to function during the day when, I have nothing else … because acetaminophen or ibuprofen don't work that well. And my focus is more on my pain than what I'm doing so, a toke is what I need, and it kind of just forgets about all the pain for the hour … where I can function. So the positive thing is it helps me with my pain. (NIDU/F/43)

Chloe's talk about pain, how she manages her pain, and why she uses a criminalized substance to alleviate her pain symptoms, was common in many participants' narratives, and underscores systemic deficiencies in current pain management strategies for PWUD. For many participants who suffered from pain, inadequate treatment within the health care system (e.g. due to restrictive prescribing practices among physicians) led them to find other means of alleviating symptoms. As Yuri described:

> I have to use it [opiates] or I get muscle contractions and doctors are afraid to prescribe it because the cops are on their case, so what, I'm supposed to walk around not being able to use my hands or should I spend ten bucks and be able to use them? I think I'll spend the ten bucks. (IDU/M/55)

A surprising finding was the use of stimulants such as crack, cocaine, and crystal meth to alleviate pain symptoms, suggesting that non-traditional pain relievers (i.e. as opposed to acetaminophen, ibuprofen, opioids) can serve an important role in helping PWUD function without pain (or with less pain). A number of participants spoke about stimulants as pain relievers. Sabeena suggested that crack 'dulls the pain a bit' (NIDU/F/49) and Carrie mentioned that crack 'takes away some of the body stiffness' (IDU/F/36). Liam referred to a similar role crystal meth played in his pain relief stating, 'it takes care of the pain. It takes away a lot of the pain … Sports injuries, fractures. Stuff like that' (NIDU/M/40).

In these and other instances, use of criminalized substances served an important role in participants' lives, providing them temporary relief from pain, and the freedom to go about their daily lives. Yelena, for instance, emphasized the functional aspect of her heroin use: 'Honestly, it's medicinal. For me. It really is. I don't think I'd be able to do what I have to do without it … it's the difference between wanting to get high and having to get high, you know what I'm saying?' (IDU/F/38).

'It softens the blow emotionally' – Alleviating mental health issues

Given the broader context of structural inequality which shapes people's lives in the DTES – one of economic deprivation, unstable housing/homelessness, racism, discrimination and segregation, and a lack of access to adequate social and health supports (Boyd & Kerr, 2016; City of Vancouver, 2013; Culhane, 2004; Linden, Mar, Werker, Jang, & Krausz, 2012) – it is perhaps not surprising that many participants used drugs to alleviate stress, depression, and other mental health issues. A number of participants referred to their drug use as providing a calming effect, or a brief respite from an otherwise often stressful daily life. When asked why she used crack Natasha responded, 'I use it for just for … just like a mental relax to me. It's like an Ativan is to somebody else or something … I know that it's a stimulant, but it's like a calming effect I guess' (IDU/F/36). Similarly, Liam discussed why he used crack, noting it had evolved from being a source of pleasure to something used to ease his mind:

> It used to be enjoyable and pleasurable for me. But now it's just, I don't know why, I don't really get high off of it anymore, but it kind of just eases me. It kind of just sets me free, kind of thing, for a few minutes, and that's about it … Puts my mind at ease. (NIDU/M/40)

Other participants revealed deep-seated emotional issues stemming from past traumatic incidents (e.g. history of child abuse, violence) or negative impacts of substance use (e.g. separation from family, loss of income/jobs). For these participants, drug use was discussed as helping them get through tough times, or temporary relief from sensitive emotional states. Yuri elaborated on the role heroin played in helping him cope with difficult emotional matters:

> I made a lot of money in my lifetime and did a lot of things for them to take it all and lose my kid. That really put me in a depressed state of being. I'm surprised I'm still not dead. You get through it. Without the dope [heroin], I wouldn't. Even if I didn't need it for the muscle contractions, I'd still be using it just to get through the day. (IDU/M/55)

Similarly, Andre discussed how heroin helped ease his depression related to past family and work problems:

> I had things in my life, like the divorce and shit like that, that depressed me really bad and … I was having trouble at work and it all creeped up on me and I just couldn't handle it without anything so I started using … I mean, you can tell, it makes you happy and, I don't know what to say, yeah, it's just … if I'm having a bad day I go and inject and it makes me feel better right away. (IDU/M/58)

Some participants discussed their use of criminalized substances in reference to other licit drugs, or as replacements for prescribed drugs. Natasha (IDU/F/36) compared her crack use with Ativan, while Carrie suggested that for her crack was 'almost like a Ritalin type thing' (IDU/F/36). In a discussion about her bi-polar disorder, Brenda talked about self-medicating, and explained why she uses heroin rather than prescribed drugs to control it:

> I went to a psychiatrist and they put me on a bunch of pills. I felt like a zombie, man, I fucking hated it. That was one of the times I was in rehab. Probably if I would've stuck with it and maybe like worked out some type of accommodation, I could've figured it out. But I just decided that I could do a better job myself. (IDU/F/26)

Despite research showing that substance use may create or worsen mental health problems (Marshall & Werb, 2010), in these narratives drugs and drug use play an important role in alleviating mental health issues such as stress, depression, and anxiety, and help participants function in their day-to-day lives. Surprisingly crack, a stimulant, was used by some participants to relax and 'ease their mind', pointing to the need to explore the role of non-traditional substances in helping PWUD to address emotional health issues. While the root causes of mental health issues among PWUD require greater attention, it is important to recognize that without proper services and supports, and in some cases despite them, criminalized substances function to, at least temporarily, provide emotional relief and support mental well-being.

'It's not about just sitting behind closed doors and getting high' – fostering social experiences

For a number of participants drugs had a clear social function, and were often used to foster or enhance social experiences. Although the study participants had limited access to traditional leisure venues where substance use is common (i.e. bars, nightclubs, pubs), drugs were often used in social situations to reduce inhibitions, 'let loose', and party. Speaking about the social aspect of cocaine Ben said that '[w]hen I snort cocaine, I'm a social butterfly. Like I love it. I love it. I'm the life of the party, right, "Let's go, all night long"' (NIDU/M/56). Similarly, Brenda described how crystal methamphetamine helped her to open up, stating 'I find I'm a little bit, I'm shy and awkward a lot of the time and when I do jib I'm a little bit more extroverted. Like I express myself a little bit more. A little bit more colorful' (IDU/F/26).

While research has found that drug use may sometimes discourage individuals from participating in social settings (Homer et al., 2008), a number of participants talked about drugs as playing a role in social connection or bonding. Dave (NIDU/M/45) stated that the 'only social thing I do with people' was using drugs, and Carl spoke about using cocaine with friends, referring to it as 'a social drug' (IDU/M/53). Alex (IDU/M/51) talked about using drugs and 'socializing with people and friends', and went on to describe the importance of maintaining social connections, stating '[i]t's not about just sitting behind closed doors and getting high … But you know, going to different events with people. It's just important not to get, trapped'. For many participants the experiences of structural inequality, and the context of living in the DTES (e.g. living in SROs, avoiding being outdoors for fear of violence or arrest), could at times be quite isolating. Substance use often provided avenues of escape from social isolation and loneliness. The important role substance use can play in structuring and fostering experiences of social connection and bonding was highlighted by Dane:

> I think for the most part, it's more of a social thing. It's … it is quite sociable because if you look around, very rarely you'll see, you'll see somebody smoking a rock by themselves, but when it

> comes down to it, you usually see people in groups. And there's usually drugs at the centre of it, but you know what I mean, that's the social aspect of it. (IDU/M/51)

'It's for the kick and the buzz more than anything' – pleasurable embodied experiences

Pleasure was commonly discussed by participants as a positive aspect of their substance use. Participants often spoke about 'liking the high', or that drugs simply made them 'feel good'. When pressed to elaborate on the pleasurable sensations derived from using drugs participants sometimes found their experiences hard to describe, often at a loss for words, such as when Jake stated simply that crack 'just makes me high and it feels good' (NIDU/M/51). Similarly, Sheldon struggled to articulate the pleasure elicited from his crack use: 'It gives me a vast high. [long pause] It's, it's instant … it's really hard to … It makes me feel good, it makes my body feel good you know and … It puts a smile on my face!' (NIDU/M/53). For many participants, regardless of the specific substance being used, 'the high' as an embodied state of being (shifting both physical and mental states) was the meaningful and pleasurable sought-after drug effect.

Other participants articulated intense pleasurable embodied experiences derived from using drugs, at times providing richly detailed descriptions of bodily sensations. These experiences varied depending on the type of substance used. For participants who used stimulants (cocaine, crack and/or crystal meth), metaphors of speed were frequently elicited to describe their associated pleasurable experiences. Ellen spoke about enjoying the 'quick burst of energy' (NIDU/F/19) from smoking crack, while Albert described injecting cocaine as 'quite the rush'. When asked if he could describe the 'rush' Albert replied, 'It's kind of like being in the ejection seat. Just, you're just sitting there, all of a sudden [ejection noise] and you're gone' (NIDU/M/45). Ben's description of the effect from smoking crack was similar:

> This is like being on a 747 [airplane] thirty-seven thousand feet in the air, right, boom! Without a parachute … So that's why I say, that after the first ten or twenty seconds or whatever, it, that's the ecstasy part of it. (NIDU/M/56)

For participants who used opiates, embodied pleasures from drug use were described in gentler terms, depicting feelings of euphoria, relaxation and warmth. Yuri described the physical pleasure he gets from using opiates:

> Well it's a nice euphoric feeling, you get a hundred milligram of morphine for a couple minutes, it feels really good to me. A lot of guys don't like the morphine, you get the pins and needles and stuff. To me, it's about, I love it. (IDU/M/55)

Kate similarly described the enjoyable physical sensations derived from her heroin use:

> They feel good, when I do enough heroin, I like the feeling … You feel like, warm, and you get like pins and needles in your toes and the palms of your hands and like, your back burns. (IDU/F/27).

While many participants who used opiates required daily doses of the drug to avoid withdrawal symptoms, they still often found pleasure in using the drug. Brenda recounted the beginning of her physical dependence on opiates, describing the first time she 'got sick' (experienced withdrawal symptoms):

> I was sixteen and I was in a small town in Manitoba. And they can't get any good drugs out there, so people buy prescriptions and I started sniffing oxycontin and it was great, until I realized that I couldn't not sniff oxycontin and not be brutally sick. (IDU/F/26)

Despite her ongoing physical dependence on opiates some ten years later, Brenda still found pleasure in her opiate use:

> Brenda: I love, I just love how it feels. I love being high. I just, I don't know why. I always have, like ever since I started using drugs I just, I crave it. I don't know.
>
> Interviewer: But it makes you feel good?
>
> Brenda: Yeah, it does make me feel good. (IDU/F/26)

Discussion

The qualitative findings demonstrate that drugs/drug use can play an important positive role in the lives of marginalized PWUD. While drug use can certainly be harmful as demonstrated by abundant research, and many participants also described negative aspects of using drugs, in certain contexts drug use for these participants was rational, purposeful, and even beneficial. Rather than being contextualized in terms of risks and harms, drug use for these participants was framed positively as providing relief from physical and mental health issues, fostering and enhancing social experiences, and providing pleasurable embodied experiences.

Our finding that participants used drugs to self-manage their pain highlights the need to better understand pain and pain management among PWUD. Previous studies show that pain is common among PWUD (Dahlman, Kral, Wenger, Hakansson, & Novak, 2017; Neighbor, Dance, Hawk, & Kohn, 2011; Voon et al., 2015) and often goes undertreated (Berg, Arnsten, Sacajiu, & Karasz, 2009; McNeil, Small, Wood, & Kerr, 2014; Merrill, Rhodes, Deyo, Marlatt, & Bradley, 2002). Negative attitudes among health care professionals of PWUD, informed by cultural stereotypes of 'drug seeking', coupled with the ambiguity of pain and concerns about drug dependence, result in substandard health care and shape prescribing practices (Berg et al., 2009; Merrill et al., 2002; van Boekel, Brouwers, van Weeghel, & Garretsen, 2013). This was a common experience among study participants who were self-managing their pain; they spoke about not receiving adequate pain medication from physicians, or abstaining entirely from interacting with the healthcare system for as long as possible to avoid stigmatizing experiences. That some participants managed their pain with substances not traditionally thought/used to alleviate physical pain (i.e. stimulants) further underscores the need to reform current pain management strategies and explore alternative, non-traditional approaches to pain management, particularly among PWUD. Additionally, our findings point to the need

for better education and training programs aimed at reducing stigmatizing practices within the healthcare system.

Similarly, that participants used criminalized substances to cope with mental health issues suggests that PWUD in the DTES may not have access to adequate mental health treatment and supports, or that existing supports do not adequately meet their needs (i.e. are not culturally or gender appropriate) (Christiani, Hudson, Nyamathi, Mutere, & Sweat, 2008). A number of participants spoke about deep-seated emotional issues stemming from past traumatic incidents (e.g. history of childhood abuse, experiences in residential schools and foster care, violence, abduction, cross-generational transmission of trauma) and the role drugs played in helping them cope with these experiences. For these participants, criminalized substances provided temporary relief, a way of momentarily forgetting about highly emotional issues. While self-medicating and using drugs for health reasons without supervision/advice from a health professional is perhaps not an adequate means of addressing mental health issues, without proper supports participants relied on criminalized substances to briefly alleviate emotional suffering. Given the clear link between past traumatic experiences and substance use (Dube et al., 2003; Kerr et al., 2009; Mills, Teesson, Ross, & Peters, 2006; Wu, Schairer, Dellor, & Grella, 2010), it is crucial that marginalized PWUD have access to appropriate mental health services.

Further to this, and in line with extant research on the relationship between stress and substance use (Sinha, 2001, 2008), our findings point to a need to better help PWUD cope with daily stress. That a number of participants referred to their use of criminalized substances as a replacement for prescription drugs used to deal with stress (e.g. Ativan) suggests that their medication needs are not being adequately met. At the same time, our findings show that it is essential to not only offer band-aid solutions to stress management (i.e. prescribing medication), but to reduce PWUD's interaction with environmental stressors (i.e. poverty, violence, discrimination). This can only be accomplished, however, by addressing the socio-environmental factors implicit in experiences of oppression and marginalization.

That three quarters of participants brought up pleasure and sociality as positive aspects of their drug use is not surprising given previous research demonstrating the important place of pleasure and sociality in drug consumption among other groups (Ahmed et al., 2016; Duff, 2008; Farrugia, 2015; Foster & Spencer, 2013; Levy et al., 2005; Szmigin et al., 2008). Yet pleasure, leisure, and sociality are rarely acknowledged in this particular context (drug use at the margins of society), and are most often replaced by concepts of risk, harm, and addiction. Nevertheless, narratives of pleasure and the role of drug use in social bonding were common, and mirror the experiences of participants in other studies (Farrugia, 2015; Fazio et al., 2011). Participants in our study speaking about using drugs to enhance social experiences, and ascribing importance to pleasurable embodied experiences of drug consumption indicates a need to better understand not only how these factors shape drug consumption among marginalized PWUD, but how this knowledge can also be used to reduce drug-related harms.

Clearly, pleasure and social bonding played important roles in mediating the drug consumption of many study participants, yet the topic was often broached with hesitation. The idea that they could openly discuss pleasure, without having to breach the subject of risk and harm, seemed a novel idea; a taboo subject that does not normally fit in their repertoire with, say, social workers or health care providers. This again points to the need to improve training within the healthcare system to better attend to and address stigmatizing practices. Enabling honest dialogue, allowing for PWUD to openly discuss their drug use without fear of judgement, discrimination, and possible negative repercussions (e.g. being denied medication) is an important step in fostering healthier relationships between marginalized PWUD and the current healthcare system. While not denying the importance of attending to the risks and harms of substance use, adopting a more holistic and balanced approach to addressing substance use should be pursued. Without doubt, it needs to be acknowledged that embodied pleasurable experiences, and the enhancement of social experiences, play an important role in drug consumption practices of marginalized PWUD. Our understanding of how this might translate to improved development and implementation of drug policy, treatment, and harm reduction initiatives would benefit from further research into this area.

A difficult yet important question remains: how can we fit these findings, that substance use is both meaningful and purposeful for marginalized PWUD, into current discourses of drug use/addiction/policy? It is here we often come to an impasse, where the spotlight is diverted from any positive framing of drug consumption to more common ideas of risk and harm, and conceptual notions of addiction and dysfunction. What is it about drug use among marginalized populations that makes it so difficult to move beyond the problematic and harmful, for both users and non-users alike? Valentine and Fraser (2008) observed that 'problematic' substance use is most often associated with material and social inequality, such that drug consumption becomes an outcome of poverty and deprivation. An unintended consequence of this, they suggest, is robbing marginalized PWUD of the capacity and agency to take account of their drug consumption, and closing off space where pleasure and other meaningful conceptions of drug use are allowed. As the lived experience of the study participants shows, drug use can be meaningful and beneficial. Yet, when drug use is constructed and presented as a social problem, these voices and discourses are silenced or ignored. Consequently, substance use among marginalized PWUD becomes anchored to stigmatizing discourses focused on problems, risks, and harms. This ambiguity points to the need to make space for marginalized PWUD to express their own understanding of substance use and related experiences (Benoit, Magnus, Phillips, Marcellus, & Charbonneau, 2015). By opening up spaces where meaningful and honest discourse of substance use is permitted, stigmatizing practices and discourses might be reduced.

Rather than providing a place for meaning, function, or purpose, drug use among marginalized PWUD is more commonly framed as harmful to both the individual and society at large. As such it becomes impossible to look beyond

harm, if harm is the only effect presented to us. In this study we identified four meaningful or functional reasons for using drugs among a sample of marginalized PWUD. This demonstrates that given the opportunity, allowing for the space to do so, meaningful and useful conversations that shed light on why people take drugs is possible. By understanding why individuals choose to consume the drugs they do, in the context of intersecting social and cultural contexts, we can begin to engage in truly helpful conversations about how to reduce drug-related harm.

Perhaps we should begin by posing this simple question: Why is it alright for one kind of person to use drugs, but not another? Or, why is one kind of drug use acceptable (e.g. drinking alcohol), but not another (e.g. smoking crack cocaine)? What is required is a shift in how drug use is conceptualized and talked about, a re-making/imagining of the conceptual landscape, as it were. Popular conceptualizations of drug use stemming from discourses rooted in pathology, prohibition, neoliberalism, and public health have difficulty moving beyond the dichotomous 'good vs. bad' rhetoric, which rarely allows for the separation of drugs and risk, or the co-occurrence of pleasure and safety (Barratt, Allen, & Lenton, 2014). This is especially evident when concerning drug use among people experiencing socio-cultural/structural/economic oppression and marginalization. While members of the broader public are often permitted to participate in 'functional' or 'acceptable' drug taking (i.e. when condoned by the healthcare system through sanctioned drug prescriptions, or imbibed within regulated alcohol consumption locales) without risk of social, moral or legal sanctions, marginalized PWUD are rarely afforded the same luxury (Askew & Salinas, 2018). Drug prohibition and much current drug policy has fabricated boundaries between the acceptable and unacceptable, resulting in the criminalization and stigmatization of certain substances and the people that use them. This points to what Taylor, Buchanan, and Ayres (2016) refer to as the 'drug apartheid', which hypocritically divides substances into the legitimate and illegitimate. The participants in this study – a group of people subject to socio-structural oppression whose drug use is, by and large, deemed illegitimate – articulated meaningful and functional aspects of drug use highlighting the inherent messiness in delineating the legitimacy or illegitimacy of certain substances and their use. Through this study we attempt to destabilize the boundaries between acceptable and unacceptable, and draw attention to alternative constructions of functionality and benefit that should be taken into consideration when developing and implementing drug policy and harm reduction initiatives.

Our study demonstrates that, despite known negative consequences of substance use, in many ways substance use was beneficial for these individuals living in Vancouver's DTES. In saying this, however, we are not denying the role of socio-cultural, political, and economic factors in shaping people's lives (including their drug consumption) in the DTES. Their experiences of vast, deep, and brutal inequalities – including poverty, homelessness, lack of access to adequate healthcare, entanglement in the justice system, violence (both physical and structural), and discrimination – undoubtedly shape their substance use and related harms. In many ways, participants' drug use is a response to these numerous and continuous experiences of social marginalization. At the same time, it would be amiss to deny marginalized PWUD any rationality in their decision to use drugs. If, for example, we can make a place in our social lexicon for embodied pleasurable drug experiences among, say, young people using drugs in clubs, this privilege should be extended to other groups as well.

Notes

1. In this paper when referring to marginalized people who use drugs, we are referring to people who are generally experiencing poverty, homelessness or unstable housing, structural and everyday violence, and who may rely on criminalized and stigmatized means of income generation.
2. Format: (Current method of drug use/Gender/Age). Methods of drug use: NIDU = non-injection drug use, IDU = injection drug use.

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